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NCNM REVIEW

LEADING PROFESSIONAL DEVELOPMENT TO SUPPORT HEALTH SERVICE DELIVERY



*National Council for the
Professional Development
of Nursing and Midwifery*

*An Chomhairle Náisiúnta d'Fhorbairt
Ghairmiúil an Altránaís agus
an Chnáimhseachais*

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MISSION STATEMENT

The purpose of the Council is to promote and develop the professional roles of nurses and midwives in partnership with stakeholders in order to support the delivery of quality nursing and midwifery care to patients/clients in a changing healthcare environment.

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Editorial

Welcome to the combined Spring/Summer *NCNM Review*! Regular readers will notice that we have made some changes during 2008. As a result of the communications survey conducted at the end of 2007, we have decided to publish the *Review* twice a year from now on – June and October during 2008 and March and September from 2009 onwards. A more detailed report on the communications survey is contained in this edition of the *Review* – thanks to all of you who took part. The survey provided a very solid endorsement of the editorial policy being followed in the *Review* – the content is directly related to your stated preferences.

Since our last *Review*, 24 additional ANP posts have been approved. One existing ANP, Olivia Smith, ANP (Emergency), St James' Hospital, has been re-accredited after five years service, and six new ANPs have been accredited. Congratulations to all of you. It is clear from our work that there continues to be a great demand within the services for the work of the ANPs and CNSs to work alongside staff nurses and midwives in developing and delivering innovative nursing and midwifery practice to patients and clients. As part of our policy to keep our procedures and practices for the establishment and accreditation of ANP posts at the leading edge of best practice, two key documents on these topics have been updated and are reported on in this edition of the *Review*. This is enhanced by the work of professional development activity at the front line of service, as evidenced by the report from Ann Kelleher of Kerry General Hospital on the use of an evidence base for the development of ANP services.

IADNAM, the Irish Association of Directors of Nursing and Midwifery, has, over the last number of years, worked very closely with the National Council in identifying and understanding service needs. Barbara Fitzgerald, Director of Nursing at Naas General Hospital, has been President of IADNAM since October 2004. In this edition, she reflects on her experiences as Director of Nursing in our featured interview, as she steps down from her role as President. It is an opportune time to

recognise and celebrate the contribution of Barbara and many others who give voluntarily of their time to contribute to the development of the profession.

As part of our regular feature on the HSE Transformation Programme, we feature in this edition an assessment of the shape of the health services of the future, derived from the results of a detailed review of acute hospital bed capacity. This review is used as a basis for arguing for a preferred health system for Ireland up to the year 2020. It is clear from this and other studies that there will be an increased emphasis on the delivery and development of services within the community, close to patients and clients. This presents significant challenges to the professions of nursing and midwifery.

In this edition we also reflect on the success of the Nurse and Midwife Prescribing initiative. This started life ten years ago as a proposal of the Commission on Nursing and has developed as a joint venture between the National Council and An Bord Altranais. One of the first nurses/midwives to gain the new professional qualification of RNP (Registered Nurse Practitioner), Denise Blanchfield, of St Luke's Hospital, Kilkenny, is interviewed about her achievement and work in this edition. We also report on a new data collection system that has been developed to monitor nurse and midwife prescribing.

Finally, among a number of other regular features in this edition of the *Review*, you will find information on our Annual Conference 2008. The theme for this year is *Integrated Health Services Supporting Patient Care Pathways* and will take place at Croke Park, Dublin, on 19 and 20 November 2008. As regular readers know, this conference is always oversubscribed so I recommend early booking. A registration form is included at the back of this *Review*. I look forward to seeing many of you again!

Yvonne O'Shea
Chief Executive Officer

National Council Contact Details

National Council for the Professional
Development of Nursing & Midwifery
6-7 Manor Street Business Park, Dublin 7

T : 01 8825300
F : 01 8680366
E : admin@ncnm.ie
www.ncnm.ie

Cover photo:
Irish summer / hawthorn blossom at Tara Hill

Establishing the Need for an Advanced Nurse Practitioner Post: The Survey Approach

The National Council has allocated funding for a number of projects whose role is to facilitate the development of advanced nurse practitioner (ANP) posts. Ann Kelleher is one such project officer and was appointed in 2005 by the Nursing and Midwifery Planning Development Unit in Cork to develop ANP posts in acute and community areas. In this article, Ann describes her experience of using a patient activity survey instrument at Kerry General Hospital to determine the caseload and scope of practice for an ANP post in the hospital's emergency department.

Since taking up the post of ANP projects officer, I have facilitated the development and approval of ten ANP posts in emergency nursing - five at Cork University Hospital (CUH), two at the Mercy University hospital (MUH) and three at Kerry General Hospital (KGH). In my experience, the most challenging tasks have been identifying the healthcare need for the post and the scope of practice of the ANP post-holder. This challenge has been largely overcome by utilising a survey approach to capture the key aspects of the patient's journey. A survey instrument was designed to capture data on the healthcare and service needs of patients. The findings from the survey offered local service planners, budget holders and other key stakeholders a guide to informing changes to clinical practice. At each site, the survey instrument has been developed and implemented in collaboration with key stakeholders such as ANP candidates, nurse managers, staff nurses working in the area, consultants, the information technology departments and administration staff.

While the effectiveness and benefits of ANP posts in emergency nursing, for both the patient and the organisation, have already been demonstrated, key stakeholders and service planners require evidence that ANP posts will enable the organisation to deliver a high-quality service. With this in mind, relevant data needs to be collected and interpreted in a strategic and effective manner. Once the decision was made by the management of KGH to develop an ANP (Emergency) post, the first step was to identify a means of collecting relevant information to support the ANP post development. The survey instrument originally used during the development of a similar post at CUH was

identified as the most beneficial method of collecting the key information required. The fields used in this instrument captured specific information on the flow of ambulatory patients with non-urgent conditions attending the emergency department (ED) (see Box 1).

Box 1

Fields Used in the Patient Activity Survey

The image shows a screenshot of a survey form titled "KGH Emergency Department Activity Survey". The form contains several input fields for data collection, including:

- Arrival Date, Arrival Time, ED No., MDS
- Age, Sex, Ref Source, Present Complaint
- Triage Date, Triage Cat., Time Seen By Doc, Doc Grade
- Med 1 Given, Treatment 1, Follow Up
- Med 2 Given, Treatment 2, Follow Up
- Med 3 Given, Treatment 3, Follow Up
- Investigation

The next step was to identify and secure the resources required to conduct the survey. The key tasks associated with the survey included the following:

- Patient activity to be captured for a duration of a seven-day, twenty-four hour period to ensure that the sample comprised large gain credible data
- Patient charts to be photocopied to minimise service disruption
- Adaptations to the instrument to reflect local practice
- A pilot survey to check the suitability and design of the instrument
- Data to be retrieved manually from individual patient ED charts
- The eligibility of each individual patient chart to be identified
- Inputting of data into a Microsoft Office Access database
- Descriptive data analysis
- Writing up and presenting the results.

Carrying out this work entailed identifying a staff nurse who was familiar with the ED, who would facilitate the survey for a period of one month. A systems analyst was recruited to assist with data analysis, and training was provided to all staff involved in the survey process (including administrative staff in the ED). A total of 265 patients' records were included in the survey. During the data collection phase, some unanticipated issues were identified relating to triaging of patients and the number of injuries associated with alcohol abuse.

The survey findings were analysed using descriptive statistics. Some of the findings are enumerated below:

- Patients under the age of fifteen accounted for 22% of attendances, while those aged between 15 and 30 accounted for a further 30%
- 57% of patients presented with limb problems; 10.9% with wound problems; 8% with falls-related injuries; 2.3% with dental problems; and 1% with bites and stings
- 71% of patients were x-rayed
- 81% of patient attendances were self-referrals, compared with 16% referrals from general practitioners (GP)
- 61% of patients were referred to another healthcare professional for ongoing care
- 98% of patients were discharged home
- 16% of the sample had a four-hour or longer stay in the ED, 50% of the sample had a three-hour stay and a further 34% had a two-hour stay. Many patients who experienced long waiting times or delays were under the age of 16
- 75% arrived in the ED between 08.00 and 20.00.

The findings relating to attendances by children led to the decision to include the care of children within the ANP's proposed scope of practice and to conduct a more in-depth survey of children's attendances at the ED. The long waiting times identified within the ED, and findings from the international literature concerning adverse impacts on the quality of care and outcomes for patients, supported the notion that, by introducing an ANP service for adults and children, waiting times for patients attending the ED at KGH would be reduced and the quality of care improved.

Feedback from the survey to KGH's Executive Management Board (EMB) led to the approval of funding for the ANP post. This feedback also informed the post-holder's scope of practice and the site preparation. The data collection stage identified the need for training and development of staff in triage and also identified areas for future research, particularly on the impact of alcohol abuse on ED attendances, as well as providing evidence to support assertions about the improvements to patient care resulting from the establishment of ANP posts (see Box 2). These survey findings also led to a new awareness of the special needs of children in EDs and the need to plan services accordingly.

The National Council's *Service Needs Analysis for Clinical Nurse/Midwife Specialist and Advanced Nurse/Midwife Practitioner Posts* (2005) was an essential reference point for this project. The director of nursing and the ED's divisional nurse manager offered their full support. With their assistance, suitable people

Box 2

Actual and potential improvements to patient care resulting from the establishment of an ANP post in an emergency department as identified within health policy and other literature

- Waiting times are reduced for patients with minor injuries
- The holistic approach to patient care offered by an ANP will lead to greater patient satisfaction in relation to information, guidance and education on lifestyle and risk modification
- More cost-effective use of healthcare resources for nursing and medical professionals
- More efficient use of staff and other resources in the ED
- Enhanced working relationships between nursing, medical and other healthcare professionals
- Increased opportunities for interdisciplinary teaching in areas of emergency nursing
- Greater use of evidence-based practice and improved clinical governance.

were identified, sourced and given protected time to undertake the project work. Strategic planning, full briefing of key personnel and effective training in data collection methods were essential to the successful completion of the survey work. Follow-up measures such as regular telephone contact and twice-weekly site visits meant that the project was completed on schedule and a timely final report could be prepared.

One striking finding from this project was the discovery that the survey instrument itself helped to alleviate certain aspects of patients' experiences in the ED. Feedback from the users indicated that it was user-friendly, logical and relevant to practice. To date, I have used the approach outlined above in identifying the need and the scope of practice for ANP posts in cardiology, wound care and colorectal nursing. Furthermore, with some modification, the survey instrument itself could form the basis on which to audit ANP practice. I would highly recommend this approach to others seeking to develop ANP posts.



