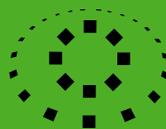


NATIONAL COUNCIL FOR THE  
PROFESSIONAL DEVELOPMENT OF  
NURSING & MIDWIFERY

newsletter  
SPRING 2004

ISSUE  
13



**IN THIS ISSUE:**  
An Evaluation of the  
Effectiveness of the Role  
of the Clinical Nurse/Midwife  
Specialist in Ireland  
See Page 3

available on the  
national council's  
website at [www.ncnm.ie](http://www.ncnm.ie)

- Forthcoming events
- Updates on the National Council's activities
- Hosted websites
- Links
- National Council presentations, master classes and conference papers
- Poster presentation abstracts
- Research corner
- On-line database of courses
- Clinical Nurse/Midwife Specialist numbers
- Continuing education

## contents

■ Editorial	2
■ An Evaluation of the Effectiveness of the Role of the Clinical Nurse/Midwife Specialist in Ireland	3
■ The Health Service Reform Programme	6
■ Diversity Awareness	9
■ Nurse and Midwife Prescribing Project	10
■ Clinical Focus: The Clinical Nurse Specialist (General Practice)	11
■ Advanced Practice in Rheumatology Nursing	12
■ Nursing and Midwifery Planning and Development Units	14
■ Centres of Nurse Education	15
■ Research Resource	16
■ Practice Presentation	17
■ News	18
■ Publications Update	20
■ Continuing Education Programmes Approved for Funding in 2003	22

"the COUNCIL exists to promote and develop the professional role of nurses and midwives in order to ensure the delivery of quality nursing and midwifery care to patients/clients in a changing healthcare environment."

One of the central roles of the National Council is to work closely with the Nursing and Midwifery Planning and Development Units within each of the Health Boards to plan and make provision for additional funding for continuing education. This is the fourth year in which the National Council has fulfilled this role. This funding is over and above the normal funding that each Health Board has available for this purpose. It is intended to be used to address areas of continuing education that might not normally be funded. Thus, for example, one of the most important functions of this funding would be to ensure that greater access to post-registration training and education is provided to nurses and midwives outside of the greater population areas.

This newsletter is devoted to a large extent to reporting on the activities of the National Council over the past year in this area. It gives me great pleasure to be able to report on the many courses, projects and programmes that have been funded by the National Council throughout the country. These courses are for the benefit of all nurses and midwives - not just for clinical specialists and advanced practitioners. A large number of nurses and midwives will benefit from these courses in every one of the branches of the profession.

A detailed account of the initiatives that have been funded is published in this newsletter. I would like just to point out a few of the most salient features of the work that has been done in this area.

Many of the programmes will be run on a cross-discipline basis, including among the participants nurses and midwives from all the branches of the profession. In addition, a number of programmes are being run across a number of Health Boards, most notably the Leading an Empowered Organisation (LEO) Programme. This is a five-day "train the

trainers" programme aimed at preparing nurses and midwives as leaders in clinical areas. Seed funding is also being provided to set up postgraduate, graduate diploma and master of science programmes for nurses and midwives in a number of areas. Funding is also provided for the development and dissemination of a clinical nurse/midwife specialist resource pack. Finally, an innovative programme is being funded to prepare sites for advanced nurse practice in areas of pain control, oncology, accident and emergency and urology.

The emergence of this rich range of programmes and initiatives is due to the creativity of the professionals involved who came up with the ideas and proposed them for funding. The criteria for funding are clearly spelled out in the documentation of the National Council. We look forward to continuing to develop this aspect of our work in close co-operation with our colleagues in the NMPDUs, to whom any suggestions for courses, projects or programmes should be addressed.

**Yvonne O'Shea**  
**Chief Executive Officer**

---

## NATIONAL COUNCIL CONTACT DETAILS

National Council for the Professional Development of  
Nursing and Midwifery

6-7 Manor Street Business Park, Dublin 7

T: 01 8825300

F: 01 8680366

E: [admin@ncnm.ie](mailto:admin@ncnm.ie)

W: [www.ncnm.ie](http://www.ncnm.ie)

# AN EVALUATION OF THE EFFECTIVENESS OF THE ROLE OF THE CLINICAL NURSE/MIDWIFE SPECIALIST IN IRELAND

One of main functions of the National Council as determined by *The Report of the Commission on Nursing* (1998) is to bring about a coherent approach to the progression of specialisation and the development of career pathways for nurses and midwives and to monitor the ongoing development of nursing and midwifery specialities, taking into account changes in practice and service need (Government of Ireland, 1998). To this end, the National Council has undertaken a national research study to evaluate the effectiveness of the role of the clinical nurse/midwife specialist (CNS/CMS).

## Aims and Objectives

The aim of the project was to evaluate the effectiveness of the role of the clinical nurse/midwife specialist. Some of the objectives included:

- examining the literature pertaining to the role and evaluation of the CNS/CMS
- establishing the parameters of the current scope of practice of the clinical nurse/midwife specialist
- examining how the clinical nurse/midwife specialist enhances/supports the role of other nurses/midwives
- benchmarking the current status of practice in role evaluation and the use of audit, taking into account that the role is at an early stage in its evolution
- determining the geographical spread and range of approved specialist areas across Ireland using the National Council database
- making recommendations based on the findings regarding the future development of the CNS/CMS role.

## Methodology

A mixed methodology approach was adopted. This consisted of a literature review, focus groups, analysis of the National Council's CNS/CMS database and a questionnaire.

Figures 1 and 2 demonstrate the response rate (n=808) to the questionnaire by specialist area of nursing/midwifery and division of the register respectively.

Figure 1. Response Rate by Specialist Area

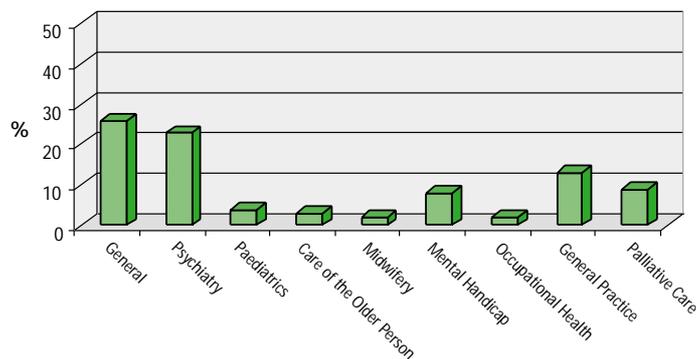
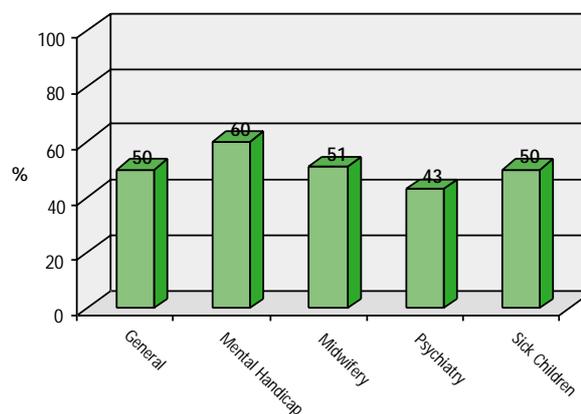


Figure 2. Response Rate by Division of the Register



The report provides a reference point for the progress of clinical specialism in nursing and midwifery in Ireland from 1999 to the present time. The cohorts of CNSs/CMSs in post have readily embraced the core concepts of the role and have been empowered to improve the quality of care for patients: there is overwhelming support for the effectiveness of the role of clinical nurse/midwife specialist among managers, other nurses and midwives, and patients.

The international experience of clinical specialism in nursing and midwifery shows a continuum of development from the 1970s to the early 1990s. The role has developed from a 'bedding down' phase of role ambiguity, acceptance of the role and role

clarification. Thereafter the movement has been in the direction of role evaluation, 'value for money', performance outcomes and the transition to advanced nurse/midwife practitioner (ANP/AMP). This continuum is reflected in the Irish experience as is evidenced in the data collected for this project. The National Council has issued clear and unambiguous guidelines in regard to role definition and educational preparation, which provide a robust foundation upon which to build the capacity of specialist nursing and midwifery posts.

Increased specialisation may be seen as a positive element that will enhance the already important position of nursing and midwifery in the delivery of quality healthcare in Ireland. Nursing and midwifery specialisms will support the implementation of national health policy, in particular the national health strategy *Quality and Fairness: A Health System for You* (2001) and the *Report of the National Task Force on Medical Staffing* (2003).

The CNS/CMS role has been able to respond to service demands in a flexible and innovative manner: examples of this are the establishment of nurse-/midwife-led clinics and the development of specialist posts across services at regional level. There is great potential within these specialist roles to assist the integration of primary and secondary care.

*Evaluating the Effectiveness* demonstrates that the clinical aspect of the role is perceived by all the relevant stakeholders as very important. It has been generally acknowledged that excellent clinical experience has helped to develop the role.

Focus groups held with patients highlighted that the CNS/CMS was of great value to the quality of the care the patients received. CNSs/CMSs have an important role within healthcare settings in the provision of specialist knowledge and skills; however, they need ongoing support from their managers and medical colleagues and opportunities to participate in continuing professional development.

## Recommendations

The recommendations are divided up into three areas: the role, education and service (see Table 1).

The report highlights that as healthcare and social care services develop so too does the scope of practice of specialist roles. Continual re-evaluation of the progress and appropriateness of specialist nurse/midwife roles ought to be part of every healthcare organisation's service plan. Support should be provided in this re-evaluation process at regional level by the nursing and midwifery planning and development units and at national level by the National Council.

The report discusses the importance for the integration of the CNS/CMS role so that the post-holders create strong working relationships with clinical managers, staff nurses and staff midwives. These relationships should be supported by ongoing feedback from line managers.

The educational component of the role, however, requires further development; where development has taken place it is seen as being of benefit to staff nurses/midwives and to patients. This finding would concur with Aiken's study which concluded that in hospitals with higher proportions of nurses educated at baccalaureate level or higher, surgical patients experienced lower mortality and 'failure to rescue' rates (Aiken et al. 2003).

