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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 Altranaís 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.

**WWW.NCNM.IE**

# Editorial

Welcome to the Spring/Summer 2009 issue of the *NCNM Review*! In this issue, our regular feature on the Health Service Reform Programme focuses on patient safety and the role of information and communications technology. The context for this piece is the publication of the discussion paper and audit paper on the Health Information Bill that is being prepared by the Department of Health and Children. This is a key element of the Reform Programme and I urge all nurses and midwives to familiarise themselves with the potential that exists to enhance health outcomes through the strategic and effective use of health information technology.

Also in this issue we provide details of a landmark publication produced jointly by the National Council and An Bord Altranais, i.e., the *Final Report of the Implementation of the Review of Nurses and Midwives in the Prescribing and Administration of Medicinal Products* (An Bord Altranais and the National Council, November 2008). Regular readers of the *NCNM Review* will be very familiar with the enormous amount of work and energy that has gone into this project over recent years. The final implementation phase of this project has been possible because of the high level of co-operation that was achieved in the area of legislative change between the Minister, the two statutory agencies, the Department of Health and Children, educational institutions and nurses and midwives throughout the country. It has been a remarkable journey and one that significantly enhances the capacity and competence of nurses and midwives to deliver patient-centred care. The feature also contains some examples of care situations in which prescribing by nurses and midwives is already making a significant difference.

The *NCNM Review* has in the past highlighted the importance of developing community-based services led by nurses and midwives. In this edition we describe two such initiatives led by public health nurses. The *Population Health Information Tool for Community Nursing* was displayed at the National Council's most recent annual conference. The *Bug Buster Programme – Dealing with Head Lice* is an excellent example of the

contribution that public health nursing can make to the achievement of health outcomes.

The National Council has been active in promoting the development of third-level education for professional development. I am happy to be able to report that we are witnessing a growing richness in the provision of opportunities for nurses and midwives to avail of high-quality postgraduate education adapted to their professional development needs. In this edition we focus on work that is being conducted in Trinity College, Dublin, University College, Dublin and Waterford Institute of Technology. In addition, the Royal College of Surgeons in Ireland has developed a unique collaborative approach to undergraduate nursing education involving four private health service providers.

I would like to draw your attention to information contained in our *News and Updates* section about an important research exercise that has been commissioned by the National Council. It concerns an in-depth evaluation of clinical specialist and advanced practice roles for nurses and midwives. The commissioning of this research is a recognition of the fact that a point has been reached in the development of these roles where there is sufficient scale to warrant an evaluation of their impact and effectiveness. This research will be carried out over the next two years and promises to provide an important contribution to the future development of the professions in the years to come. The research is being conducted jointly by Trinity College, Dublin and NUI Galway.

Finally, I would like to draw your attention to the date for the National Council's ninth national conference. I look forward to meeting many of you again at Croke Park, on Wednesday 11 November 2009. Regular readers will know that it is important to book early as there are a limited number of places available.

**Yvonne O'Shea**  
Chief Executive Officer

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Cover photo:

A summer scene in the Irish countryside.

# Health Service Reform Programme

## Patient Safety – The Role of Information and Communication Technology

**In the last issue of *NCNM Review* (Issue 30) we featured the Commission on Patient Safety and Quality Assurance report *Building a Culture of Patient Safety* (Dept of Health and Children (DoHC), 2008), underlining in particular the responsibilities of individual practitioners and employers in relation to continuing professional development. We also urged nurses and midwives to consider such matters as clinical audit, leadership, patient advocacy and governance as they pertain to patient safety within their respective healthcare settings. In this feature we focus on the role that information technology can play in assisting nurses and midwives to ensure and enhance patient safety.**

*Building a Culture of Patient Safety* states that it is essential in any healthcare system for its staff to be able to use information to monitor the safety and quality of the services being provided in order to facilitate the sharing of good practice, make improvements as required and inform service planning. Clinical effectiveness “embraces this approach as part of a well governed healthcare system” (p11). According to this report, a healthcare system must have accurate, meaningful and accessible information available to patients, the public, healthcare professionals, planners and politicians, regarding the safety and quality of the healthcare provided at all levels of the system, the performance of the health service and public health priorities for future. Improvements in safety and quality in healthcare and the development of a high-reliability healthcare system cannot be contemplated without also considering the health information and health information technology (HIT) developments required to enable and sustain those improvements and extend the understanding and knowledge of the health system.