The team involved in the survey work in the Emergency Department, Kerry General Hospital: Richard Walsh, Marie Nolan, Margie Lynch, Ann Kelleher, Frances Flynn, Helena Butler, Joe Coolahan.

Leading and Managing in a Reforming Health Service: A Director's Perspective

Barbara Fitzgerald is the director of nursing at Naas General Hospital (NGH), a 243-bedded hospital serving the catchment area of Kildare and west Wicklow. As she steps down from her role as president of the Irish Association of Directors of Nursing and Midwifery (IADNAM), she reflects on her career pathway within nursing management and advises on the acquisition of management skills and knowledge.

NCNM Review: Can you describe your typical day as a director of nursing?

As a director of nursing and a member of the executive management board, I share responsibility for the smooth running of the hospital and delivery of high-quality nursing services to patients. I am also involved in a number of national-level committees at which I represent the views of directors of nursing. Sometimes I have to respond very quickly to certain events or requests, so there is probably no such thing as a typical day for me. Circumstances vary immensely, depending on: hospital activity and operational issues; staffing, patient and practice development issues; and the number and types of meetings scheduled. I need to manage my time effectively and to be highly organised but flexible.

NCNM Review: How do meetings contribute to your work?

BF: Meetings must be productive and should end with a sense of having achieved something or having communicated valuable information. I try to go in well prepared by reading documentation in advance and having ideas ready for discussion, whether the meeting is my weekly formal meeting with the senior nurse managers at NGH or with a national group. Meetings with the nurse managers provide a forum for collective problem-solving, exploration of new ideas for the delivery of care and the organisation of services, and agreement of goals and objectives. These meetings are also important, as nurses at this management level are central to leading out on new initiatives arising from the Transformation Programme.

NCNM Review: How can you ensure that nursing practice develops and changes as necessary?

BF: Every nurse is responsible for keeping up to date with research and new trends, by whatever means possible, in order to ensure that evidence is implemented in practice and that the boundaries of care delivery do

not remain rigid and fixed. Reading journals, attending conferences and meetings experts are just some sources for new ideas, but we must have the courage to translate ideas into improved outcomes for patients. At NGH, our policies, procedures and clinical guidelines committee leads and directs the development of nursing practice. Co-chaired by the nursing practice development co-ordinator and myself, the work of this committee is the basis on which nursing practice and related work are reviewed and changed.

NCNM Review: How can you ensure the visibility of the nursing contribution to patient care and service delivery?

BF: It is vital that nursing remains visible to other groups within the hospital, both professional and administrative. I meet the medical consultants, the general manager and others at NGH's executive management board meetings. In addition, I have frequent formal and informal contact with the general manager. Whenever necessary, I can access the consultants either individually or through the medical board. Regular communication between clinicians is vital for the achievement of high-quality patient outcomes. I envisage that the implementation of the HSE's Clinicians in Management project at NGH will facilitate closer collaboration between clinicians and management.

NCNM Review: Drawing on your own preparation for a senior nursing management role, what advice would you give to aspiring nurse managers?

BF: I was a ward sister at St James' Hospital, Dublin for nine years and this highly rewarding job gave me an insight into managing larger groups of people in order to have a positive impact on patient care. I recognised that you have to look beyond your own ward and engage with and influence other people by joining committees, for example. It was only as I became more involved in managing change and trying to introduce innovations in practice at a ward level that I began to consider senior management.

Managers have to be able to initiate projects, research ideas, identify those who can support the implementation of projects, and then see the project through to the end. As a ward sister, I realised there was a need to develop a postgraduate course in nursing older people. So I spoke to the director of nursing who gave me permission and support to investigate further. I linked in with one of the tutors in the school of nursing. ➔

and that course is now a master's degree programme at Trinity College, Dublin.

Sometimes you have to make your enquiries in your own time and move out of your comfort zone. As a mother working outside the home, I recognise this isn't always easy and so you have to be selective about the courses you choose and the extent to which you can participate in any initiatives.

NCNM Review: What experiences have prepared you for your role as a director of nursing?

BF: I followed an unconventional career path, going from a ward sister's post directly to the post of director of nursing at Peamount Hospital, Co Dublin. During the ten years I worked there I had many opportunities to learn and develop the competencies of a senior manager while at the same time overseeing new service developments such as the opening of one hundred beds and day services for older persons and people with disabilities.

NCNM Review: What professional development have you undertaken as a manager?

BF: Professional development is not always a formal process. While I learned a lot from the degree programme in nursing management at University College, Dublin, networking was particularly useful when I first started at Peamount Hospital. I also took part in the leadership development programme for directors of nursing run by the King's Fund, London and the Office for Health Management. I learned two important lessons from that programme. Firstly, as leaders of the profession, directors of nursing have a significant contribution to make at the corporate decision-making table. Secondly, as a predominantly female profession, nurses are often marginalised but, by adopting some male tactics for doing business, more can be achieved. My peers from the leadership programme have since formed our own network through which we have explored issues of common concern.

Nurses and midwives working at a senior management level also need support from professional associations such as IADNAM. Since joining I have benefited immensely from the insights, knowledge and advice of experienced directors. Senior nurse managers need associations that can advocate on behalf of the profession for better patient care and other issues without comprising their position with their employers. IADNAM also provides a forum for its members to engage with other key players in the health service at a national level and to raise their professional profile at this level. More recently, I have taken part in the accreditation of advanced nurse practitioners with the National Council. This experience has given me a greater understanding

of the processes involved, as well as confirming my own views on the capacity within nursing to practise at an advanced level within the multidisciplinary team and across settings.

NCNM Review: How can nurses and midwives manage the important issues facing them today?

BF: Nurses and midwives of all grades are responsible for keeping abreast of the HSE's vision and goals, its corporate and service plans and not just rely on their managers for information. Everyone should reflect on new service aims and discuss how these can be delivered. Integration of acute, primary and community care services is one of the major challenges ahead of us. For the first time ever, we are challenged to develop and move services outside the familiar confines of the acute hospital. It may mean that people will have to move to another working environment, for example, move to community-based services. Family-friendly work practices have facilitated nurses' and midwives' work-life balance, but it's time to re-think how we can maintain these practices in new environments and enhance service delivery.

The transition from hospital- to community-based services will present both challenges and opportunities. We need to consider carefully how we can move specialist components to community settings. For example, placing warfarin clinics in the community will require information management systems and links with laboratories to ensure that appropriate quality controls are in place. Moving day services out of acute settings will necessitate management and facilitation across a wide geographical area.

While nurses and midwives are effective in expanding their technical skills, they could build up their strategic thinking skills. This is vital in relation to the imminent integration of services. I would like to see nurses and midwives leading and co-ordinating multidisciplinary teams in order to meet the needs of patients in the community. At the same time, we must ensure the quality of these emerging services and be accountable for our practice within them. Those of us who are at the height of our management careers must constantly watch out for and nurture nurses and midwives with managerial and leadership potential, the novices who will be the voices of the professions in the future.

For more information about Naas General Hospital and the Irish Association of Directors of Nursing and Midwifery, log on to their respective websites: www.naashospital.ie and www.ncnm/iadnam.ie

Health Service Transformation Programme

The Preferred Health System in Ireland

In this feature, *NCNM Review* focuses on **Acute Hospital Bed Capacity Review: A Preferred Health System in Ireland to 2020** (PA Consulting Group, September 2007; commissioned by the Health Service Executive (HSE) and launched in January 2008). The Winter 2007 issue of the *NCNM Review* explored bed capacity in acute hospitals with reference to government policy (Dept of Health and Children, 2002, *Acute Hospital Bed Capacity – A National Review*), the aims of the HSE's Transformation Programme (HSE, 2006, *Annual Report 2006*) and *Acute Hospital Bed Review: A Review of Acute Hospital Bed Use in Hospitals in the Republic of Ireland with Emergency Departments* (HSE, 2007). The underlying theme of these earlier publications was the need to make a more efficient use of existing beds in acute hospitals by reducing inappropriate admissions and increasing the provision and capacity of primary care services.

Objectives and Methodology

Commissioned by the HSE, a review was undertaken between January and May 2007 of acute bed capacity requirements for Ireland up to the year 2020, with the term *acute bed* denoting in-patient beds, day case beds, day places and critical care beds. The objectives of the review were to:

- Identify the acute bed capacity needs up to 2020
- Identify the number and type of beds required
- Identify capital and revenue cost implications
- Advise on how to meet the identified needs.

Included in the review were all acute hospital beds across public and private hospitals in Ireland and any additional non-acute beds required to facilitate change in the acute hospitals; acute beds in psychiatric services were excluded. The six stages of the review included extensive desk research into the use of and planning for acute beds and the development of a sophisticated health model to project acute beds within the healthcare system. The review assessed the existing efficiency of acute hospital beds based on standard performance utilisation performance statistics, such as average length of stay (ALOS) and day case rates, and then forecasted the demand for acute hospital services based on changes in population size and demographics, as well as increases resulting from medical innovation and rising consumer expectations. As might be expected, this showed a significant increase in the demand for acute health services.

The review considered the implications for the number of required acute hospital beds based on current practice in hospitals and compared this with the bed requirement if Ireland moved to a model of care more consistent with that used in other countries such as Denmark, Sweden, New Zealand, Australia and the United Kingdom. Such a move would also be consistent with the changes articulated in the HSE's Transformation Programme, namely the development of integrated services across all stages of the care journey, the configuration of Primary, Community and Continuing Care (PCCC) services to deliver optional and cost-effective results, hospital reform and improved management of chronic illness.

Bed Capacity in Ireland

At the time the review was conducted, there were 11,660 public patient beds and 2,461 private patient beds in public hospitals; a further 1,926 private beds fell within the scope of the study. When compared to other the OECD (Organisation for Economic Co-operation and Development) countries, Ireland has approximately 20% fewer beds per capita when private beds are taken into consideration. It is suggested that this ratio may be appropriate for Ireland's health demand, given the relatively young population and the concomitant lower relative demand for acute health services. Nevertheless, the number of acute beds in Ireland has increased by 2% since 1995, while in-patient activity has increased by 37%.

Bed Usage and Future Demand

The authors of the review state that Ireland's ALOS is relatively long compared to Canadian, British and Australian figures, especially when population age and acuity are factored in. This is possibly because:

- Irish hospitals still predominantly operate from Monday to Friday, discharging three times more patients per day than at weekends
- More than half of surgical in-patients are admitted before their day of surgery
- Delays in accessing diagnostics cause significant bottlenecks throughout the hospital and have the potential to increase hospital throughput by 6%.