It is clear that there is great potential for the role to develop its responsiveness to service need. *Evaluating the Effectiveness* outlines critical areas for progress and describes a process for future development of roles at local, regional and national levels.

In order to ensure the sustained development of CNS/CMS roles in response to service need, there must be planned and co-ordinated review at local, regional and national levels. This should be closely linked with the service planning process.

## References

- Aiken, L. H., Clarke, S. P., Cheung, R. B., Sloane, D. M., Silber, J. H. (2003) Educational levels of hospital nurses and surgical patient mortality. *Journal of the American Medical Association*, 290(12) pp1617-1623.
- Government of Ireland (1998) *Report of the Commission on Nursing: A Blueprint for the Future*. Dublin, Stationery Office.

**Table 1. Recommendations**

Role	Education	Service
<p>CNS/CMS post holders should audit the effectiveness of their role for service on a continuous basis.</p> <p>CNS/CMS audit should inform the annual report of specialist services and should consequently inform the service planning process.</p> <p>When new posts are established the job description must reflect the five core concepts as outlined by the National Council.</p> <p>Where the research and audit concepts are underutilised, line managers must ensure that the CNS/CMS has access to continuing education and support for audit. Where possible this should be provided from within the organisation's own resources.</p> <p>The <i>Role Resource Pack</i> developed by the SEHB should be made available to all CNSs/CMSs (<a href="http://www.ncnm.ie">www.ncnm.ie</a>).</p> <p>The scope of the CNS/CMS role should continue to develop in line with evolving patient/client need.</p> <p>Reporting relationships should be explicit within the job description.</p> <p>CNSs/CMSs should be provided with performance review or feedback from their line manager. The <i>Role Resource Pack</i> may be a tool for facilitating this process.</p> <p>The CNS/CMS should be supported to keep up to date with current relevant research to ensure evidence-based practice and research utilisation and should contribute to nursing research that is relevant to his/her area of practice (National Council, 2001).</p> <p>CNSs/CMSs, in line with their professional responsibilities, should engage in continuing professional development.</p>	<p>Third-level providers should ensure that curricula for preparation of nurses and midwives for specialist posts are underpinned by the five core concepts.</p> <p>The Centres of Nurse Education and service providers should support audit skills development at local level.</p> <p>The third-level providers, when establishing and reviewing post-registration programmes should implement the educational modular frameworks outlined by the Commission on Nursing.</p> <p>Credit for prior learning should be given by third-level education providers when appropriate.</p> <p>Where a CNS/CMS was approved under the immediate pathway every effort must be made to support the individual to undertake a higher/postgraduate diploma.</p>	<p>The NMPDUs and the directors of nursing/midwifery should examine the possibility of developing CNS/CMS posts across care settings and services.</p> <p>There should be planned expansion of the current scope and domain of CNS/CMS roles in line with service need and this expansion should be firmly rooted in government policy.</p> <p>Where the clinical case load does not warrant one part- or full-time post, consideration should be given to posts on a wider local basis or regional level.</p> <p>When a new CNS/CMS post is introduced to a service, there should be maximum collaboration with all the relevant stakeholders.</p> <p>Where dual roles exist, formal structures should be put in place by the service provider to ensure clear delineation of both roles.</p> <p>An annual review of service need for CNS/CMS posts should occur at national, local and regional level.</p>

# the health service reform programme

The core theme of the Health Service Reform Programme (HSRP) is the need to modernise health structures so they can deal with the demands placed on the system now and over the coming decades. Central to this is the ability to deliver a high quality of service for people on a consistent national basis. The Programme originates from the current Health Strategy, *Quality and Fairness - A Health System for You* (Department of Health & Children, 2001), and emerged from the recommendations contained in the *Audit of Structures and Functions in the Health System* (Prospectus Report, DoHC, 2003) and the report of the *Commission on Financial Management and Control Systems in the Health Service* (Brennan Report, DoHC, 2003).

## Purpose of the Reform Programme

The HSRP is aimed at ensuring that the health system is organised and managed in a way which will help it achieve the four national goals of the Health Strategy, namely better health for everyone, fair access, appropriate care in the appropriate setting and high performance. The Programme sets out a range of structural, organisational, financial management and systems reform. It represents the implementation of key actions in relation to each of the six frameworks for change outlined in *Quality and Fairness*.

In terms of what it aims to deliver, the HSRP will ensure:

- An improved health delivery system in which consistent national, regional and local patient-centred care is guaranteed;
- A better planned, managed and performance measured system in which needs, services, funding and outputs are systematically interlinked; and
- A health system which maximises its use of resources by delivering the right care in the right setting; and is an employer of choice.

## Structures and Roles

A number of new and existing structures have an important part to play in the implementation of the Reform Programme, namely:

- The Department of Health and Children
- A National Steering Committee
- A Project Office
- Action Project Committees

The Department of Health and Children (DoHC) will take the lead in this process and responsibility for implementing the reforms has been placed on the Management Advisory Committee (MAC) and the Secretary General. The ultimate line of accountability for delivery of the programme objectives at executive level is the Secretary General of the Department of Health and Children. Key aspects of the programme will be supported by divisions of the DoHC that would normally have responsibility for the such matters.

A National Steering Committee has been appointed to provide overall leadership for the HRSP. This committee will have a general "oversight" role in respect of the reform programme, setting direction and ensuring objectives are delivered. Specifically, the Steering Committee will validate the project plan and independently audit progress of the MAC in meeting project deadlines. It will report directly to the Minister for Health and Children.

In November 2003, the Minister for Health and Children announced details of the Chair and Board of the Interim Health Services Executive (HSE). The Board will now oversee the significant legislative programme to underpin the reform which will be in place in early 2005. One of the first roles of the Board will be to oversee the appointment of a Chief Executive Officer of the HSE. Following this the transfer of responsibilities of existing agencies to the Executive will take place. This will further consolidate the system and reduce the present fragmentation.

Health Board Chief Executive Officers are working closely with the MAC of the DoHC to implement the Reform Programme. Each CEO is acting as Joint Chair for the various action projects. In addition, a wide range of expertise and skills from the delivery/health system is complementing the work both through participation in the Project Office or Action Projects. This is also being augmented by the participation of the health service national partnership forum, voluntary providers and a small number of specialist agencies in the Action Projects.

## Managing the Reform Programme

The HSRP consists of a series of interconnected projects and activities which need to be planned and managed in an integrated way. A project management approach is being adopted by the Project Office in planning the programme and in supporting a series of Action Projects. This approach has regard to the project management system already validated in the Health Sector. A high-level plan for managing the Reform Programme has been drafted to chart strategically the implementation of the various aspects of the Reform Programme (see Figure 1).

The programme plan reflects a structured and highly co-ordinated approach aimed at ensuring consistent application of overall principles: maximum integration of emerging concepts/ recommendations and transition action plans; and cross-fertilisation of best ideas. The National Steering Committee is required to approve and monitor activity in relation to the stated plan.

The programme plan sets the Reform Programme in the context of the Health Strategy. It breaks the implementation of the HRSP into a number of manageable phases, the second of which is underway. These phases are shown in Figure 1. The plan also has a built-in protocol to

support good governance, appropriate decision-making and quality assurance after each phase of the programme.

In addition there are a number of change processes which will straddle all five phases. These relate to programme processes such as communications and human resource and industrial relations

management. These processes also include the support of the National Steering Committee and the Management Advisory Committee of the DoHC in their roles in overseeing and implementing the HSRP. The early development of legislation and the establishment of the interim HSE formed some of the activities which had to be advanced in Phase 1.

**Figure 1. Health Services Reform Programme Model: Phases and Activities**

PHASE	CENTRAL ACTIVITIES
<b>Concept Phase</b> 	<ul style="list-style-type: none"> <li>■ Core concept of programme outlined</li> <li>■ Purpose of programme outlined</li> </ul>
<b>Phase 1</b> Policy Planning <i>September 2003 to January 2004</i> 	<ul style="list-style-type: none"> <li>■ Building core concepts through action projects and policy development projects</li> <li>■ Programme processes - <i>development of structures, resource management, transition management, risk assessment, quality assurance</i></li> <li>■ Programme activities - <i>legislation, establishment of interim bodies</i></li> </ul>
<b>Decision-making by National Steering Group</b>	
<b>Phase 2</b> Action Planning <i>January to April 2004</i> 	<ul style="list-style-type: none"> <li>■ Actioning core concepts - <i>development of actions plans</i></li> <li>■ Programme processes - <i>continuation of appropriate phase 1 processes</i></li> <li>■ Development of phase 2 – processes</li> <li>■ Programme activities - <i>implementation of actions derived from phase 1 core concepts and programme processes</i></li> </ul>
<b>Decision-making by National Steering Group</b>	
<b>Phase 3</b> Re-engineering the System <i>April to December 2004</i> 	<ul style="list-style-type: none"> <li>■ Programme activities - <i>implementation of action plans derived from phase 2 core concepts</i></li> <li>■ Preparing for Day 1</li> <li>■ Programme processes - <i>continuation of appropriate phase 2 processes</i></li> <li>■ Development of phase 3 processes</li> </ul>
<b>Decision-making by National Steering Group</b>	
<b>DAY 1</b>	
<b>Phase 4</b> Sustaining the System <i>January 2005</i> 	<ul style="list-style-type: none"> <li>■ Programme activities - <i>organisational development processes</i></li> <li>■ Programme processes - <i>continuation of appropriate phase 3 processes</i></li> <li>■ Development of phase 4 processes</li> </ul>
<b>Decision-making by National Steering Group</b>	
<b>Phase 5</b> Programme Closure <i>January 2006</i> 	Sign off - <i>"Promises delivered"</i>

## Reform Programme Project Office

The Project Office is the operational planning and co-ordinating structure for the Reform Programme. Its role is to plan, co-ordinate and support the development and implementation of the HSRP.

The Project Office consists of a number of dedicated staff from the existing Health Strategy Implementation Team, and additional DoHC and staff from the wider health service assigned to the Project Office on a full- or part-time basis. The Project Office will also support the MAC and the Secretary General in their reporting to the Minister and the National Steering Committee. The Head of the Project Office will also act as Secretary to the National Steering Committee.