Other countries have delivered improved capacity in their health system by moving in-patients to be performed as day cases as standard. Day case rates in Irish hospitals vary considerably, giving rise to

the suggestion that specific hospitals might need to improve their day case rates. The review also found that discharge planning was not the norm in Irish hospitals, with only 40% of the surveyed in-patients having any form of discharge plan and only 17% having an expected discharge rate. Reasons given in support of effective discharge planning and reducing ALOS are as follows:

- Hospitals cannot schedule future activities effectively
- Inappropriate admissions and overly extended hospital stays cause unnecessary inconvenience to patients' lives
- Less invasive surgery (such as those applied as day cases) often has a better health outcome and reduced recovery time of patients
- Extended hospital stays increase the risk of infection
- Unnecessarily long stays run the risk of breaking down the social networks of vulnerable patients.

Determining the future demand for acute beds is a complex process. Consideration of various factors (for example, population size, age, lifestyle, expectations and health innovation) as well as will enable the Preferred Health System to be developed in an integrated way.

The Preferred Health System

The HSE's Transformation Programme (2006) set a new Preferred Health System for Ireland that seeks to improve services to citizens. It is characterised by:

- An emphasis on illness prevention, early detection and early intervention
- Configuration of the nature, capacity and availability of responsive community-based services to avoid unnecessary admissions to acute care and to facilitate earlier discharge and a return to independence
- Optimisation of internal hospital processes to support high-quality care, reduce patient delay and maximise the use of the bed stock
- Greater involvement of patients in their own care of minor, acute and long-term conditions – with professionals providing a supportive, advisory, educational and skills training role.

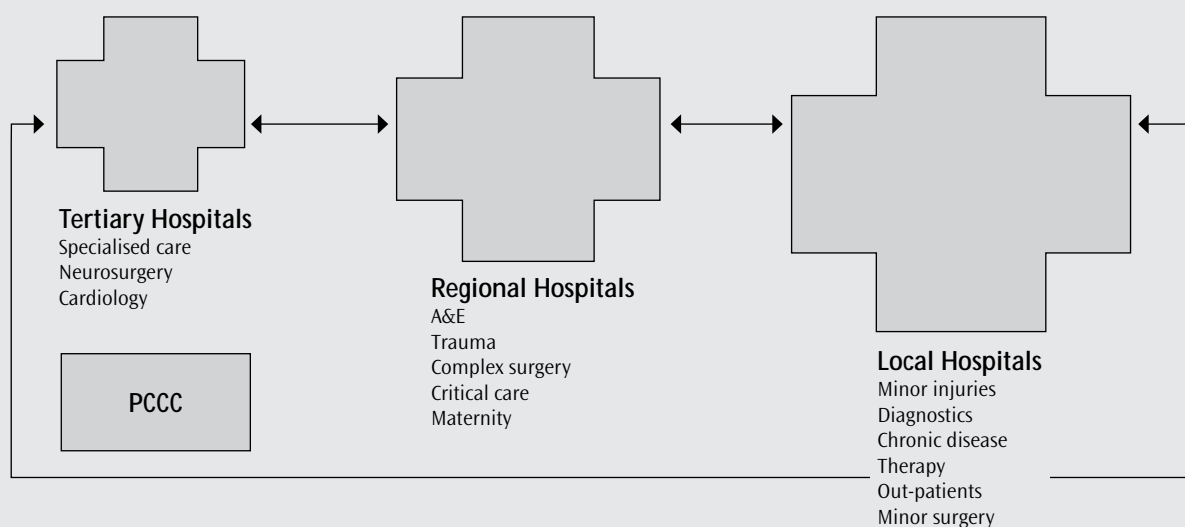
The new configuration of services as depicted in Figure 1 requires a fully integrated approach across all directorates of the health system. Concerns expressed in relation to moving to the preferred system centre on a premature reduction in acute capacity (i.e., before the necessary



Figure 1

Examples of Hospital Services with a Clinical Network.

Source: PA Consulting Group (2007) Health Service Executive. *Acute Hospital Bed Capacity Review: A Preferred Health System in Ireland to 2020*. PA Consulting Group, London, p22.



resources are fully implemented in the primary care sector) and poor access across elements of the system resulting from an absence of supporting local infrastructure and networks. Delivery of the Preferred Health System presents a massive challenge to the Irish health service and will require dedicated support and resources linking national strategy and local implementation if reform is to be delivered. The lessons

from the international experience show that reform requires the following three levels:

- National and system-wide, creating the right conditions and incentives for change
- Intermediate, providing dedicated support structures to facilitate change on the ground
- Local, delivering service change and performance improvement.

Continuing Education Funding: Supporting Strategic Development

In 2007, the National Council revised its criteria and processes for the funding of education programmes for nurses and midwives (*Criteria and Process for the Allocation of Continuing Education Funding*, 2nd ed, June 2007). Three types of programme are now eligible for funding, including those of up to three years' duration and pertaining to specific strategy developments: such programmes may receive a maximum of €600,000. In November 2007, the National Council approved funding for the following four programmes:

- Supporting Integrated Care across the National Hospitals Office and Primary, Community and Continuing Care in the HSE (South)
- National Framework for Nursing and Midwifery Clinical Leadership Development
- Building Capacity for the Prevention and Management of Chronic Disease
- Caring for Older People with Dementia in Acute, Residential and Community Care Settings.

Supporting Integrated Care

Submitted jointly by the NMPDUs in Kilkenny and Cork, this project aims to facilitate and enhance integrated care of patients/clients by identifying and optimising the nursing and/or midwifery contribution to care provided across the National Hospitals Office (NHO) and Primary, Community and Continuing Care (PCCC) sectors. Developed in response to the *Acute Hospital Bed Review* (HSE, May 2007; see *NCNM Quarterly Review* Issue 28), the main foci of this project are the implementation of intravenous (IV) therapies in the home or community and the enhancement of discharge planning processes between acute and primary continuing care facilities. Actions supporting the project include a review of international best practice in integrated care, a baseline study of integrated care in Ireland, and development of practice guidelines for home-/community-based IV care and discharge planning.

Clinical Leadership Development

This three-year national project is concerned with clinical leadership development in nursing and midwifery and builds on the achievements of an earlier pilot project in which the Royal College of Nursing's *Clinical Leadership Programme* was implemented (see *NCNM Quarterly Review*, Issue 26). Some sample deliverables are: a national clinical leadership needs analysis and the development of a national clinical leadership framework in year 1; the development of a national clinical leadership programme and delivery of a train-the-trainer programme for facilitators of the leadership programme in year 2; and delivery of the programme to clinical nurse/midwife managers in participating organisations in year 3. The project will be evaluated using a process, impact and outcome evaluation.

Preventing and Managing Chronic Disease

The central focus of this three-year project is building capacity for the prevention and management of chronic disease. Its main influences are the *Acute Hospital Bed Review* (HSE, 2007), *A National Chronic Disease Management Patient Support for the HSE* (Population Health Directorate, HSE, 2006), *An Evaluation of the Effectiveness of the Role of the Clinical Nurse/Midwife Specialist* (National Council, 2004), *Transformation Programme 2007-2010* (HSE, 2006), *Improving the Patient Journey* (National Council, 2006), and *Prevalence of Diabetes in the WHO European Region* (WHO, 2006). A highly complex project, it will comprise three initiatives, namely the Pulmonary Outreach Programme piloted in Counties Longford and Westmeath; community-based nursing care of patients with cardiac failure in the North-East; and a framework for the management of pregnant women with diabetes in the greater Dublin area.

Caring for Older People with Dementia

A joint application from the NMPDUs in Dublin and Tullamore, this three-year project concerns the

development of an education programme on caring for older people with dementia in acute, residential and community settings. In the absence of a national policy or strategy for dementia and in the light of an increasing ageing population in Ireland, training and education

in dementia for nurses is essential. A project of co-ordinators will work with centres of nurse education and consult managers of dementia services in order to devise, roll out and evaluate a relevant, comprehensive and accessible course for up to 5,000 nurses nationally.

Funding for Continuing Education

The National Council supports nurses and midwives in developing and implementing new ways of working which best deliver the range and quality of services required in the most efficient and effective way to meet the needs of patients and service demands. In order to support innovation in nursing and midwifery practice, the National Council provides funding for continuing education programmes in accordance with agreed criteria. It should be noted that the prime responsibility for the provision and funding of continuing education lies with the Health Service Executive (HSE).

The three types of continuing education programmes eligible for funding are:

- **Short continuing education programmes** – programmes which can be completed within a twelve-month period, such as practice development projects, seminars, conferences, workshops and formal education programmes. Maximum funding - €10,000.
- **Continuing education programmes** – programmes supporting specific strategic developments (e.g. national health policy, Health Research Board priorities, etc) to be identified annually by the National Council. Maximum funding - €200,000 per annum for up to three years.
- **Advanced nurse/midwife practitioner site preparation and job description development** – grants of €12,500 are awarded to fund a part-time facilitator to prepare the site and job description for an ANP/AMP post within a twelve-month period.

Funding for programmes commencing in 2008 has been allocated. For 2009 the closing dates for receipt of applications by the National Council are:

- 10 October 2008 (continuing education programmes)
- 16 January 2009 (short continuing education programmes **and** ANP/AMP site preparation and job description grants).

For further information and to download the application forms and *Criteria and Process for the Allocation of Continuing Education Funding* log on to www.ncnm.ie and follow the links to Continuing Education.

Nursing and Midwifery Planning and Development Units



Older Persons Services
National Practice Development Programme

Collaborative Implementation of Person-Centred Practice in Older Person Settings

A two-year national practice development programme involving patients/residents, families and staff in eighteen older person services across the four HSE administrative areas commenced in July 2007. Funded

by the National Council and the HSE, its ultimate aim is to improve older people's experience of care and their quality of life. The term 'person-centred' refers not only to this care, but also to the management and organisational systems enabling nurses and others to work in person-centred ways.

The programme is co-ordinated by two leaders/external facilitators - Professor Brendan McCormack and Dr Jan Dewing, University of Ulster – who are responsible for its delivery and evaluation and is underpinned by a set of values and beliefs and a set of principles about

emancipatory practice development (McCormack, Manley and Garbett, Eds, 2004, *Practice Development in Nursing*). Key objectives of the programme are to co-ordinate a programme of work that can replicate effective practice development processes in care of older person settings and to establish a shared vision for person-centred care in older person settings. These objectives and the outcomes of the programme are strongly linked to the Health Information and Quality Authority's standards for older people in residential care. A national advisory group has been established for the programme and includes key stakeholders involved in the strategic planning of care for older people in Ireland.

To date, six of the NMPDUs around the country have identified a member of staff to act as the lead facilitator for the participating hospitals in their HSE area. As well as working as co-researchers with the programme leaders, these regional facilitators are currently undertaking a formal programme of work with the multidisciplinary practice development groups established at each of the participating older person services. The directors of nursing in these services have identified an internal facilitator to lead the programme in collaboration with the programme's research team.

This practice development programme comprises the following cyclical phases:

- Facilitating staff to understand what person-centred care is so that they can make changes to improve the quality of the delivery of care to older people and to enable staff to examine and make changes to the culture of the organisation (McCormack and Dewing, 2007, *Older Person's Services National Practice Development Programme*)
- Continuous collection of formal evidence from older people and staff (in this instance, on three occasions during the two years), data analysis and development of evidence-based action plans for each individual site.

These phases run concurrently and together provide an integrated and iterative approach to the development of practice and its evaluation. Formal reports on the progress of the programme will be available after July 2008.

For more information about the person-centred practice programme please contact Professor Brendan McCormack (E: bg.mccormack@ulster.ac.uk), Dr Jan Dewing (E: jan.dewing@btinternet.com) or the regional facilitators at the NMPDUs (log on to www.ncnm.ie/opsnmdp/index.asp and follow the links).



Members of the Practice Development Group, St Patrick's, Carrick-on-Shannon, Co Leitrim. Front row: Freda Flynn, Ivy Boddy, Lorraine Cassells, Eithna Guckian, Jenny Seitz. Back row: Teresa Mc Dermott, Mary Harris, Mary Bohan, Teresa Hamilton, Brenda Ward, Martina Duignan, Michael Boyle, Eva Boddy

New Warfarin Training Programme in the West

An ageing population, coupled with the continuing expansion of clinical indications for anticoagulation therapy, have led to an increase in the number of people requiring warfarin therapy. Furthermore, the HSE is working to expand and enhance the interface between the acute and primary sectors in order to enable service users to avail of community-based care more easily. A study conducted by the Department of General Practice, NUI Galway, highlighted the need for standardised guidelines as an essential first step in improving the effectiveness of anticoagulation management in the primary care sector (Daly et al, 2002).

Bearing these factors in mind, a working group was convened in 2007 under the auspices of the HSE's Primary Care Unit at Merlin Park, Galway. The group comprised representatives from warfarin services located across the region and from primary and secondary care sectors. Core members of the group developed a training programme aiming to support best practice in the management of warfarin therapy. The group also reviewed and subsequently approved 'warfarin therapy - client information' packs, the purpose of which was to promote the delivery of clear and consistent information. The approved information packs have since been disseminated to all service areas.



Participants on the warfarin training programme, HSE (West) Front row: Miriam O'Fhlatharta, Bernie Maloney, Anne Bradshaw, Evelyn Clancy. Back row: Kathy McSharry, Evelyn Browne, Olivia Ronayne, Doreen Eaton, Maureen Delaney, Sinead Lynch, Breege Keane, Mary Prendergast, Antoinette Doyle, Marie Shortt, Adrienne Brich, Helen Dolan, Joanne Timlin, Josette Flaherty.

The first warfarin training programme was delivered to fourteen practice nurses in October 2007 at the centre of nurse and midwife education in Castlebar, Co Mayo. The one-and-a-half-day programme has since been delivered at the centre in Galway, attended by a further twenty-one nurses from across the services. Evaluations of the programme to date have been unanimously positive and a further two programmes are scheduled to take place in 2008.

Parties interested in replicating the programme in other regions or in obtaining more information about the warfarin training programme should contact: Kathy McSharry, Professional Development Co-ordinator for Practice Nurses, HSE (West - Counties Galway, Mayo and Roscommon), Centre of Nurse and Midwife Education, St Mary's Campus, Castlebar, Co Mayo.
T: 094-9042164 or 087-1206184
E: kathy.mcsharry@hse.ie

Excellence in Continence Care

On 28 March 2008, the *Pathway to Excellence*, a practice development initiative in continence care, was officially launched in St Brendan's Home, Loughrea. As well as celebrating the successful implementation of this continence care programme, the launch provided an opportunity to share information about the model with colleagues from other services, highlighting the milestones reached and the learning acquired.

Pathway to Excellence is a problem-solving tool that uses a stepped process to assist staff to develop, implement and evaluate individualised programmes of care. The continence care programme was developed and implemented using this process. Its primary aim is to preserve the person's ability to manage their continence independently and, when this is no longer achievable, to ensure that continence care interventions made by staff maintain respect for the person's privacy, dignity and comfort.

The process includes:

- Providing a continence link nurse at each clinical area
- Developing best practice guidelines to guide care
- Assessing each individual's continence needs
- Individualising plans of care
- Providing individualised continence aids/products directly to each ward
- Undertaking clinical audit
- Evaluating the cost-effectiveness of interventions.

Pathway to Excellence will be used to enhance the quality of life for residents in St Brendan's and to

underpin all future practice development initiatives. Programmes currently under review at this centre include its respite care initiative, its protocol for managing residents' aids and appliances, and its pressure area prevention programme.

For more information about *Pathway to Excellence*, contact:
Philomena Geraghty, Practice Development Co-coordinator, St Brendan's Home, Loughrea, Co Galway.
T: 091-841122
E: philomena.geraghty@hse.ie

New Post-Registration Psychiatric Nursing Programme

During 2007, the NMPDU (Palmerstown, Dublin), in partnership with the directors of nursing in the mental health services and the assistant national director of Primary, Community and Continuing Care (PCCC) (Mental Health) scoped the requirement for a post-registration programme leading to registration as a psychiatric nurse, in order to address the shortage of registered psychiatric nurses (RPNs) in mental health services in Counties Dublin, Kildare and Wicklow. It was found that there was a limited supply of RPNs available to this area and there is also a limited supply of internationally recruited nurses who are eligible for registration in the Psychiatric Division of the nursing register held by An Bord Altranais.

A steering group representing a variety of stake-holders' interests was set up to manage this pilot project. An Bord Altranais developed Requirements and Standards for a one-year post-registration programme following the adoption of the report *An Examination of the Rationale for and the Impact of Maintaining the Five Points of Entry to the Register of Nurses* (An Bord Altranais, 2005). Recommendation 8 of this report states: *The post-registration option for entry into general nursing, psychiatric nursing and intellectual disability nursing should be re-introduced for nurses wishing to practice in these disciplines* (p303).

Dublin City University (DCU) was awarded the tender and, in the autumn of 2007, a new curriculum was developed for the one-year post-registration programme, in partnership with the NMPDU, nursing staff in mental health services in the Dublin North-East and Mid-Leinster regions of the HSE, St Patrick's Hospital and St John of God Hospital, Dublin. This curriculum was validated and approved by An Bord Altranais in January 2008, and the pilot programme commenced that same month. This programme is subject to evaluation.

A sponsorship model was agreed with the local health managers and a contractual arrangement entered into with forty-seven successful applicants. Under this arrangement, on successful completion of the programme and having registered as psychiatric nurses, the students will take up duty for an initial assignment of not less than two years from the date of registration with An Bord Altranais in the mental health services within the sponsoring area.

English Language Development Programme in the Midlands

In 2006, it was identified that there was a need for a programme to enhance the communication skills of internationally recruited nurses deployed in HSE sites in Counties Laois, Offaly, Longford and Westmeath. With the approval of a regional steering group and following agreement from County Offaly Vocational Education Committee's (VEC) Adult Learning Centre (ALC), a sub-group comprising staff from both the HSE and the ALC developed the English Language Development Programme.

The first programme commenced in May 2006 with the aims of enhancing listening, speaking and team-working skills and improving the participants' confidence and assertiveness. It also covers Irish and other cultures. Individualised plans were developed for each participant at an early stage. The programme is delivered at the centre of nurse education in Tullamore by staff from the ALC and comprises eight classes, each of two hours' duration. Activities and topics identified as being particularly useful include pronunciation work, class discussion, telephone call practice, meeting Irish people, short sessions of Irish music and dancing, Irish history, and Hiberno-English expressions.

To date, six programmes have been delivered to a total of one hundred internationally recruited nurses, who were asked to assess each session attended. Each programme has been evaluated and feedback from the clinical sites has been very positive. A full evaluation of the programme is taking place in 2008.

For more information about the English Language Development Programme contact:
Eilish Croke, Nursing and Midwifery Workforce Planner, NMPDU, HSE (Dublin and Mid-Leinster), Block 4, Central Business Park, Clonminch, Portlaoise Road, Tullamore, Co Offaly.
T: 05793-57861 or 086-3808520
E: eilish.croke@hse.ie



Participants in the English Language Development Programme, Centre of Nurse Education, Tullamore.

Evaluating Nurses' Use of Evidence in Practice

As part of its strategic remit the NMPDU, HSE (South), commissioned the Nursing Health and Social Care Research Unit at the Institute of Technology, Tralee, to undertake a study in Counties Cork and Kerry of nurses' use of research-based information in their decision-making. A mixed methodological approach was taken to achieving the objectives of the study, namely to:

- Identify the extent to which nurses use research-based evidence to support practice
- Identify the mechanisms used to gain research-based evidence
- Identify the influencing factors in using evidence to support decision-making in practice
- Inform education, managerial and research policy for nursing

In the first phase of the study, semi-structured interviews were conducted with general nurses working in acute and community hospitals, intellectual disability nurses, mental health nurses and public health nurses (n=29). A number of vignettes derived from the international literature on best practice in specific care settings were used to elicit the participants' views on the next steps to take in specific situations. The second phase of the study involved the distribution of a questionnaire developed from the findings from the first phase to a random sample of nurses. A total of 377 valid responses were received from nurses working in acute hospitals, care of the older person settings, intellectual disability, mental health, public health and general practices.

The results indicated that, while the use of research-based information in practice has increased over the past few years, nonetheless sources of this information such as internet databases and nursing journals were accessed infrequently, and almost never for decisions considered routine. There appeared to be a reliance on sources that were easy to use and readily available to them in their immediate environment. Guidelines and study days were seen to be important means of

facilitating evidence-based practice (EBP), and nurses whose remit includes dissemination of research-based information were acknowledged as contributing to EBP. While nurses' responsibilities in relation to EBP and research skills were discussed, the researchers also emphasised the role that organisations can play in facilitating access to resources and in implementing research in practice.

For further information about **Evidence-Based Practice: An Evaluation of Nurses' Use of Research-Based Evidence in their Decision-Making**, contact:

Christine Grandon, Professional Development Officer, NMPDU, HSE South (Cork & Kerry), Unit 8A, South Ring Business Park, Kinsale Road, Cork.