## Role of the Project Office

The core functions of the office are to:

- outline the scope of the entire programme;
- develop a detailed plan to address the scope of the programme;
- co-ordinate discrete projects and activities in fulfilment of the plan;
- track progress and submit to the National Steering Group for approval; and
- provide a secretariat to the programme and individual projects.

Project Office members will act as key workers for individual projects and provide secretariat for all Action Project activity. In addition, the Project Office will have specific responsibility for putting the recommendations of the communications working group into action.

There are thirteen Action Projects:

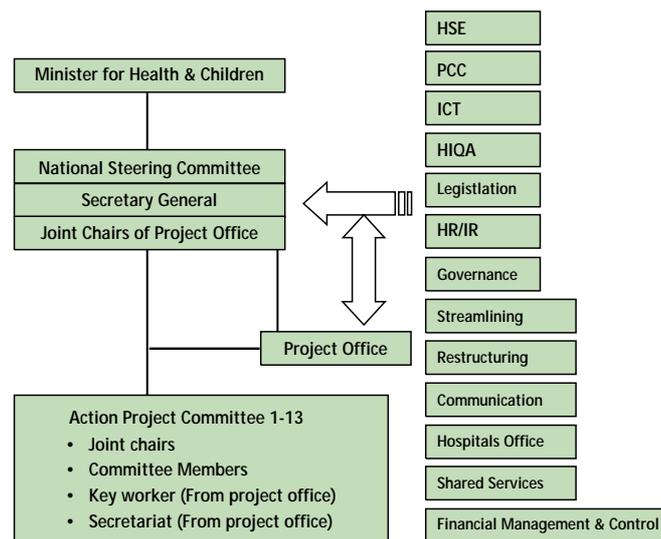
- Communications
- Financial Management
- Governance
- Health Information and Quality Authority (HIQA)
- Human Resources and Industrial Relations (HR-IR)
- Health Services Executive (HSE)
- Information and Communications Technology (ICT)
- Legislation
- National Hospitals Office (NHO)
- Primary, Community and Continuing Care (PCCC)
- Restructuring

- Shared Services
- Streamlining

Figure 2 illustrates the organisation of the HSRP and the lines of accountability.

## Figure 2. Organisation of Programme Management

For up-to-date information on the HSRP log on to [www.healthreform.ie](http://www.healthreform.ie). You can also check out developments on the website of the Office for Health Management ([www.tohm.ie](http://www.tohm.ie)).



Nurses involved in the Action Projects are:

- Antoinette Doocey, Primary Care Task Force, DoHC - NHO
- Mary Mc Carthy, Nursing Policy Division, DoHC - HSE
- Tracey O'Beirne, Nursing Policy Division, DoHC - NHO
- Maeve O'Connor, Nursing Policy Division, DoHC - Communications
- Siobhan O'Halloran, DoHC - Streamlining and HIQA
- Mary O'Neill, Nursing Policy Division - PCCC
- Anne Scott, Dublin City University - Interim Board of the HSE
- Cormac Walsh, Nursing Policy Division - Streamlining

# DIVERSITY awareness

## Ensuring Equality and Valuing Diversity in the Health Services

The *Action Plan for People Management in the Health Services* (APPM) (Department of Health & Children, Health Service Employers' Agency, 2002) states that equal opportunities and accommodating diversity in the workplace recognises the talents and skills of all staff and provides access to employment and promotion to the widest possible pool of employees and potential employees. Equal opportunities and diversity is also about creating a culture that seeks, respects, values and harnesses difference.

The APPM sets out six activities for ensuring equality and valuing diversity:

- Prepare an Equal Opportunities/Accommodating Diversity Strategy and Action Plan
- Develop tools which will assist managers in the equal opportunities/diversity aspect of their people management role
- Finalise and roll out Equality/Diversity guidelines and Dignity at work
- Mainstream Equality/Diversity training in the health services
- Each agency to assign responsibility for equality to a senior executive and include a statement on initiatives in the annual report
- Conduct research to determine the effect of abolishing the distinction between officer/non-officer/servant, employment status and, if appropriate, implement a strategy that removes these labels (p14).

The Office for Health Management has pointed out that legislative, demographic and economic changes in Irish society have all led to diversity becoming a reality within organisations (*Managing Talent and Difference: The Case for Diversity. Position Paper and Guidelines for Managers*, 2002). In addition to the external environment, the internal issues within the Irish health service mean that its employees must respond to the diversity agenda. International recruitment of overseas nurses and midwives continues with the result that such nurses and midwives constitute a significant part of the workforce in Ireland (DoHC, *Guidance for Best Practice on the Recruitment of Overseas Nurses and Midwives*, 2001).

The health service is moving further towards a culture that supports

and values all employees, for example, by enabling them to balance work and life demands on a daily basis. It can help to maintain a motivated workforce by creating an environment where all people feel included, their contributions valued and their achievements recognised, no matter what their level, role, background or discipline.

Are you aware of equality and diversity initiatives taking place in your organisation?

## Equality Legislation

The Employment Equality Act, 1998 came into force in October 1999. It outlaws discriminatory practices in relation to and within employment. It prohibits direct and indirect discrimination and victimisation in employment on the nine grounds of:

- gender
- marital status
- family status
- sexual orientation
- race
- religion
- disability
- age
- membership of the Traveller community

All aspects of employment are covered, namely:

- equal pay
- access to employment
- vocational training
- conditions of employment
- work experience
- promotion
- dismissal

The legislation applies to:

- public and private sector employment
- employment agencies
- vocational training bodies
- the publication of advertisements
- trade unions and professional bodies
- full-time and part-time workers
- collective agreements

*continued on page 10*

# NURSE AND MIDWIFE PRESCRIBING PROJECT

The Steering Committee of the Review of Nurses and Midwives in the Prescribing and Administration of Medicinal Products Project held a meeting on 16 December 2003. At this meeting the members discussed the issues surrounding the current deferment of the pilot study. *An Evaluation of the Effectiveness of Nurses and Midwives Collaboratively Prescribing Using Medication Protocols*. An Bord Altranais and the National Council are in discussion with the Department of Health and Children (DoHC) regarding an essential concern fundamental to the operation of the pilot sites. This issue has led to the delay of the implementation phase of the pilot study.

Additional information about this element of the project review will be communicated to the profession by the organisations, as it becomes available. The Project Team and members of the Committee appreciate the patience and support of all the individuals involved at the pilot sites.

Professor Seamus Cowman of the Royal College of Surgeons in Ireland presented a summary of the evaluation of the education programme, noting that all thirty-two participants had successfully completed the six-month course. Specific findings will be available

within the Final Report of the project review. Two student representatives provided valuable feedback about their experiences during the course and the current concerns of the participants regarding the status of the pilot sites.

The survey on medication management needs, including expansion of practice for nurse/midwife prescribing, is currently underway. The Project Team request those individuals who were randomly selected to complete the questionnaire to return it as soon as possible to the Project Office at An Bord Altranais.

Ms Maeve O'Connor, Nursing Policy Division, DoHC, has joined as a member of the Steering Committee as of February 2004. The last scheduled meeting of the Steering Committee was 17 February.

The Project Team welcomes any comments or suggestions and can be contacted at An Bord Altranais.

T: (01) 6398502/557

E: [kwalsh@nursingboard.ie](mailto:kwalsh@nursingboard.ie) and [dcarroll@nursingboard.ie](mailto:dcarroll@nursingboard.ie)

*continued from page 9*

## DIVERSITY AWARENESS

### Discrimination and Harassment

The Equality Authority defines discrimination as "less favourable treatment." A person is said to be discriminated against if she/he is treated less favourably than another is, has been, or would be treated on any of the nine grounds.

Harassment on the nine grounds is unlawful. An employer, an employment agency or a vocational training body will be liable for harassment by their employees, clients, customers or other business contacts, if they do not take reasonable steps to prevent such

harassment. Employers are liable for the acts of employees done in the course of employment, whether or not the acts were done with the employer's knowledge. An employer is also liable for acts of agents of the company. An employer can argue in defence that she/he took reasonable steps to prevent the particular act of discrimination or that type of act generally.

For more information on equality legislation contact the Equality Authority, Clonmel St, Dublin 2

T: (01) 4173333 or LoCall 1890 245545

E: [info@equality.ie](mailto:info@equality.ie)

W: [www.equality.ie](http://www.equality.ie)

# CLINICAL focus: the CLINICAL NURSE (general practice)



Berna Rackard, CNS  
(General Practice),  
Co Wexford

Berna Rackard is a CNS in general practice and the only nurse working in two-handed practice in a rural setting in Co Wexford. The general practitioners (GPs) are her employers and have responsibility for her clinical practice at local level, but she reports on professional nursing issues to the practice nurse facilitator at the Nursing and Midwifery Planning and Development Unit in the South Eastern Health Board. The practice serves 2740 patients and is approved by the Irish College of General Practitioners (IGCP) for continuing medical education and training purposes.

Since qualifying as a nurse over twenty years ago Berna has had a varied career. She spent a few years in France where she worked in a private capacity and also in a role similar to that of a public health nurse (PHN). It was during this time that Berna developed an interest in homeopathy. Such was her interest that when she returned to Ireland she undertook a three-year diploma course in homeopathy. She finds that the philosophical approach associated with homeopathy enhances her holistic approach to care when implemented alongside evidence-based nursing. Since working in general practice she has completed several courses relevant to her work, one of which is a diploma course in respiratory care through distance learning.

At the practice Berna has her own list of patients and receives referrals from the GPs, PHNs, nurses at local day care centres and patients themselves. "There are many patients whom I would see every day," she says. "My own special interests are care of people with diabetes, asthma or coronary heart disease. I run my own clinics for these patients and see them on a regular basis. The focus of my contact with the patients is education, rehabilitation, prevention and support. Where necessary I make referrals to and consult with PHNs and also with hospital-based specialist nurses."