T: 021-4927466

E: Christine.Grandon@mailp.hse.ie



Publications Update

Psychiatric/Mental Health Nursing in Ireland

Psychiatric/Mental Health Nursing: An Irish Perspective

(Morrissey, Keogh and Doyle, Eds, 2008) is a new Irish textbook edited by lecturers in mental health nursing at the School of Nursing and Midwifery Studies, Trinity College, Dublin, and containing contributions mainly from lecturers but also from nurses in practice, management and professional development. Divided into four sections, this book covers the foundations of and therapeutic modalities in mental health nursing, applications in practice, and contemporary issues and challenges. With its use of reflective questions at the end of each chapter, *Psychiatric/Mental Health Nursing* is intended as a resource for undergraduate and postgraduate mental health nursing students, but may be of use to clinical practitioners. As might be expected, the *Mental Health Act, 2001* is introduced and discussed, as are contemporary issues affecting mental health nursing practice, such as service user involvement, sexuality and mental health, clinical supervision, liaison psychiatric nursing and transcultural mental health nursing.



J Morrissey, B Keogh and L Doyle (Eds) (2008)
Psychiatric/Mental Health Nursing: An Irish Perspective

Foreword by Professor Phil Barker

Gill and MacMillan, Dublin

ISBN: 9780717144594

W: www.gillmacmillan.ie

Experiences of Lesbian, Gay and Bisexual People with Health Services

Recognising LGB Sexual Identities in Health Services: The Experiences of Lesbian, Gay and Bisexual People with Health Services in North-West Ireland

(Gibbons et al, 2007) is a report documenting the experiences of lesbian, gay and bisexual (LGB) people with the health services in the north-west of the country. Drawing upon in-depth interviews with forty-three lesbian, gay or bisexual respondents, an account is given of the respondents' experiences as health service users and their perspectives on the quality of care they receive and the barriers they encounter. Deciding whether to tell healthcare practitioners about their LGB sexual orientation emerges as a major concern for most of the respondents. Particular areas of the health service that were identified as problematic for LGB people were general practices, mental health services, genito-urinary medicine and gynaecological services. Nevertheless, a number of factors were identified that encourage LGB

people to be more open about their sexual identity, namely a general openness to the possibility that clients can be LGB and assurances of confidentiality. The report concludes with several suggestions for improving LGB people's access to and experiences of health services aimed at service providers and LGB people alike.

M Gibbons, M Mandandhar, C Gleeson & J Mullan (2007)

Recognising LGB Sexual Identities in Health Services: The Experiences of Lesbian, Gay and Bisexual People with Health Services in North-West Ireland

Equality Authority & Health Service Executive, Dublin

ISBN: 978-1-905628-70-4

Available on request from The Equality Authority, 2 Clonmel St, Dublin 2

T: 1890 245245

E: info@equality.ie

Download from www.equality.ie/research

New Irish Research into Menopause

In April 2008, the Women's Health Council (WHC) launched a suite of reports on menopause research, comprising ***Managing Menopause: A Review of the Bio-Medical Evidence, Public Attitudes to the Menopause: Omnibus Survey*** and ***Women's Experiences and Understandings of Menopause***. The latter is of particular interest as a team of experienced nurse researchers conducted the research. The aim of this study was to describe and analyse women's experiences and understandings of the menopause, in order to provide information on how women in Ireland experience this time in their lives and to help identify the types of related supports and services women would like.

Thirty-nine women were interviewed, each of whom were from different parts of Ireland, of various socio-economic backgrounds and of different sexual orientation. Among the key points emerging from the topics discussed was the difficulty participants felt in

To obtain copies of the three reports contact:
Women's Health Council, Block D, Irish Life Centre,
Abbey St Lr, Dublin 1

T: 01-8783777

E: info@whc.ie

The WHC has also launched a web resource at <http://www.whc.ie/menopause>, which provides access to the reports and information on all aspects of the menopause.

identifying the extent to which their symptoms were related to the menopause or to wider issues in their lives, since menopause tends to occur at a time in the life-course characterised by personal and social change. It was also found that most of the participants used various practical self-care strategies to manage symptoms associated with their menopause. The impact of the menopause on sexual relationships was discussed, as were its many physical, psychological and social effects. A consistent theme across the data is that the absence of a public discourse in Ireland about menopause has left many women feeling isolated, uncertain and frustrated.

First National Study of Sexual Health and Relationships ***The Irish Study of Sexual Health and Relationships*** (ISSHR) is the

first national study of sexual health in Ireland and has culminated in the publication of three sub-reports in April 2008: 1. *Learning about Sex and First Sexual Experiences* (Rundle et al); 2. *Sexual Health Challenges and Related Service Provision* (McGee et al); and 3. *Sexual Knowledge, Attitudes and Behaviours – A Further Analysis* (Cousins et al). ***Sexual Health Challenges and Related Service Provision*** contains a report on the anonymous telephone survey of over 7,000 adults aged 18-64 in the Republic of Ireland, the data for which was collected from 2004 to 2005. The second of the three sub-reports is of particular interest to nurses and midwives with a specific health promotion remit, as it addresses the main sexual health challenges in the Irish population and the service provision for these challenges. These range from the more serious and also least common challenge (HIV/AIDS) and the more common problems arising from unprotected sex (STIs and crisis pregnancy) which directly affect a substantial proportion of Irish people, to problems which affect the individual as a sexual being (e.g. sexual performance and fertility problems). The report also assesses service need and use in relation to these challenges, in order to inform the planning for developments in sexual health services.

Among the recommendations emerging from the sub-report are calls for public education campaigns warning of the risks of unprotected sex, health promotion strategies that foster more responsible public attitudes to individual planning for safe sex and more responsible public behaviour concerning the use of alcohol and illicit drugs. A national plan is advocated for the development of sexual health services, which will encompass the issues of access, cost and embarrassment, and service supports such as laboratory and follow-on treatment facilities. There is also a call for research on sexual



knowledge, attitudes, behaviours and health in Ireland to be integrated, to ensure best use of public resources in developing a knowledge base capable of informing policy and practice.

H McGee, K Rundle, C Donnelly, R Layte, Crisis Pregnancy Agency and Department of Health and Children (April 2008) ***The Irish Study of Sexual Health and Relationships: Sub Report 2 - Sexual Health Challenges and Related Service Provision***, Economic and Social Research Institute, Dublin
Available to download from www.esri.ie/publications, www.crisispregnancy.ie and www.dohc.ie/publications.

Best Practice in Informing Families of their Child's Disability

The National Federation of Voluntary Bodies (NFVB) has published two documents relating to best practice in informing families of their child's disability. Disclosing distressing news in a manner that lacks sensitivity or in an environment that is inappropriate causes additional stress at what is likely to be a difficult time. The intention of ***Informing Families of their Child's Disability (National Best Practice Guidelines and Consultation and Research Report)*** (NFVB, 2007) is to ensure:

- Improved outcomes for families being told of their child's disability, through the implementation of best practice
- Improved support, guidance, education and training

for professionals in the important and sensitive task of delivering this news.

The scope of the guidelines includes the disclosure of a child's diagnosis of physical, sensory, intellectual, and multiple disabilities, and autism spectrum disorders. The guidelines relate to the diagnosis of a child's disability during pregnancy; at birth; or in the case of a diagnosis that evolves over time. The consultation and research strands explore disclosure practice across the range of hospital, community, and disability service settings in which parents may receive the news of their child's disability. The findings of this consultation and research led to specific recommendations in eight key areas that are relevant to the process of informing a family of their child's disability, including training, education and support for professionals. The guiding principles for disclosure are family-centredness; respect for child and family; sensitive and empathetic communication; appropriate, accurate information; positive, realistic messages and hope; team approach and planning; and focused and supported implementation of best practice.

To obtain copies of ***Informing Families of their Child's Disability (National Best Practice Guidelines and Consultation and Research Report)*** (NFVB, 2007) contact the National Federation of Voluntary Bodies Providing Services to People with Intellectual Disability, Oranmore Business Park, Oranmore, Galway.
T: 091-792316
E: secretariat@fedvol.ie
Download from www.fedvol.ie

Enhancing Patient Care in Diabetes through Nurse Prescribing

Denise Blanchard was among one of the first cohorts of nurses to undertake and complete the Certificate in Nursing (Nurse/Midwife Prescribing) in 2007 and is now a registered nurse prescriber (RNP). Denise is currently working in the diabetes service at St Luke's Hospital, Kilkenny, and is undertaking preparation for an advanced nurse practitioner



(ANP) post in diabetes, renal impairment and associated complications. In this short interview, Denise discusses the background to the development of the ANP post, her own preparation for the role and the advantages of prescriptive authority for nurses and midwives.

NCNM Review: Why is an ANP post in diabetes, renal impairment and associated complications under consideration at St Luke's?

DB: The HSE's *Transformation Programme 2007-2010* is very clear about developing services to deliver consistently high-quality care. Although there was a general level of satisfaction with existing

diabetes service provision at St Luke's, the consultant diabetologist and the management of St Luke's recognised that there was a need to adopt new and innovative ways of delivering healthcare in order to manage the specific complex care needs of people with diabetes living in the Carlow-Kilkenny area. Figures from the Central Statistics Office show that the population in this area increased by more than 9% from 2002 to 2006. If the Diabetes Federation of Ireland is correct in its estimate that 5% of the population has diabetes, then we can extrapolate that about 7,000 people in Carlow and Kilkenny area have a confirmed diagnosis of diabetes and a further 7,000 persons have yet to be diagnosed.

There is also more widespread recognition of the need for earlier intervention in people with Type 2 diabetes, renal impairment and associated complications such as hypertension, hyperlipidaemia and poorly controlled blood glucose levels. There are plans to establish within the diabetes service at St Luke's an early detection and intervention programme relating to renal impairment. By establishing an ANP post within the service and by implementing a co-ordinated case management approach, we hope to improve patients' access to review and treatment options, especially for those patients with renal impairment.

NCNM Review: What preparation have you undertaken that will ensure you have the competencies necessary for advanced nursing practice in diabetes?

DB: I first qualified as a general nurse in 1992 and completed a higher diploma in diabetes nursing in 2000. Since that time, I have obtained a certificate in primary care diabetes nursing and registered as a trainer in the use of insulin pumps. Last year, I completed the level-8 certificate course in prescribing as well as the first year of a master's degree in advanced nursing practice. When the site preparation and job description for the post are finished, I will have a clearer idea of the clinical and other competencies I will require for the post.

NCNM Review: As a registered nurse prescriber, what benefits can you offer St Luke's and your patients?

DB: At St Luke's diabetes services I facilitate clinics situated away from the main hospital. Being an RNP, and using the guidance from An Bord Altranais in relation to nurse prescribing, I can prescribe independently within my agreed scope of practice. This means that I

can instigate same-day changes in patient treatment regimes, thus ensuring that no delays occur in the delivery of care in line with evidence-based best practice. I started prescribing in February 2008. Typically, I can prescribe insulin therapy and the use of appliances for insulin delivery; oral hypoglycaemic, antiplatelet and antihypertensive agents; blood glucose meter equipment; statins; certain eye drops; and weight loss medications.

A number of other projects are in hand, such as the establishment of referral links to the nephrology team at Waterford Regional Hospital and of clinics in satellite areas of St Luke's. It is envisaged that eventually I will provide care on an outpatient basis, thus minimising the need for patients to be admitted to hospital while at the same time developing more personal relationships with those patients. At a more strategic level, prescriptive authority for nurses will allow for expansion of the diabetes service from the hospital to other locations within Carlow and Kilkenny, thereby reducing travel and waiting times for patients.

NCNM Review: Prescriptive authority for nurses and midwives is still a recent innovation in the Irish health system. What support have you had for its introduction in your service?

DB: There has been immense support from various colleagues within the multidisciplinary team at the hospital, particularly from nursing management, the consultant diabetologist, the hospital manager, the chief pharmacist and the Drugs and Therapeutics Committee. Support from further afield has come from the nursing and midwifery planning and development unit in Kilkenny and from the academic staff at University College, Cork. Without everyone's collaboration it would not have been possible to have implemented nurse prescribing in the clinical setting.

In addition, I think that the timing has been right for this innovation. The ground was laid by changes in healthcare policy and changes within the health system. At the same time, nurses and midwives were striving to expand their traditional roles and boundaries. I see the implementation of prescriptive authority as enabling the health system as a whole to make creative and effective use of nurses' and midwives' expertise, ultimately benefiting the patient.

Monitoring Nurse and Midwife Prescribing: A Data Collection System

In November 2006, a national *Resource and Implementation Group for Nurse and Midwife Prescribing* (known as RIG) was established by the Minister for Health and Children. At an early stage the RIG Steering Group recognised that the introduction of nurse and midwife prescribing was a major service development and, as such, would require a standardised approach to monitoring. At a meeting in October 2007, it was agreed to use a *National Nurse and Midwife Prescribing Minimum Dataset* to record and monitor the introduction of prescriptive authority for nurses and midwives across the country.

The HSE Office of the Nursing Services Director took this decision forward by commissioning the development of an information and communication system for each individual nurse and midwife prescriber to report on the number of prescriptions written by them and for what principle clinical indication (prophylaxis, diagnosis or treatment). The aim was to provide a simple, user-friendly, readily accessible way of collecting and reporting the information in a comparable format.

The resulting dataset comprises the following twelve items with corresponding standard definitions for each item:

1. Prescribing Site
2. RNP - Personal Identification Number (PIN)
3. Clinical Area
4. Date
5. Shift
6. Patient - Medical Record Number (MRN)
7. Prescription Mode (medication record, prescription pad or electronic)
8. Clinical Indication (prophylaxis, diagnosis or treatment)
9. Medicinal Product
10. Dose
11. Frequency
12. Route.

The contract for the development of the system was awarded to Client Solutions Limited in January 2008. It was agreed that the company would develop the system iteratively in order to fast-track delivery of the initial requirements. This was to allow recording of prescription information by the first group of registered nurse prescribers (RNPs) to commence as soon as possible after they were authorised to prescribe later that same month. A log-in-controlled system entitled the *Nurse*



and Midwife Prescribing Data Collection System was developed.

The system is web-based and can be accessed at <http://nurseprescribing.ie>. For ease of use registration, is self-service and online. New users are requested to submit a registration request for verification and approval by the system administrator at the *Office of the Nursing Services Director*. Log-in is restricted to qualified RNPs, prescribing site co-ordinators and specific directors of nursing and midwifery, each of whom has been provided with a password to accompany their user-name. Close attention was paid to security, privacy and confidentiality in the development of the system, which complies with the requirements of the *Data Protection Acts* of 1988 and 2003. All information is entered retrospectively and is not linked in any way to individual patients. Patient or clinical information is not recorded in the system.

One of the great advantages of the system is its facility for search, preparation of standard reports and exporting information for further statistical analysis. The system went live on 6 February 2008 and is now being used by RNPs working at the National Maternity Hospital, Holles Street, Dublin, and St Luke's Hospital, Kilkenny.

One of the great advantages of the system is its facility for preparing standard reports and exporting information for further statistical analysis. Report running privileges are role-based, and reports can be accessed by RNPs, prescribing site co-ordinators, prescribing area co-ordinators and directors of nursing and midwifery. The development of the system was guided by a subgroup of the RIG. Key to the success was the direct involvement of users of the system working alongside the technical developers from Client Solutions Limited. These users included representatives from ICT departments, the HSE, directors of nursing and candidate nurse prescribers. The group also benefited

greatly from the assistance of An Bord Altranais, the State Claims Agency, the National Council, the Pharmaceutical Society of Ireland and the Department of Health and Children.

For further information about the *Nurse and Midwife Prescribing Data Collection System*, please contact Elizabeth Adams, Director of Nursing and Midwifery, Health Service Executive, Office of the Nursing Services Director, Dr Steevens' Hospital, Dublin 8.
E: elizabeth.adams2@hse.ie .



Nurse and Midwife Prescribing: Project Implementation

Medication Management

The e-learning programme in medication management, ***Your Skill, Their Health – Doing Medicines Right. A Guide to Medication Management***, was developed jointly by the National Council and An Bord Altranais to support nurses and midwives in their medication management practices (see *NCNM Quarterly Review* Issue 28). An orientation session provided by the Nurse and Midwife Prescribing Project Implementation Team to the centres of nurse education in November 2007 proved to be very useful and led to a series of further sessions which took place from February to April 2008. These sessions were targeted at nurses and midwives working in practice development, clinical placement and education in all practice settings because of their potential to lead, disseminate and champion safe medication practices within their respective healthcare organisations. Whilst a large majority of participants worked within HSE services, there was also representation from the voluntary bodies, the prison services, the higher education institutions and private nursing homes.

Those attending were given a brief PowerPoint presentation on the programme and were then

You can access *A Guide to Medication Management* via the websites of the National Council (www.ncnm.ie) and An Bord Altranais (www.nursingboard.ie) or directly by logging on to the HSE's Learning Centre (www.hseland.ie) which hosts the programme.

encouraged to explore the e-learning programme themselves, with direction and guidance from the Project Team where needed. Feedback received at the sessions was very positive.

Prescriptive Authority for Nurse and Midwives

Implementation of nurse and midwife prescribing continues to take effect nationally under the direction of the HSE's Nursing Services Directorate. Both the National Council and An Bord Altranais, along with other key stake-holders, are involved in overseeing its development through their representation on the Resource and Implementation Group, chaired by Dr Siobhan O'Halloran (Director of HSE Nursing Services).

An Bord Altranais was charged by the Minister for Health and Children with responsibility for developing the regulatory and governance structures to support nurse and midwife prescribing. At the request of the Minister, it was anticipated that the regulations for prescriptive authority for nurses and midwives would be evaluated within two years of the signing of the regulations in May 2007. This commitment by the Department of Health and Children (DoHC) to the evaluation required An Bord Altranais to undertake its own evaluation of its regulatory framework for nurse and midwife prescribing.

The evaluation will examine the following structures:

- Requirements and standards for the education programme to prepare nurses and midwives to prescribe
- Registration of nurse/midwife prescribers

- Practice standards for nurse/midwife prescribing
- The decision-making framework for nurse/midwife prescribing
- Guidance on collaborative practice agreements.

It is anticipated that the evaluation, directed by An Bord Altranais and conducted by the Project Team, will inform and contribute to the planned review of the medicines regulations by the DoHC. The National Council serves as a representative on An Bord Altranais' Committee. The first meeting took place recently.

Update on the Registration of Nurse and Midwife Prescribers

At the time of writing, ten nurses and midwives were registered in the Registered Nurse Prescribers' Division of An Bord Altranais' Register. The practice areas represented included diabetes, breast care, cardiology, emergency and midwifery. It is anticipated that many more nurses and midwives who have completed the Certificate in Nursing (Nurse/Midwife Prescribing)

programmes will be registering in the near future once they have finalised their Collaborative Practice Agreements with their employing health service organisation.

Reminder

Any individual can check An Bord Altranais' website to determine whether a nurse or midwife is a registered prescriber. Log on to www.nursingboard.ie, click on the tab "Check the Register" and follow the directions to search the Register of Nurses.

For further information about nurse/midwife prescribing or medication management, please contact the Project Team at An Bord Altranais:
 Kathleen Walsh – **T:** 01-6398502;
E: kwalsh@nursingboard.ie
 Denise Carroll – **T:** 01-398557;
E: (dcarroll@nursingboard.ie)

Nurses and Midwives Developing Practice and Quality

Practice Development in Community Nursing

The practice development facilitator for community nursing in the HSE (West) (Counties Galway, Mayo and Roscommon) has a broad remit. The key objectives of her post are as follows:

- To guide and support the on-going development of clinical policies, procedures and guidelines that will support best practice in community nursing and facilitate the implementation of clinical audit
- To assist with the review and development of person-centred care planning and the associated documentation process
- To promote and develop appropriate relationships between healthcare professionals, primary care teams and PCCC (Primary, Community and Continuing Care)
- To liaise with service managers, centres of nurse education, HSE Performance and Development and third-level education institutes in order to ensure that education and training programmes reflect identified needs and contribute to client-focused, evidenced-based care.

The practice development facilitator operates on the basis that a facilitative and supportive environment empowers nurses working in the community and

enhances their sense of ownership of the relevant documents, as well as ensuring best clinical practice and high standards of patient care. Therefore, the practice development facilitator has taken a bottom-up approach to implementing change, aiming to make sure that all community nursing staff are involved in any new initiatives. A community nursing needs analysis identified those clinical practice areas where development of policies, procedures and guidelines was required, and the necessary training was provided to all staff concerned. Evaluations of the process to date have shown that community nursing staff have welcomed this approach and are well motivated towards the further development of their documents.

The practice development facilitator, her colleagues in the HSE (West) and her counterparts around the

For more information about practice development in community nursing contact:
 Angela Quirke, Practice Development Facilitator (Community Nursing), NMDPU, HSE (West), Human Resource, Merlin Park Regional Hospital, Galway.
T: 091-775842
E: angela.quirke@hse.ie

country are all working to advance nursing practice and promote patient-centred care. Other important working relationships are developing locally with community nursing staff in the region, the regional community nursing steering group, the NMPDU and Local Health Office management teams.

Nursing Policy Division Practice Development Initiative

The Nursing Policy Division (NPD) of the Department of Health and Children has established a Practice Development Steering Group with a view to developing a strategy that will facilitate the organisation and management of practice development (PD). This strategy will not only guide practice but will also underpin service developments and the creation of work environments that support the Health Service Executive's (HSE) Transformation Programme. The steering group is chaired by the Sheila O' Malley (Chief Nurse, NPD) and Mary Day (Project Lead/Nurse Advisor, NPD).