The practice is fully computerised and this facilitates the audit process whereby Berna can keep track of patient numbers, appointment schedules, treatments and outcomes. Computerisation has also enabled her, as a member of the practice team, to be involved with the Heartwatch Programme, which is part of the Cardiovascular Strategy. "Within the Heartwatch Programme," she says, "there is a specific format for the patient consultation and an agreed protocol for their care. We consult the GP about our findings and changes are made or referrals written in line with the protocol. The patients have access to other health professionals such as dieticians and I can refer patients to them, again in line with the protocol."

Berna combines her interpersonal and information technology skills when dealing with patients' queries. "Patients often enquire about aspects of their health," she says. "Sometimes they need clarification of what another health

professional has said to them and they perceive nurses to be more accessible than the doctor. If I have a patient in the clinic who needs immediate attention, I enter the details on the computer, send a message to the doctor straightaway and he will come in before he sees his next patient." This is just one example of the sound team approach to care within the practice. "We are a team," she comments. "We complement each other's care." The weekly practice management meetings and informal meetings are also vital for team working, as well as providing forums for discussing issues that come to light.

Her commitment to her nursing practice is evident not only from her workplace activities but also from her work with the Irish Practice Nurses' Association (IPNA). She has been the chairperson of the association since October 2003. "It was set up in 1991," Berna says, "to provide a network of personal and professional support for its members. We currently have eighteen branches in twenty-six counties and over eight hundred members." Each branch meets formally at least nine times a year and national meetings are held four times a year. These meetings centre around education on particular topics. Limited access to and availability of relevant education programmes are matters for concern among IPNA members (the Royal College of Surgeons in Ireland currently offers a Higher Diploma Programme in Practice Nursing), but meetings between the association and relevant bodies are taking place with a view to improving the situation.

Berna finds practice nursing stimulating and varied. "My favourite part of the job is the patient contact," she says. "I also enjoy the educational aspects, health promotion and helping people to empower themselves to improve their own health. I am looking forward to the publication of the *Nursing and Midwifery in the Community Strategy*, which will build on *Primary Care - A New Direction*." She is certainly in a position to meet the challenges of modern primary care.

For more information on the IPNA click on to [www.ncnm.ie](http://www.ncnm.ie) and follow the links to *Specialist Groups*.

# advanced practice in rheumatology nursing



**Patricia Minnock, ANP (Rheumatology), Our Lady's Hospice, Dublin**

Patricia Minnock is the first Advanced Nurse Practitioner (ANP) in rheumatology nursing accredited by the National Council. Based in the rheumatology rehabilitation department at Our Lady's Hospice (OLH), Harold's Cross, Dublin, she also provides a service at the rheumatology department, St Vincent's University Hospital (SVUH), Elm Park.

Rheumatology is the branch of medicine concerned with the study and treatment of pathologies of the muscles, tendons and joints. Rheumatological diseases include osteoarthritis, rheumatoid arthritis, ankylosing spondulitis and systemic lupus erythematosus.

Patricia has over twenty years' nursing experience. She holds a higher diploma in nursing from the Royal College of Surgeons in Ireland and a primary degree from the University of Ulster. Her interest in specialised nursing in rheumatology dates back to the early 1990s when she discovered that there was little published information around this topic.

However, she was able to develop specific knowledge and skills in rheumatological nursing by participating in a nurses' working group based in the United Kingdom that aimed to define the core competencies of clinical rheumatological nursing. She was well underway in a master's degree at Trinity College, Dublin, by the time the National Council published the *Framework for the Establishment of Advanced Nurse Practitioner and Advanced Midwife Practitioner Posts* (2001).

Most patients for whom she provides a service have rheumatoid arthritis and other forms of inflammatory arthritis. "When I first started in this area twenty years ago," remembers Patricia, "we were providing a service for about four hundred patients. Now we see twice that number and they range in age from seven years and upward. More than seventy-five per cent of them have inflammatory arthritis." She is involved in the clinic for patients with juvenile idiopathic arthritis at SVUH as well as her clinics at OLH. She also provides a telephone helpline to patients and their families.

Her role as an ANP differs from that of a clinical nurse specialist (CNS) in that Patricia has authority for expanded clinical decision-making and greater autonomy in her clinical practice. Having agreed the boundaries of her practice with her medical colleagues she reviews patients and can make decisions relating to medication, pain management and even disease management.

She describes her own post as offering continuity of service and expertise to patients in contrast with the management of patients in an out-patient setting where there might be brief appointments and no guarantee of being seen by the same person. Other aspects of her ANP role include assisting patients to come to terms with their diagnosis or identifying the appropriate medication regime. One area of practical expertise that she has developed is joint injection, and she now has the authority to administer such injections under a protocol agreed with her medical colleagues.

A recent service development at the hospice is the Biologic Therapies Clinic established in 2000. Patricia developed an out-

patient service in order to provide this new medication to patients. It was from this that her nurse-led clinic evolved and a recent patient satisfaction survey shows that patients are highly satisfied with this service.

Future developments for this ANP post will include a nurse-led pain management clinic, the idea for which stems from the findings of Patricia's master's thesis. She comments: "I found that approximately ninety per cent of patients were extremely dissatisfied about their level of pain, and yet we as health professionals viewed them as being in remission and their condition as well managed."

She suggests that the proposed new approach to pain management will commence with patients during the in-patient phase of care and will continue following discharge at her own clinics. Her scope of practice in this area will have to be agreed in collaboration with the nursing and medical team, and protocols and guidelines drawn up with reference to existing documents.

"The team will concentrate on the basics of education," continues Patricia, "such as giving patients information about their condition, pharmaceutical and non-pharmaceutical interventions and different types of pain. I am particularly keen to empower patients to manage their own care and enhance their own quality of life."

Patricia is a member of the multidisciplinary team in rheumatology rehabilitation at OLH which also comprises a CNS, medical consultants, consultant rheumatologists, physiotherapists, occupational therapists, social workers and a chiropodist. The team can also call upon the expertise of the Department of Psychiatry at SVUH. Team members work closely together and often refer to each other. Patricia's experience suggests that following the medical diagnosis nurses can really come into their own by playing a key role in supporting and re-evaluating people with chronic conditions.

Apart from her clinical activities there are many other activities that have contributed to Patricia's development as an advanced

practitioner. She now leads the delivery of three specialist modules in rheumatology at the School of Nursing and Midwifery at University College, Dublin, having contributed to the development of the Higher Diploma in Nursing (Clinical Practice - Rheumatology).

Another of her educational activities is providing a placement for nurses undertaking postgraduate courses at the National Orthopaedic Hospital and Adelaide and Meath Hospital incorporating the National Children's Hospital, and she is looking forward to teaching undergraduate students later this year.

She is the secretary of a multidisciplinary society for rheumatology health professionals and its representative on the board of the Arthritis Foundation. She has also published articles on her research and presented a poster at an international conference, which led to her being invited to join a research group concerned with outcome measures in rheumatology.

"I have now prepared a longitudinal study based on my original postgraduate research to look into the area of fatigue and pain," she says. "As a result I am now working with people more experienced in clinical research than I am and learning from them." She receives an increasing number of invitations to present at conferences, but will always give priority to her clinical practice.

Achieving her present level of knowledge of and skills in rheumatological nursing has required considerable effort but Patricia understands that there is no room for complacency. "I don't believe I will be doing the same thing for patients in five years time as I am doing now," she comments.

"I have to develop the rheumatology service and ensure that it evolves to meet patients' needs. My director of nursing and other colleagues have given me unstinting support in the past, and I know I can count on this in future."

# NURSING & midwifery PLANNING and development UNITS

## Care of the Older Person Project

The Care of the Older Person Project was initiated in 2002 with the aim of enhancing nursing care of older people throughout all relevant health services in the public, voluntary and private sectors, ranging across acute and primary care, nursing homes, and mental health and intellectual disability services. Funding from the National Council has enabled Project Officers (Care of the Older Person)\* to be employed at regional level and the scope of their role was the subject of focus group discussions at the regional meetings held by the National Council and the NMPDUs last autumn.

Each region has its own special interests and priorities, but these can be categorised as education, practice development, risk management, communication and research. As the posts were established at different times over the last two years, the various projects are at different stages of progress.

Project Officer* * NB Post-holders' titles may vary at regional level	NMPDU and Contact Details
Mary O'Donnell Carol Grogan	ERHA Mill Lane, Palmerstown, Dublin 20 T: (01) 6201709 or (01) 6201738 F: (01) 6201625 E: mary.odonnell@erha.ie and carol.grogan@erha.ie
Mary Manning (Regional Practice Development Facilitator for Care of the Older Person)	MHB Unit 4, Central Business Park, Clonminch, Portlaois Rd, Tullamore, Co Offaly T: (0506) 57866 or (086) 3808528 E: mary.manning@mhb.ie
Lorna Peelo-Kilroe	MWHB MWHB Head Office, Catherine Street, Limerick T: (061) 483306 E: lornapeelo@mwhb.ie
Rose Mooney	NEHB Kells Road, Ardee, Co Louth T: (087) 7736773 E: rose.mooney@nehb.ie
Randal Parlour	NWHB Iona House, Main St, Ballyshannon, Co Donegal T: (087) 9088435 E: randal.parlour@nwhb.ie
Sinead Motherway	SEHB Centre of Nurse Education, Waterford Regional Hospital, Dunmore Rd, Waterford T: (087) 6536999 E: MotherwayS@sehb.ie
Margaret Buckley (Practice Development Facilitator - Gerontological Nursing)	SHB Unit 8A, South Ring Business Park, Kinsale Road, Cork T: (021) 4927460 or (087) 9278953 E: buckleym1@shb.ie
Josie Doolan Ruane Anne Lavelle (Clinical Facilitator)	WHB Centre of Nurse Education, St Mary's Campus, Castlebar, Co Mayo T: (094) 9042038 E: josie.dolan@whb.ie and anne.lavelle@whb.ie

## National Nursing and Midwifery Qualifications Catalogue Advisory Group

The introduction of the national Personnel, Payroll and Related System (PPARS) into some of the health agencies in Ireland has resulted in organisation-wide benefits including the provision of accurate, up-to-date data on human resources. The *Commission on Nursing - A Blueprint for the Future* (1998) first highlighted the need for such information and the Nursing Policy Division at the Department of Health and Children (DoHC) acted on this recommendation by setting up a steering group to examine the nursing and midwifery resource (*The Nursing and Midwifery Resource- Final Report of the Steering Group: Towards Workforce Planning* (DoHC, 2002).