The development of the strategy has comprised the following four stages:

- Analysis of the 'grey literature' relating to PD work in Ireland

- Telephone interviews with a representative sample of key-stakeholders
- Focus group work with a sample of the key stakeholders
- Critical dialogue with a group of nationally and internationally recognised experts in PD theory and practice.

Data gathered during the first three stages has provided robust material for a framework and strategic direction for PD in Ireland. In addition, a key message emerging from this data is the usefulness of PD as a methodology for sustaining practice improvement and innovation. It is envisaged that a draft strategy will be completed by the end of July 2008 and distributed to the relevant stakeholders for discussion.

For further information about the National Practice Development Strategy, contact:
 Mary Day, Nurse Advisor, Nursing Policy Division,
 Department of Health and Children, Hawkins House,
 Hawkins St, Dublin 2.
T: 01 6354204
E: mary_day@health.irlgov.ie

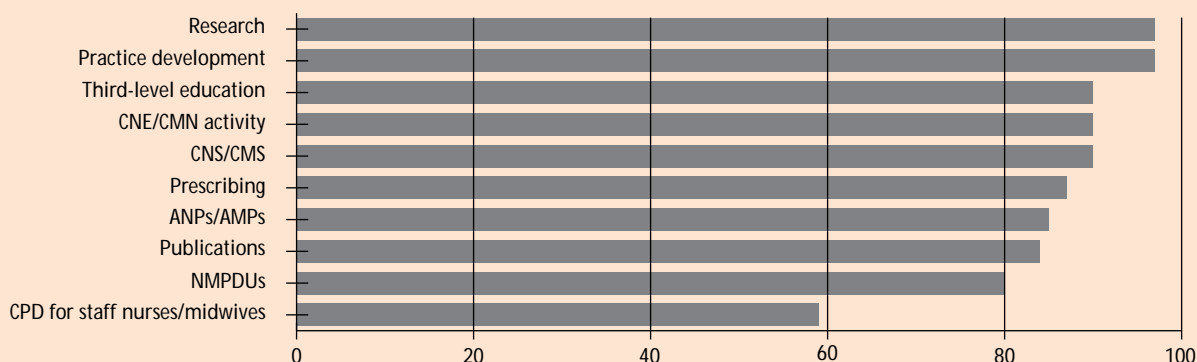
News and Updates

NCNM Review Communications Survey

At the end of 2007, the National Council conducted a communications survey in order to determine our readers' preferred content and methods of distribution. The survey was distributed at our conference in November 2007 and by e-mail and post in December. It was also available to download from our website.

Many thanks to all of you who took the time to respond. The largest number of responses were received electronically (50.4%). There was a fairly even distribution of responses to the question *What would you like to read about in relation to nursing, midwifery and/or healthcare in Ireland in the NCNM Review?* (see Figure 1). Research, practice development and National

Figure 1
 NCNM Review Readers' Preferred Content



Council publications received the highest number of preferences (99%, 97% and 96%, respectively).

The distribution method of choice was *printed newsletter by post* which received 53.5% preferences overall, and 24.6% of all first preferences. The least preferred distribution method was *printed newsletter distributed by person within your place of work*, which received 7.3% of preferences overall and 2.4% of all first preferences. We shall continue to distribute the *NCNM Review* by post to individual nurses and midwives and to other interested parties. It will also be available to download from the website. The *NCNM Review* will be published biannually (June and October in 2008, then March and September from 2009).

Advanced Nurse Practitioner Posts Update

Twenty-four new advanced nurse practitioner (ANP) posts have been approved by the National Council since September 2007. The locations and titles of the posts are as follows:

- Adelaide and Meath Hospitals incorporating the National Children's Hospital, Tallaght, Dublin 24 – Occupational Health
- Beaumont Hospital, Dublin 9 – Emergency (four posts); Emergency Cardiology
- Cavan General Hospital – Emergency
- Cherry Orchard Hospital, Ballyfermot, Dublin 10 – Tissue Viability
- Cork University Hospital – Colorectal; Rheumatology
- Galway Clinic, Doughiska, Co Galway – Cardiothoracic
- National Maternity Hospital, Dublin 2 – Neonatology
- Regional Palliative Care Service, Drogheda – Specialist Palliative Care (three posts)
- St Fintan's Hospital, Portlaoise – Cognitive Behaviour Therapy
- St Ita's Hospital, Portrane, Co Dublin – Liaison Psychiatry
- St James' Hospital, Dublin 8 – Cardiothoracic
- St Patrick's Hospital, Dublin 8 – Eating Disorders
- St Vincent's Hospital, Dublin 3 – Addiction and Mental Health
- University College Hospital, Galway – Cardiothoracic (four posts).

Olivia Smith, ANP (Emergency) at St James' Hospital, Dublin was re-accredited five years after she was accredited in 2002. The following seven nurses were accredited:

- John Bannon, ANP (Cognitive Behaviour Therapy), St Fintan's Hospital, Portlaoise

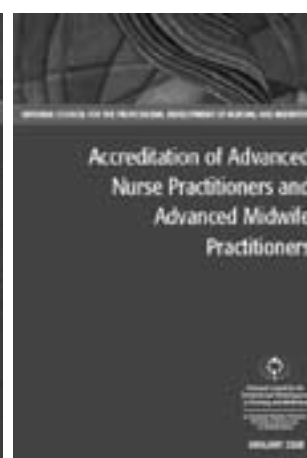
- Karen Brennan, ANP (Emergency), South Tipperary General Hospital
- Helen Byrne and Bernadette Conlon, ANPs (Emergency), Our Lady of Lourdes Hospital, Drogheda
- Mary Daly, ANP (Rheumatology), Cork University Hospital
- Neil Dunne, ANP (Community Older Adults), Community Services Office, Dublin 2
- Geraldine Tracey, ANP (Palliative Care), Our Lady's Hospice, Dublin 6w.

Updated Documents for Advanced Practice Posts and Practitioners

First published in 2001, **Framework for the Establishment of Advanced Nurse Practitioner and Advanced Midwife Practitioner Posts** is now in its fourth edition (National Council, January 2008). The process relating to the preparation of sites for ANPs/AMPs remains unchanged, as do the criteria and templates for applications, job descriptions and financial approval for posts.

Details relating to the accreditation of ANPs/AMPs are now published in a separate companion document, **Accreditation of Advanced Nurse Practitioners and Advanced Midwife Practitioners** (National Council, January 2008). The criteria for accreditation by the National Council are unaltered except for the insertion of some explanatory notes. Also, some minor amendments have been made to the guidance for re-accreditation of ANPs/AMPs.

Copies of these documents are available on request from the National Council or can be downloaded from www.ncnm.ie.



Centres of Nurse Education

Centre of Children's Nurse Education, Our Lady's Children's Hospital, Crumlin

Following the integration of children's nurse registration programmes into the third-level sector in 2006, the Health Service Executive (HSE) published a report recommending that continuing children's nursing education should be provided using a 'hub and satellite' structure and that the hub for the Centre of Children's Nurse Education (CCNE) should be located at Our Lady's Children's Hospital (OLCH), Crumlin, with satellite sites at the Children's University Hospital (CUH), Temple Street and the National Children's Hospital (NCH), Tallaght (HSE Employers' Agency, July 2006). The hub would provide continuing education/training and professional development for registered nurses and other appropriate staff across the three children's hospitals and the Dublin catchment area, and specialist programmes relating to children's nursing nationally, including post-registration specialist education programmes (HSE and Department of Health and Children, July 2007). The CCNE's initial responsibility was to continue the delivery and management of the eighteen-month post-registration children's nursing programme in collaboration with the third-level sector. (The last cohort of post-registration students completed the programme in November 2007.)

The CCNE has been engaged in the development and delivery of continuing education programmes in response to identified service needs and in collaboration with clinical staff from OLCH, and more recently from the CUH and the NCH (see Box 1). Areas receiving particular attention have been children's pain management and caring for children with life-limiting conditions (CLLC). The CCNE is currently providing the following programmes which were developed in response to reports by the Department of Health and Children, the HSE and the Irish Hospice Foundation (IHF):

- Level A – an introductory one-day awareness programme
- Level B – a fifteen-day programme comprising five days' theoretical input and a ten-day clinical supernumerary placement.

The Level A programme is repeated in different locations around the country and has been attended by over 500 nurses to date. Both programmes are jointly funded by the IHF and the HSE.

Postgraduate diploma programmes (Level 9) in partnership with the School of Nursing, Midwifery and Health Systems in University College, Dublin are available in Critical Care (Paediatric Intensive Care),

Box 1

Overview of Continuing Education Programmes Provided in 2008 by the Centre for Children's Nurse Education

- Preceptorship/Teaching and Assessment in Clinical Practice (2 days) in collaboration with Nurse Practice Development
- Breastfeeding/Breastmilk Feeding in a Children's Healthcare Setting*
- Caring for the Child requiring Enteral Feeding*
- Caring for the Child with a Life-Limiting Condition (Level A)*
- Caring for the Child with a Life-Limiting Condition (Level B)(15 days)*
- Caring for the Child with a Tracheostomy *
- Chemotherapy for Children
- Children's Pain Management*
- Child Protection Awareness Training
- Haemovigilance and Infection Control
- Intravenous Therapy Management *
- Management of the Acutely Ill Child (Ward level) (5 days)*
- Parenteral Nutrition
- Paediatric Intensive Care - Foundation Course: a six-month hospital-based programme to facilitate the development of knowledge, skills and practice in paediatric intensive care nursing.

*These programmes are open nationally to registered nurses and midwives working in the public, voluntary and private sectors nationally.



Emergency (Children's) and Oncology (Children's) Nursing. The staff at the CCNE also contribute to the

adaptation programme for nurses from overseas and orientation/induction for new staff nurses.