The data held on the PPARS include information on nursing and midwifery qualifications. A catalogue of qualifications has been developed and comprises:

- professional qualifications (eg. Registered General Nurse, Registered Psychiatric Nurse, etc)
- academic qualifications specific to nursing and midwifery (eg. primary degrees in nursing, higher/postgraduate diplomas in specialised areas of nursing, etc)
- academic qualifications for healthcare and public administrative staff skills and training (eg. cannulation, defibrillation, etc).

This database will be of benefit in providing information for workforce planning and forecasting on the future educational and organisational requirements of nurses and midwives employed in the health services.

In order to ensure national consistency within the qualifications catalogue, a national nursing and midwifery qualifications advisory group has been set up to manage and approve the addition of new qualifications to the catalogue. The group consists of the following personnel:

- Mary Frances O'Reilly (Chairperson), NMPDU, Western Health Board
- Eilish Croke, NMPDU, Midland Health Board
- Gillian Conway, NMPDU, Mid-Western Health Board
- Anne Gallen, NMPDU, North Western Health Board
- Ann Marie Ryan, An Bord Altranais
- David Yeo, National PPARS Office
- Christine Hughes, National Council for the Professional Development of Nursing and Midwifery
- Maeve O'Connor, Nursing Policy Division, DoHC

## Schedule of Regional Meetings with NMPDUs, Spring 2004

Date	Health Board	Director of Unit
20 April	NWHB	Jim Brown
21 April	WHB	Mary Courtney
27 April	NEHB	Colum Bracken
28 April	ERHA	Sheila O'Malley
11 May	SHB	Catherine Killilea
12 May	SEHB	Joan Phelan
18 May	MHB	Patrick Glackin
19 May	MWHB	Nora O'Rourke

# centres of NURSE education

Delivery of the objectives the Health Strategy, *Quality and Fairness - A Health System for You*, and of the Health Service Reform Programme is dependent on the availability of a range of core competencies within clinical practice, management and education. It is therefore timely that the Centres of Nurse Education are being developed within a corporate framework to facilitate the planning, delivery and implementation of high-quality education and training.

Nursing and midwifery remains one of the cornerstones of the modern Irish health service amidst ongoing and rapid change. Provision of high-quality nursing and midwifery services is dependent on many factors, one of which is the provision of high-quality education. Developments within the health services and advances in therapeutic interventions require nurses and midwives to update their knowledge and skills continuously. Therefore it is essential that each health service organisation can provide or access well developed in-service training and educational programmes that reflect service need and developments.

The Centres of Nursing (and Midwifery) Education (CsNE) have a pivotal role to play in this area by:

- Identifying the education needs of nurses and midwives
- Targeting nursing and midwifery service areas for development
- Providing and organising the provision of continuing education needed nurses and midwives.

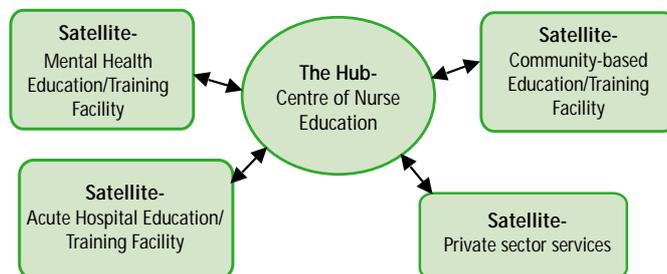
Provision of the required education will be take place at the CsNE on an intra- and inter-disciplinary basis. Thus all branches of nursing and midwifery now have the opportunity not only to collaborate in the planning and provision of innovative educational programmes and activities, but also to do so strategically and within a corporate framework. Innovative approaches to training and education identified within the *Action Plan for People Management in the Health Services* include mentoring, coaching, action learning and e-learning, which have already been implemented in nursing and midwifery education. The CsNE will provide and/or support these activities, as well as other recognised continuing professional development activities such as participation in journal clubs, case conferencing, workshops and distance learning.

## Resources

In order to provide the level of service outlined above, the following physical resources are required:

- The Centre of Nurse Education - the "hub" with offices, photocopying facilities, information technology (IT) facilities, and seminar and classroom space sufficient to bring all disciplines together for specific in-service education (see Figure 1).
- Development of education and training facilities at satellite sites throughout the geographical and clinical areas serviced by the CNE, for example: community hospitals, public health centres, general practice centres, private sector services, acute hospitals, mental health services and intellectual disability services.

**Figure 1. Hub and Satellite Model of Centres of Nurse Education at Health Board Level**



The current transition phase of the pre-registration nursing education programme (ie, from diploma to degree) is due to finish in October 2004. The interim reporting relationships of the Directors of the Centres may vary in some locations. These and other matters are being reviewed by a group set up by the Department of Health and Children. The review group's report was due in February 2004.

Forthcoming issues of the National Council newsletter will continue to report on the developments at and concerning the CsNE.

# RESEARCH RESOURCE



## Focus on Evidence for Mental Health Practice

There are several national and international sources of evidence that nurses and midwives working in the area of mental health may wish to access.

From a national perspective, the Mental Health Research Division of the Health Research Board (HRB) is one such source. This division gathers data for two streams of evidence. The first stream is its database holdings of which there are two. The National Psychiatric In-patient Reporting System (NPIRS) holds detailed information on admissions and discharges to in-patient psychiatric services in Ireland, including demographic, clinical and socio-economic details.

The Westmeath and Roscommon Case Registers record all contacts made with designated services within these geographical areas. The second stream is the conducting of research projects, some of them in association with international collaborators. Examples of recent and current projects include *Exploration of Trends in Depression and Suicide in Ireland* and *The Genetic Epidemiology of Schizophrenia in Ireland*. Further detail of the work of the division is available at [www.hrb.ie](http://www.hrb.ie).

International sources of evidence include the Centre for Evidence-Based Mental Health (<http://cebmh.warne.ox.ac.uk/cebmh>) where you can sign up for an e-newsletter. The Scottish Intercollegiate

Guidelines Network ([www.sign.ac.uk](http://www.sign.ac.uk)) currently has five guidelines on topics ranging from postnatal depression to schizophrenia to dementia. The National Institute of Clinical Excellence ([www.nice.org.uk](http://www.nice.org.uk)) is due to issue guidelines on depression, disturbed (violent) behaviour and self-harm this year. The Cochrane Library, available on-line through the HRB, also holds systematic reviews relating to schizophrenia and depression, anxiety and neurosis.

## Surfing & Sourcing

Effective networking can be a valuable way to share experiences and knowledge of research activity. The Royal College of Nursing in the United Kingdom runs just such a network - the Network for Psychiatric Nursing Research (NPNR) ([www.man.ac.uk/rcn/ukwide/nprn.html](http://www.man.ac.uk/rcn/ukwide/nprn.html)).

An annual conference, a database of research projects and a database of contacts, a quarterly newsletter and local journal clubs are all part of current activity. The network wishes to develop the NPNR within Europe and anyone interested should contact the network co-ordinator at  
E: [mental.health.network@rcn.org.uk](mailto:mental.health.network@rcn.org.uk)

## Research Strategy for Nursing and Midwifery in Ireland: Update

The fourth meeting of the Research Committee was held on 14 January 2004. Preliminary findings of the first two strands of the baseline survey were presented to the committee. The committee also made a submission to the relevant Action Project Group of the Health Services Reform Programme with regard to the contribution of nursing and midwifery research in future changes.

# PRACTICE PRESENTATION

At the National Council's third annual conference (November 2003) there were two first-prize winners of the poster competition, one on each day of the two-day conference. Both posters focused on issues relating to care of the older person. The first prize on day one of the conference went to Edwina Muldowney for her poster *The Introduction of Art to the Older person in a Day Care Setting*.

This poster depicted a multidisciplinary initiative aimed at meeting the needs of ageing and older people by introducing art therapy. It described how art therapy enables clients to express themselves through art and experience its therapeutic value, and also provides the opportunities to attend an art course and to build confidence and self-esteem by participating in a group. The poster demonstrated how the clients had fun through the use of colour, shape, texture and the experience of creating a valued product. It also incorporated some of their art work. The programme was evaluated both from the clients' and the staff's perspectives.

For more information contact Edwina Muldowney at St Columba's Hospital, Thomastown, Co Kilkenny.

T: (056) 7754825

E: daycentre@eircom.net

The first prize on day two of the conference went to Angela Ring, Margaret Dwyer and Maura Geaney for their poster *Minimising the Use of Cot-sides and Safety Belts in the Elderly*. This poster illustrated a multidisciplinary initiative aimed at reducing the frequency of physical restraint used and reflected the Health Strategy's vision of treating people with dignity and respect.

The poster described how staff worked at removing physical restraints such as cot-sides and safety belts while still maintaining a safe environment utilising alternative management techniques. It also showed how this was supported by improving the documentation and formatting standardised care plans in relation to the use of physical restraints.

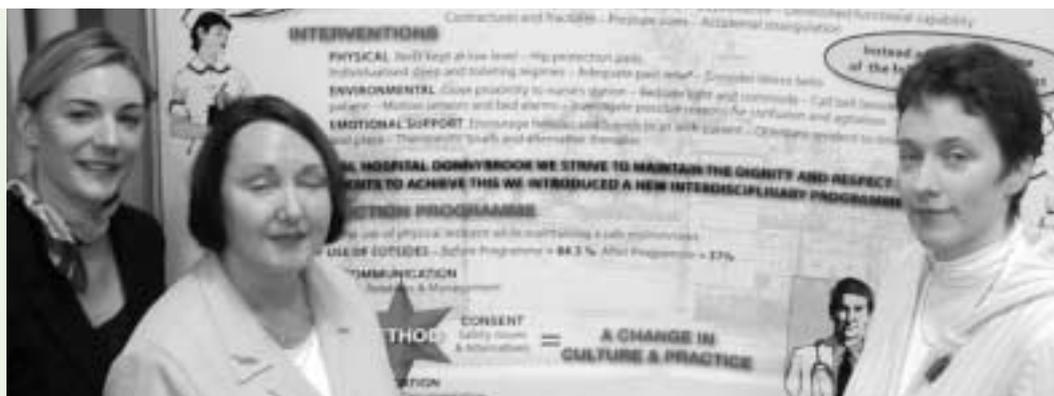
For more information about this initiative contact Angela Ring, Margaret Dwyer and Maura Geaney at the Royal Hospital, Donnybrook, Dublin.

T: (01) 4066742

E: rehab@rhd.ie, mdwyer@rhd.ie and ward7@rhd.ie



**Edwina Muldowney,  
St Columba's Hospital,  
Thomastown**



**Angela Ring, Maura Geaney and Margaret Dwyer, Royal Hospital, Donnybrook**

## Financial Support for Nurses and Midwives Pursuing Further Education

The National Council has a statutory role in providing guidelines for health service providers for the selection of nurses and midwives who might apply for financial support in seeking opportunities to pursue further education. To this end the National Council has published **Guidelines for Health Service Providers for the Selection of Nurses and Midwives who Might Apply for Financial Support in Seeking Opportunities to Pursue Further Education** (November 2003). This document suggests that each health service provider should have a policy on applying for funding for further education and that this policy should reflect relevant circulars from the Department of Health and Children. Specific policy areas which should be detailed are criteria for funding, eligibility, payment of fees, study and exam leave, guidelines for line managers, application forms and learning contracts.

## Clinical Nurse/Midwife Specialist and Advanced Nurse/Midwife Practitioner Applications

In order to assist in facilitating the establishment of new clinical nurse/midwife specialist (CNS/CMS) and advanced nurse/midwife practitioner (ANP/AMP) posts, the National Council has developed *Financial Approval Forms*. These must be submitted to the National Council with either the *CNS/CMS Intermediate Pathway Post and Post-Holder Information Form* or the ANP/AMP site preparation details and job description.



### World Health Day

World Health Day will be celebrated on 7 April 2004. The objective of World Health Day is to raise global awareness of a specific health theme to highlight a priority area of concern for the World Health Organisation (WHO). The launch takes place in Paris and the theme selected for 2004 is Road Safety. The objectives for this World Health Day are to:

- Raise awareness about the health impact, social and economic costs of road traffic injuries (RTIs)

- Highlight the particular vulnerabilities of certain groups of road users
- Issue a call for action to increase efforts to prevent RTIs.

Events will be organised around the world by governments, organisations and groups. The day will mark the start of a global campaign for road traffic injury prevention. The **World Report on Road Traffic Injury Prevention** will be launched on World Health Day. This is the first major report on the topic produced and issued by the WHO in collaboration with the World Bank. The main message of the report is that road traffic injuries are a major but neglected public health problem requiring concerted multi-sectoral efforts for effective and sustainable prevention.

If you are interested in organising an event for World Health Day, a toolkit is available from the WHO's website. For more information log on to [www.who.int/world-health-day/2004](http://www.who.int/world-health-day/2004)

### Road safety in Europe: facts and figures

The health toll of road traffic injuries (RTIs) in the WHO European Region is heavy in terms of deaths, injuries and disability.

- Deaths: about 120,000 per year
- Injuries: about 2.4 million per year
- Disability Adjusted Life Years (DALYs): about 3.5 million, split into 2.8 million from Years of Life Lost (YLL) and 0.7 million from (Years of Life Lived with Disability) YLD
- DALYs for RTIs account for about 17% of total DALYs for injuries.

Source: WHO - Global Burden of Disease project

### World No Tobacco Day

World No Tobacco Day is celebrated around the world every year on 31 May. This yearly celebration informs the public on the dangers of using tobacco, the business practices of tobacco companies, what the World Health Organisation is doing to fight the tobacco epidemic, and what people around the world can do to claim their right to health and healthy living and to protect future generations.

The Member States of the World Health Organisation created World No Tobacco Day in 1987 to draw global attention to the tobacco epidemic and the preventable death and disease it causes. In 1987, the World Health Assembly passed Resolution WHA40.38, calling for 7 April 1988 to be "a world no-smoking day." In 1988, Resolution WHA42.19 was passed, calling for the celebration of World No Tobacco Day, every year on 31 May.

For more information log on to [www.who.int/tobacco/wntd/en](http://www.who.int/tobacco/wntd/en) and [www.doh.ie/publications/smokeban.html](http://www.doh.ie/publications/smokeban.html)

### Other International Health Days

- 24 March - World TB Day
- 17 April - International Haemophilia Day
- 5 May - International Day of the Midwife
- 6 May - International Asthma Day
- 10 May - Move for Health: International day for physical activity
- 12 May - International Nursing Day
- 22 May - International Day for Biological Diversity
- 5 June - World Environment Day

### More Websites Hosted by the National Council

The **Irish Association of Directors of Nursing and Midwifery (IADNAM)** is an association for directors of nursing and midwifery throughout the healthcare services in Ireland. It aims to provide support and leadership to its members within the context of the changing healthcare environment. Launched by the association's president, Geraldine Regan, in December 2003, the website provides information about the work of the association. Press releases and position papers can be downloaded from the publications page. Visit the site at [www.ncnm.ie/iadnam](http://www.ncnm.ie/iadnam).

Founded in 1996, the **Irish Breast Care Nurses' Association (IBCNA)** aims to provide a programme of education and a forum for exchange of information for members of the nursing profession who care for people with breast disease. Their new website provides information about the association and how to go about joining. Details of events of interest to nurses in breast care are provided as well as links to other special interest websites. Visit the site at [www.ncnm.ie/ibcna/](http://www.ncnm.ie/ibcna/).

The **Irish Research Nurses' Association (IRNA)** was established in May 2003 when an eight-member working group was established with representatives from five hospitals. The group ascertained that one hundred and twenty-four nurses throughout Ireland had a research component to their role and that while many are employed specifically as research nurses, many clinical nurse specialists are also involved in research activities at some level. The IRNA welcomes all nurses with a research component to their job to register as members. Their website provides information about study days, other educational events, job opportunities and other items. Patients can also find something of interest as the site provides information on their rights in relation to participation in health research. To find out more visit [www.ncnm.ie/irna](http://www.ncnm.ie/irna).

The **Irish Association of Critical Care Nurses (IACCN)** was set up in 1986 to promote the art and science of critical care nursing with a view to maintaining optimal care for patients in critical care areas. Their website provides information about the association including details about upcoming educational events. The IACCN's newsletter can be downloaded and the links page provides links to similar organisations abroad. For more information log on to [www.ncnm.ie/iaccn](http://www.ncnm.ie/iaccn)

The National Council will assist free of charge with website design, development and ongoing hosting for nursing and midwifery associations or organisations that do not have the resources to do themselves. For further details contact: Mary Farrelly at T: (01) 8825312 or E: [mfarrelly@ncnm.ie](mailto:mfarrelly@ncnm.ie)

# PUBLICATIONS update

## Nursing and Midwifery Planning and Development Unit Publications

### **Looking into the Future – Maximising the Nursing Contribution to a Comprehensive Intellectual Disability Service**

This report is the culmination of over two years' work by staff at the Eastern Regional Health Authority's (ERHA) Nursing and Midwifery Planning and Development Unit and nurses working with people with intellectual disabilities in the ERHA. It sets out to identify what action is required to help secure the nursing contribution to intellectual disability (ID) services in the region and reflects the importance of developing an integrated interdisciplinary approach to service provision for people with ID and their carers and families.

The terms of reference were to establish the context in which ID nursing is carried out within the ERHA, identify where nursing services can contribute and require further development in primary, secondary and tertiary care, advise on the development and planning of nursing education and training programmes, and identify clinical pathways in ID nursing to inform the development of clinical nurse specialists and advanced nurse practitioner posts within existing services in the region.

**Looking into the Future** makes 28 recommendations, most of which have direct implications for Registered Mental Handicap Nurses and other nurses working in the ID services. Several recommendations are concerned with opportunities for continuing professional development for nurses working with people with ID which have been limited in the past. The report presents further challenges to managers and other stakeholders in the ID services who are already having to consider the implications of having national standards for disability services.

### **Nursing Children**

The ERHA has also produced a video, **Nursing Children: There is no such thing as an average day**, to promote careers in paediatric nursing.

To obtain copies of the ID nursing report and the paediatric nursing video contact:

ERHA NMPDU, Mill Lane, Palmerstown, Dublin 20

T: (01) 6201635

E: ecorrigan@erha.ie

W: www.erha.ie

### **Supporting Your Needs**

The NMPDU in the Mid-Western Health Board has published **Supporting Your Needs** (Peelo-Kilroe, June 2003) which is a report on the findings of an exploratory and qualitative study of possible development opportunities for the region's nursing and midwifery services. The study

was conducted in 2003 using focused group interviews with all grades of nurses and midwives working in the acute general and mental health sectors. It anticipates the impact of the European Working Time Directive (EWTD) upon non-consultant hospital doctors' working hours.

The issues raised by all branches fell broadly into three main categories: skill mix, education and support structures. Six recommendations emerge from the study and are concerned with regional interdisciplinary consensus on role development, the implications of the EWTD for service planning, the role of the NMPDU, role reconfiguration, education programmes and skill mix.

### **A Career in Nursing**

The MWHB NMPDU has also produced **A Career in Nursing**. This comprises a promotional DVD and leaflet on careers in general, mental health and intellectual disability nursing aimed at those considering joining the profession.

To obtain copies of **Supporting Your Needs** and **A Career in Nursing** contact:

MWHB NMPDU, 31-33 Catherine St. Limerick

T: (061) 483283

E: lornapeelo@mwhb.ie or gillianconway@mwhb.ie

W: www.mwhb.ie

## Launch of the First Psychiatry of Old Age Nursing Newsletter

The Psychiatry of Old Age Nursing newsletter was launched at the annual general meeting of the Psychiatry of Old Age Nurse Education/Development Group in November 2003 by Cormac Walsh, Nurse Advisor (Mental Health), Department of Health and Children, and Dr Margo Wrigley, Consultant Psychiatrist/Clinical Director in Old Age, Northern Area Health Board/Mater Misericordiae University Hospital and St Vincent's Hospital, Fairview, Dublin. This publication is a valuable resource for nurses and other professionals working in this specialised area of health care.