Contact Details

Centre of Children's Nurse Education, Our Lady's Children's Hospital, Crumlin, Dublin 12

Mary Godfrey (Director)	T: 01-4096366	E: mary.godfrey@olhsc.ie
Margaret McManus (Administrator)	T: 01-4096367	E: Margaret.mcmanus@olhsc.ie
Leish King (Nurse Tutor)	T: 01-4096606	E: leish.king@olhsc.ie
Carmel O'Donnell (Nurse Tutor)	T: 01-4096702	E: carmel.odonnell@olhsc.ie
Angela Ryan (Nurse Tutor)	T: 01-4096374	E: angela.ryan@olhsc.ie
Alice Ward (Programme Co-ordinator (CLLC))	T: 01-4096605	E: alice.ward@olhsc.ie
Clare Magee (Administrative Support (CLLC))	T: 01-4096605	E: clare.magee@olhsc.ie

Research Resource

National Council's Junior Clinician Scientist for Nursing and Midwifery

In recognising the research remit of the roles of clinical nurse/midwife specialists (CNS/CMS) and advanced nurse/midwife practitioners (ANP/AMP) and the lack of an outstanding research track record such as that demanded by the Health Research Board's (HRB) Clinician Scientist award, the National Council through the HRB made a targeted call for Junior Clinician Scientist for Nursing and Midwifery in 2007. This allows a nurse or midwife in a CNS/CMS or ANP/AMP role to undertake a master's degree by research or a PhD on a part-time basis. One PhD award went to Niamh Maher from St James' Hospital for a study entitled *Post-hip Fracture in Older Adults: Interventions and Strategies for Improving Outcomes. The Role and Function of the CNS within an Elderly Falls Unit.*

Let's Talk Health Research 2007

The HRB held *Let's Talk Health Research* in the Gresham Hotel in December 2007. The event was designed to give the next generation of HRB-supported researchers some practical information on how to communicate scientific information to audiences such as the public. The event combined the Watts Medal Competition (for HRB-supported undergraduate students) with the HRB Research Communication Award for postgraduate and post-doctoral students and provided a networking opportunity across masters' degree to post-doctoral

levels. Senior HRB-funded researchers also gave presentations on how to bring research from theory into practice or policy. Nursing- and midwifery-funded projects were represented both in posters and oral presentations.

Nursing and Midwifery Research Priorities

A call was made in 2007 through the HRB for a five-year programme of research worth in total €657,000 and based on the top nursing research priority identified in *Nursing and Midwifery Research Priorities for Ireland* (National Council, 2005). An award was made to a team led by Professor Kathy Murphy (School of Nursing and Midwifery, NUI, Galway) for a study entitled *The Impact of a Pulmonary Rehabilitation Programme for People with Chronic Obstructive Pulmonary Disease in Primary Care in Ireland.*

Cancer Consortium

A workshop was held in Belfast in November 2007 for those interested in the cancer and palliative care nursing research agenda. Its aim was to address the question how to capitalise on North-South collaboration in order to progress cancer and palliative nursing research on the island of Ireland. Facilitated by Professor Brendan McCormack, it was attended by cancer and palliative nurses in the roles of clinical practitioners, managers, educators, researchers and policy makers as well as other interested parties such as patient representatives and cancer charities.

The workshop started with a number of presentations on the background to the event. This included an explanation of the Nurses' Working Group of the Cancer Consortium, the group's shared vision for cancer and palliative nursing research and development across Ireland, an overview of healthcare and research contexts on the island, the findings from two previous studies on identified cancer nursing research priorities and some details of a mapping exercise which profiled the research conducted to date. Focused round-table discussions then ensued using world café (the 'developing co-operative engagement') methods. Each table developed a miracle question and then worked through the steps required to achieve that miracle. Some members of the Nurses' Working Group are currently compiling the results of all the deliberations from the day and the results will be brought to the group's next meeting.

Reviewing Research Evidence for Nursing Practice

The past fifteen years have seen a growth in systematic reviewing of published research to determine effective interventions in healthcare. This development has included the expansion and growth of the method itself, as well as the sources of evidence used. **Reviewing Research Evidence for Nursing Practice** (Webb and Roe, Eds, 2007) is an extremely useful addition to all that has been written on the topic. Instead of producing a 'sanitised cookbook' on how to conduct systematic reviews (SRs), the editors have brought together a number of authors who share their experiences of systematic reviewing including the 'messy' bits.

The book is divided into four sections. The first three follow a similar format with each taking a particular source of evidence – quantitative, qualitative and integrative. The opening chapter to each section gives a clear and concise overview of the method which sets the context. This is then followed by a number of



Presenters at the Cancer Consortium's Belfast workshop: Brendan McCormack, Mary Day, Liz Henderson, Ellis Caughran, Margaret O'Hagan.

chapters which focus on SRs of nursing and midwifery practice which use that particular source of evidence. So, for example, the first section looks at quantitative sources and has three chapters which then focus on reviews looking at issues to manage incontinence. The qualitative section covers SRs of role development and self-disclosure in chronic illness. The integrative section includes SRs on physical restraint and what makes a good midwife. There are also chapters covering particular methodological issues such as rigour or review appraisal. The final section contains chapters on how to use reviews to inform policy and practice and reflections for the future.

This book is not solely for those considering undertaking a systematic review but has much to commend it for anybody with an interest in effective clinical practice, practice development and research. Considering the global net of the authors involved, a minor criticism is that it could have included a more comprehensive listing of online resources of high-quality SRs.

Christine Webb and Brenda Roe (Eds) (2007)
Reviewing Research Evidence for Nursing Practice. Blackwell Publishing.
 ISBN: 978-1-4051-4423-0

Third-Level Education for Professional Development

School of Nursing and Midwifery, National University of Ireland, Galway

The School of Nursing and Midwifery at the National University of Ireland, Galway (NUI Galway), led by Professor Kathy Murphy, has always been at the forefront of nursing and midwifery education in Ireland. Established in 1993, it was the first Irish university to introduce the pre-registration diploma programme for nursing students. Since then the number of staff and

range of programmes have developed and flourished. In 2002 the Bachelor of Nursing Science programmes in general and psychiatry commenced, supplemented by the Bachelor of Midwifery Science programme in 2006. There are now thirty-six academic staff, eight administrative staff and approximately 700 students. The School is located in Áras Moyola, a new purpose-built building with state-of-the-art lecture theatres, laboratory facilities and learning equipment.

Purpose and Mission of the School of Nursing and Midwifery

The overarching purpose of the School is to develop and promote appropriate education and research in the fields of nursing and midwifery. Indeed, the School has a strong history of producing excellent practitioners with some students being awarded prestigious national awards including the Dr H H Stewart Scholarships.

The mission statement of the School focuses on the following areas:

- To educate students who are knowledgeable, analytical, caring, client-centred practitioners who have the capacity to engage in life-long learning and contribute to the development of health care
- To advance knowledge through quality research and scholarship that is of international standing
- To contribute to the development of the health care system, through the design and delivery of quality, dynamic educational programmes
- To forge links and partnerships with appropriate bodies to ensure the relevance, responsiveness and quality of educational programmes and research.

Educational Programmes

Programme development at undergraduate and postgraduate levels is a major feature of the School's activities. Together with the Health Service Executive (West) and the nursing and midwifery planning and development unit (NMPDU) in Galway, the School has developed clinically-focused programmes in response to service needs. Currently there are twenty-three validated programmes on offer (Box 1).

A new initiative developed by the School to provide greater access to continuing education for nurses, is the introduction of blended learning. This teaching strategy will be adopted in September 2008 when most postgraduate diploma courses will be offered through a combination of on-line and classroom-based formats. Nurses and midwives will have on-line access to course details and content at all times and will participate through lectures and tutorials, discussion boards, on-line collaboration, e-mail and telephone. The School's aim is to accommodate the hectic schedules and work demands of nurses and midwives by allowing them to complete programmes and modules at their

Box 1

Overview of Postgraduate Programmes offered at the School of Nursing & Midwifery, 2008/2009

- Higher Diploma in Midwifery

Postgraduate Diploma in Nursing programmes in the following specialised areas:

- Accident and Emergency *
- Intensive Care *
- Perioperative *
- Education
- Gerontology *
- Oncology *
- Palliative Care *
- Practice and Community Nursing *
- Public Health Nursing
- Orthopaedics *
- Mental Health, Community and In-patient Acute Care *
- Child, and Adolescent Mental Health *
- Advanced Practice

Master of Health Sciences programmes in the following specialised areas

- Advanced Practice in Nursing/Midwifery
- Nursing/Midwifery Education
- Nursing
- Midwifery
- Specialist Nursing

- PhD in Nursing and Midwifery

* Programmes employing blended learning

individual pace, an approach highly commended by Mary Frances O'Reilly, director of the NMDPU in Galway. The postgraduate diploma programmes offered by the School of Nursing and Midwifery at NUI Galway through blended learning are identified in Box 1 on previous page.

Research

A strong and dynamic research ethos and culture exist in the School which contribute to the culture of evidence-based nursing and midwifery practice currently evolving in Ireland. Research undertaken by the School has not only academic outcomes but also a significant and on-going impact on nursing and midwifery practice. An aspiring centre of excellence, the School's targeted areas of research include: maternity care and women's health, ageing, life transitions, end-of-life care and living well with chronic disease. The School has attracted over €2 million in research funding and is currently conducting both the first nursing and midwifery research priority Health Research Board grants. There is also a strong commitment to the development of research links with academics from other disciplines within NUI Galway and with external national and international partners, with health service providers and related agencies and with nursing and patient representative organisations. In 2006 the School enrolled its first PhD students and there are now seven such students registered.

Conferences

The School has a reputation for being innovative, vibrant and dynamic and in April 2007 held its first biannual international conference entitled *Building and Promoting Excellence in Practice*. This conference was

attended by 200 national and international delegates and provided researchers, practitioners and policy makers with a forum to debate and share methods of building and promoting scholarship. The second international conference will be held on 6 and 7 April 2009.



Staff of the School of Nursing and Midwifery, NUI Galway
Front row: Dympna Casey, Kathy Murphy.
Second row: Carol Corbett, Claire O' Tuathail, Lorraine Mee.
Third row: Finnuala Jordan, John Quinlivan, Marcella Kelly, Eimear Burke, Deirdre van der Putten, Evelyn Byrne.
Fourth row: Bernard McCarthy, Sheena Connolly, Maura Dowling, Jackie Knight, Miriam McNicholas, Yvonne Conway, Declan Devane, Adeline Cooney.

For further information about the School of Nursing and Midwifery at NUI Galway, log on to www.nuigalway.ie/nursing. Contact John Quinlivan for details of programmes/modules available through blended learning (T: 091-495387). Details of all programmes and application processes are available on the Postgraduate Admissions Office website www.go4th.ie.

National Conference 2008

Poster Presentation

Have you initiated change in practice or service delivery? • Have you undertaken research that has contributed to patient/client care or service delivery? • Have you initiated innovative developments in management, education or clinical practice to support service delivery?

Present a poster at the Eighth Annual Conference of the National Council for the Professional Development of Nursing and Midwifery 19-20 November 2008

Integrated Health Services Supporting Patient-Care Pathways

The posters will be judged by guest speakers and prizes awarded.

Criteria for Judgement
Appropriateness of content
Clarity of text
Visual presentation

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To apply log on to www.ncnm.ie or Contact Jackie Lillis at T: 01-8825309 E: jlillis@ncnm.ie