For further information about the group and its newsletter contact:

Michael Shasby

Assistant Director of Nursing

Psychiatry of Old Age, North Dublin (Areas 6 & 7), Northern Area Health Board, 61 Eccles St, Dublin 7

T: (01) 8600488

F: (01) 8600483

W: www.ncnm.ie/poanedg/index.asp

## Nursing Policy Division Reports

The *Report of the National Task Force on Medical Staffing (Hanly Report)* (DoHC, 2003) poses challenges to everyone working in the Irish health services. The Nursing Policy Division (NPD) at the Department of Health and Children (DoHC) has published a response, ***The Challenge for Nursing and Midwifery: A Discussion Paper***, in response to the Hanly Report.

The European Working Time Directive (EWT) is concerned with limiting the maximum working hours and establishing minimum entitlements to rest periods and paid annual leave for most workers in the European Union. It was transposed into Irish law in 1997, and the National Task Force on Medical Staffing was established in 2002 to devise an implementation plan for substantially reducing the average working hours of non-consultant hospital doctors (NCHDs). By 1 August 2004 NCHDs must no longer work more than an average of 58 hours a week on the hospital site, nor may they be required to work more than 13 hours per day on site. It is against this background that nurses and midwives from acute, psychiatric and midwifery settings were asked to identify a range of possible developments for nursing and midwifery. The findings of the focus groups are contained in *The Challenge for Nursing and Midwifery*. The supports required by nurses and midwives to develop new services and interdisciplinary working are discussed.

The NPD has also published a report focusing on the activities of its nursing and midwifery advisers during 2001 and 2002, and entitled ***Bi-Annual Outline of Activities of the Nurse/Midwife Advisers, Nursing Policy Division*** (DoHC, November 2003). The report is based on its business plan, the current Health Strategy (*Quality and Fairness – A Health System for You*, DoHC, 2001) and other related professional activities in which the advisers have been involved.

## Department of Health and Children Reports Cancer Services in Ireland

Each year there are approximately 19,000 new cases of cancer recorded in Ireland. Cancer disease is one of the highest contributors to mortality and morbidity rates, with the largest number of cancer deaths resulting from lung cancer. The key goal of the 1996 National Cancer Strategy (NCS) was to reduce the death rate from cancer in the under-65 age group by 15 per cent in the ten-year period from 1994. ***An Evaluation of "Cancer Services in Ireland: A National Strategy 1996"*** (DoHC, 2003) contains the outcome of a comprehensive study that evaluated the extent to which the objectives and actions of the NCS were achieved. This report sets out:

- the terms of reference for the evaluation,
- the methodology employed,
- a quantitative analysis of the developments in cancer services over

the lifetime of the NCS (including the introduction of clinical nurse specialists in the areas of palliative care, breast care, oncology and stoma care),

- key patient issues arising from public submissions and the patient survey (including the finding that nurses were regarded as being particularly sensitive to patients' needs),
- an analysis of data collected according to the objectives of the NCS, and
- key findings, conclusions key priorities for the future.

To obtain copies of NPD and DoHC publications contact:  
Customer Services, DoHC, Hawkins House, Hawkins St. Dublin 2  
T: (01) 6353000  
E: info@health.gov.ie  
W: www.doh.ie/publications/index.html

## Activities of Irish Psychiatric Services

The ***Activities of Irish Psychiatric Services 2002*** (Daly & Walsh, 2003, Health Research Board) was published in December 2003. The authors draw attention to the following points (among others):

- the continuing decline in in-patient admission rates and in numbers resident
- persistent regional differences in admission and resident rates
- the proportion of admissions to general hospitals (41%) equalling that of health board hospitals (41%) for the first time, reflecting the continued increase in provision of general hospital psychiatric units
- no remarkable changes in the diagnostic composition of admissions
- lowest ranked social class groups have an admission rate much greater than those in more privileged groups
- ninety-four per cent of out-patient attendances were re-attendances, reflecting the low level of primary care involvement in maintenance psychiatric care
- the decrease in the number of day centres
- the increase in the number of community residential places<sup>4</sup>

Also noted is the establishment of the National Performance Indicators Working Group for Mental Health, which will lead to more timely and accurate return of data to the Health Research Board.

### For further information contact:

The Communications Manager, Health Research Board,  
73 Lower Baggot Street, Dublin 2  
T: (01) 6761176  
E: sduffy@hrb.ie  
W: www.hrb.ie

# CONTINUING EDUCATION PROGRAMMES APPROVED FOR FUNDING IN 2003

The National Council continued to allocate additional funding to continuing education programmes for nurses and midwives in 2003. If your organisation is interested in applying for funding, please refer to the *Criteria and Processes for the Allocation of Additional Funding for Continuing Education by the National Council* (February 2001) and contact the nursing and midwifery planning and development unit in your region. Below is a list of programmes for which funding was approved last year.

## Eastern Regional Health Authority

### **Solution-Focused Approaches in Mental Health Nursing Practice**

Provision of start-up funding for a course in solution-focused approaches in mental health nursing practice with Dublin City University and mental health services within the ERHA.

### **Management Development Programme for Clinical Midwife Managers (I)**

A three-month programme aiming to develop the management skills of clinical midwife managers (I) in the National Maternity Hospital, the Coombe Women's Hospital and the Rotunda Hospital.

### **Graduate Diploma/Master of Science Programmes in Gerontological Nursing**

Provision of seed-funding to set up postgraduate nursing programmes in gerontological nursing with Dublin City University, Beaumont Hospital, St. Mary's Hospital and other units providing care to older persons in the Northern Area Health Board.

### **Graduate Diploma/Master of Science Programmes in Oncology Nursing**

Provision of seed-funding to set up postgraduate programmes in oncological nursing with Dublin City University, Beaumont Hospital and St Francis' Hospice.

### **Competency Development Programme for High Dependency Nursing for Ward-Based General Medical and Surgical Nurses**

Funding of a programme at St James' Hospital to develop the competencies of nurses working on general medical and surgical

wards to care for acutely ill patients previously nursed in a high-dependency setting.

### **Graduate Diploma in Medical/Surgical Nursing**

Provision of seed-funding to set up a graduate diploma programme in medical and surgical nursing with Dublin City University and Beaumont Hospital.

### **Action Learning Sets for Intellectual Disability Nurses**

Facilitation of action learning sets for clinical nurse managers at St Vincent's Centre, Navan Road.

### **Graduate Diploma and Stand Alone Modules in Intellectual Disability Nursing**

Provision of seed-funding for the development of clinical pathways in intellectual disability nursing on the graduate nursing programme at Dublin City University in association with intellectual disability services within the ERHA.

### **Nurse Practice Development Programme**

A programme run by the Faculty of Nursing, Royal College of Surgeons in Ireland, and with services in the ERHA, and aiming to support nurses in the promotion of high-quality patient-centred care and to stimulate further practice development.

### **Looking into the Future**

A one-day conference for mental handicap nurses and aiming to review the nursing contribution in the provision of a comprehensive intellectual disability service.

### **Clinical Supervision for Palliative Home Care Nurses**

A programme introducing clinical supervision to the palliative home care setting in Our Lady's Hospice, Harold's Cross.

### **Electroconvulsive Therapy Training for Registered Psychiatric Nurses**

A programme aiming to develop training for nursing staff in Vergemount Mental Health Services in the area of patient care before, during and after electroconvulsive therapy.

### **Integrating Workforce Planning into Service Planning and Management Practice**

A one-day conference for nurse and midwife managers in the ERHA and aiming to raise awareness of workforce planning and its relevance to service planning.

### **Developing the Future of "Return to Nursing and Midwifery Practice" Programmes**

A ten-month programme aiming to evaluate all aspects of "return to nursing and midwifery practice" programmes in Ireland and develop common national principles for the content and delivery of such programmes in the future, thus ensuring equity of provision and access for nurses.

### **Caring - The Greatest Challenge**

A one-day national conference examining the concept of caring within nursing.

## **Midland Health Board (MHB)**

### **The Development of Nursing and Midwifery Services in Midland Health Board: A Shared Vision**

A one-day regional conference exploring the future developments affecting nurse and midwives in the MHB region.

### **Introduction to Intellectual Disabilities**

A short certificate course aiming to provide non-mental handicap nurses with an introduction to the theory underpinning intellectual service provision.

### **Leading an Empowered Organisation (LEO): Training the Trainer Programme**

A five-day training programme to prepare LEO trainers.

### **Diabetes Management in Primary Care: Distance Learning Programme**

A six-month distance-learning programme aiming to provide nurses working in the primary care setting with evidence-based theory and skills underpinning the care of people with diabetes.

### **Clinical Nurse Specialists' Development Programme**

A programme aiming to improve clinical nurse specialists' capabilities in fulfilling their roles.

### **Pharmacology Update for Nursing Staff Working within the Intellectual Disability Sector**

A two-day programme aiming to familiarise and update nurses working within the intellectual disability sector with best medications management practice.

## **Mid-Western Health Board**

### **Midwifery Practice Development Project**

A midwifery practice development programme which will evaluate, develop, implement and monitor midwifery practice over a three-year period in the maternity services in the MWHB.

### **Professional Development of Clinical Nurse Managers**

A two-year programme concerned with providing nurse managers with the competencies necessary for effective management and the successful implementation of change.

### **Promotion of Continence and the Management of Incontinence**

A six-day programme for nurses and midwives in the Mid-Western Regional Hospital, St John's Hospital, Ennis General Hospital, St Munchin's Maternity Hospital and Nenagh General Hospital and aiming to improve awareness of and develop expertise in continence issues.

### **Sustaining Client-Centred Care through Partnership**

A programme introducing a holistic programme of culture and system change within a residential setting in order to improve client care in St Vincent's Centre, Lisnagry.

### **Neonatal Resuscitation Provider Programme**

A one-day programme aiming to provide training in neonatal resuscitation.

### **Pre-Transport Stabilisation of New Babies**

A one-day programme aiming to provide nurses and midwives with the skills for effective stabilisation of newborn babies prior to transportation.

### **The Critically Ill Obstetric Patient**

A one-day programme aiming to provide midwives with the skills for management of the critically ill obstetric patient.

### **Action Learning Sets for Intellectual Disability Nurses**

Facilitation of action learning sets for clinical nurse managers at St Vincent's Centre, Lisnagry.

### **Brief Solution-Focused Therapy**

A three-day programme facilitating psychiatric nurses' development of therapeutic skills.

### **An Introduction to Cognitive Therapy**

A three-day programme providing skills in the use of a cognitive framework in therapeutic interventions for psychiatric nurses.

### **Palliative Care**

A one-day multidisciplinary regional conference aiming to give a brief overview of the role of palliative care health professionals, symptom control and caring for family members.

### **Atopic Eczema**

A one-day conference aiming to provide nurses with the most up-to-date knowledge of atopic eczema, including current and future advances in treatments, nursing management, behaviour modification and psychosocial impact of the condition on patients.

### **Dual Diagnosis: Alzheimer's Disease and Down's Syndrome**

A one-day programme aiming to educate nurses in the care and management of those with a dual diagnosis of Alzheimer's disease and Down's syndrome.

### **Postvention Policy and Crisis Team Support**

A programme training a panel of nurses in the mental health services with specific skills in crisis management in order to provide

support following a critical incident involving suicide, attempted suicide or other traumatic events.

### **Report Writing Skills**

A one-day programme aiming to highlight the importance of record keeping and report writing in the Charleville and District Association for the Handicapped services.

### **Management and Leadership Development for Clinical Nurse Managers**

A nine-day training programme for clinical nurse managers incorporating training in the Leading an Empowered Organisation and management competencies identified by the Office for Health Management.

### **Pharmacology Update for Nursing Staff Working in the Intellectual Disability Sector**

A two-day programme familiarising and updating nurses working in the intellectual disability sector with best medications management practice.

### **Getting Clinical Practice Research Happening: From Rough Ideas to Successful Outcomes**

A study day aiming to identify practical and achievable ways in which practice-focused collaborative research can be initiated and developed within everyday clinical practice.

## **North Eastern Health Board**

### **Professional and Legal Issues for Clinical Nurse/Midwife Specialists**

A one-day programme aiming to assist clinical nurse/midwife specialists to develop an understanding of the professional and legal issues that impact on their role.

### **Introduction of a Clinical Audit System in Nursing and Midwifery Practice**

A clinical audit programme incorporating the use of the Quasar quality management system and the provision of a training programme for nursing practice development co-ordinators.

nurse/midwife development officers and clinical specialists to provide them with the knowledge, skills and attitudes required to undertake clinical audit.

#### **Development of Nurse-Led Primary Ear Care Service Services for Older People**

A five-day programme providing practitioners with the knowledge and skills to enable them provide holistic care for people with ear and hearing problems and to identify and treat minor ear problems.

#### **Person-Centred Nursing and Customer-Focused Team Building Project**

A six-day programme concerned with developing, enhancing and supporting nursing practice in two residential units for older people in the NEHB.

#### **Clinical Nurse/Midwife Specialist Development Programme**

A programme aiming to improve clinical nurse specialists' competencies required for their role.

#### **Promoting Evidence-Based Wound Management and Professional Issues Update**

A one-day conference aiming to empower nurses with the knowledge, skills and attitudes required to promote evidence-based practice in the management of wounds.

#### **Integrated Care Pathways Regional Development Programme**

A three-day programme aiming to empower nurses with the knowledge, skills and attitudes required to lead multidisciplinary teams in the development of integrated, evidence-based care pathways.

#### **Practice Development Project**

A two-year multi-faceted practice development initiative at Monaghan General Hospital aiming to empower and support nursing staff to lead changes in service provision.

#### **Regional Orthopaedic/Trauma Development Programme**

An orthopaedic/trauma development programme enabling nurses to develop the knowledge and skills required to update their

practices in line with service provision.

### **North Western Health Board**

#### **Patient-Centred Care Project**

A project providing for the development of nursing care in units at Sligo General Hospital according to the principles of patient-centred care.

#### **Leading an Empowered Organisation (LEO): Training the Trainer Programme**

A five-day training programme to prepare LEO trainers.

#### **Regional Approach to Policy and Guideline Development in Nursing and Midwifery**

A five-day regional training programme in policy and guideline development preparing trainers to act as facilitators within their organisations for policy and guideline development with the aim of developing a standardised approach across the NWHB region.

#### **Standardised and Integrated Care for Women with Postnatal Depression**

A programme for trainers of public health nurses, general nurses, midwives and psychiatric nurses in the recognition and management of postnatal depression and related counselling and aiming to link the relevant services.

#### **Assessment of Needs of Independent Living**

A six-month programme preparing staff nurses to assess the needs of people with an intellectual disability who live in independent accommodation in the Cregg House Community Programme.

#### **Excellence in Practice, Management, Research and Education Award**

Provision of a bursary to support four nurses from different practice areas to innovate or change practice.

#### **Enhancement of Nursing Practice in the Coronary Care Unit**

A three-month project providing for a nurse to develop nursing practice in relation to the administration of intravenous medication

in the coronary care unit of Sligo General Hospital with a view to updating the policy and expanding the nursing role.

#### **Developing Skills for Effective Care Plans**

A one-day educational programme aiming to develop the skills of nurses in the Sligo/Leitrim Mental Health Service in writing effective care plans.

#### **Building a Culture of Retention in the Workplace**

A one-day conference promoting strategic thinking, leadership and action for front-line nursing and midwifery managers to assist them in promoting and incorporating staff retention practices as part of their organisation's culture.

#### **Essence of Care**

A six-month pilot programme training key nurses to facilitate nurses in services for the older person to share and compare best practice and to develop action plans for change.

### **South Eastern Health Board**

#### **The Clinical Nurse/Midwife Specialist Role Resource Pack**

Funding of the resource pack for clinical nurse and midwife specialists.

#### **Leading an Empowered Organisation (LEO): Training the Trainer Programme**

A five-day training programme to prepare LEO trainers.

#### **Critical Care for Children**

A programme enhancing the knowledge and skills of nurses working with critically ill children which outline best practice guidelines and discusses appropriate procedures to ensure critically ill children receive optimal critical care services wherever they present.

#### **Paediatric Intravenous Cannulation**

A programme developing and promoting best practice and training trainers in intravenous cannulation of the child/neonate.

#### **Advanced Life Support in Obstetrics: Instructors Course**

A structured evidence-based multidisciplinary course in advanced life support and the practical management of obstetric emergencies, leading to development of participants to provide in-service education within their own clinical settings.

#### **Cervical Screening**

A six-month programme in the skills of cervical screening for practice nurses.

### **Southern Health Board**

#### **Parenthood Facilitators' Course**

A part-time six-week course for midwives enabling the participants to facilitate consumer-friendly and flexible antenatal and parenthood programmes for service-users.

#### **Promotion of Evidence-Based Practice and Research Awareness**

Twelve sessions on basic research and information management skills, aimed at preparing nurses of all disciplines to undertake academic courses and to implement evidence in their practice.

#### **Dual Diagnosis for People with Intellectual Disabilities and Mental Health Problems**

A one-day workshop for nurses working with people with intellectual disabilities, reviewing the prevalence of and difficulties in the diagnosis of mental health problems in people with intellectual disabilities, monitoring mental health, treatment options and promoting good mental health.

#### **Bereavement and Adults with Intellectual Disability**

A one-day workshop for nurses working in the area of intellectual disability and covering loss, bereavement and supporting the person with an intellectual disability.

#### **Philosophy at Work in Community Nursing**

A series of workshops on philosophy within the context of the work of public health nurses and other nurses working in the community.

### **Leading an Empowered Organisation (LEO):**

#### **Training the Trainer Programme**

A five-day training programme to prepare LEO trainers.

#### **Sensory Integration**

A one-day workshop aiming to present information on sensory integration, the effects of sensory integration dysfunction, observation and intervention.

#### **Mental Health Matters**

A one-day conference repeated over two days, comprising lectures and workshops on the holistic approach to mental health, open to all nurses and midwives, and aiming to assist nurses in developing the model of service envisaged in the SHB steering group report *Focusing Minds*.

#### **Midwifery Practice Development Project**

An eight-month, two-phase midwifery practice development project at the unified Cork City Maternity Hospital, involving 300 midwives in the southern region.

#### **Advanced Life Support in Obstetrics**

A two-day programme in advanced obstetric life support for midwives and preparation of local trainers with a view to developing cascade training across Ireland.

#### **Introductory Palliative Care Programme**

Development of a resource pack for the introductory palliative care programme for all nurses at Bantry General Hospital.

#### **Action Learning Sets - Training in Facilitation**

Training of an initial cohort of nurses and midwives about action learning sets (ALS) in order to act as facilitators of ALS with other nurses and midwives in the SHB region.

#### **Advanced Cardiac Life Support**

A three-day course facilitating the participants' development of advanced cardiac life support skills and identification and preparation of a local instructor.

### **Professional Development Programme (Practice Nursing)**

A one-year programme facilitating the professional development of practice nurses in the SHB region through the use of portfolios.

## **Western Health Board**

### **Advanced Nurse Practitioner Development (Site Preparation and Job Description Development)**

A two-year project developing sites at Portlinculla, Mayo General and University College Hospitals for advanced nursing practice in areas of pain control, oncology, accident and emergency, diabetes and urology.

### **Workload Measurement Skills Training**

A six-month programme training trainers and developing regional expertise in workload measurement skills.

### **Introducing a New Model of Care within the Mayo Mental Health Services**

A one-year project aiming to develop and enhance the planning of client care by evaluating different models of nursing and to adapt and introduce a suitable model within the Mayo mental health services.

# SPRING 2004

## CONTACT DETAILS

### NATIONAL COUNCIL FOR THE PROFESSIONAL DEVELOPMENT OF NURSING AND MIDWIFERY

6-7 Manor Street Business Park  
Dublin 7

T: 01 882 5300

F: 01 868 0366

E: [admin@ncnm.ie](mailto:admin@ncnm.ie)

W: [www.ncnm.ie](http://www.ncnm.ie)