Practitioners need timely access to relevant information in order to deliver safe, high-quality care. The report points out, however, that access to information in healthcare is frequently “limited or fragmented” (p15). Patient records are cited as being paper-based or, if computerised, available in formats that cannot be shared easily between providers. Health service management information is usually collected for financial or administrative purposes rather than being directed at the outcomes of clinical care and the safety and quality

of services. Clinical systems should be established and implemented with extensive clinical engagement and patient involvement in order to ensure that they capture comprehensive, meaningful, accurate and accessible information relating to every patient episode across the health system. Without such systems, it is impossible to assess the impact and outcomes of the care that is delivered to every patient and to the wider population.

The importance of health information and HIT to underpin the wider health reform programme has been set out in a number of the DoHC’s key national strategy documents such as *Quality and Fairness – A Health System for You* (2001), *Primary Care: A New Direction* (2001) and *National Health Information Strategy* (2004). Fit-for-purpose HIT (see Box 1), and therefore the necessary information and communication technology (ICT) systems, are essential to underpin a modern health system and to support the provision and accessibility of accurate and meaningful health information. HIT is commonly regarded as critical to the transformation of healthcare. However, the sector has lagged behind other sectors in the adoption of technology, and it is seen as a low priority, particularly when decisions to invest in ICT to improve patient safety are competing with other service delivery priorities. The implications of the delays in building these foundations often result in increasing cost requirements and risks to the implementation of new information systems when the existing legacy systems

### Box 1 What is health information technology?

Health information technology (HIT) is the use of information and communication technology in healthcare. HIT may include:

- Electronic health records (see *NCNM Quarterly Review*, Issue 27)
- Personal health records
- E-mail communication
- Clinical alerts and reminders
- Computerised decision support systems
- Hand-held devices
- Other technologies that store, protect, retrieve and transfer clinical, administrative, and financial information stored electronically within healthcare settings.

**Box 2.** Potential Outcomes from the Effective Use of Quality-Based Information Systems, Communications Technology and Health Information. Source: *Discussion Paper on Proposed Health Information Bill*, Department of Health and Children, 2008; cited in *Building a Culture of Patient Safety*, p187.

Examples of effective use of ICT and HIT	Outcomes
Allergies and contra-indications flagged in the dispensing and administration of medications	Reduced errors in drug prescribing
Information accompanies the patient through the system and is available where and when it is needed	More evidence-based and integrated care provided across all healthcare sectors and environments
Opening up of health-related knowledge bases to assist choice	Empowerment of patients and other healthcare service-users Information-based relationships with healthcare professionals and health agencies
Better information management, enhanced business planning and control and greater risk management	Improved planning, management and delivery of health services and health projects
Total population studies rather than limited sample studies	Better research and disease management outcomes
Establishment of new data collections and sets	Identification and management of the specific health needs of defined population groups across different care settings
Improved ability to detect and respond quickly to disease outbreaks or other events	Mitigation of public health and other population threats
Expansion of telemedicine and home-based care	Extension of the scope of healthcare beyond its current boundaries
Introduction and expansion of on-line training models	More accessible continuing education for healthcare professionals
Computerised tracking and auditing of access to patient records	Enhanced privacy, confidentiality, integrity and security of patient information

are out of date and inoperable with new technology. Outcomes associated with the effective use of quality-based information systems are outlined in Box 2.

### Suggested Resources

C van Dosselaere et al (2008) *Legally eHealth: Putting eHealth in its European Legal Context*. European

Commission. Available to download from [http://ec.europa.eu/information\\_society/activities/health/Health Information and Quality Authority \(2008\) Public Opinion Poll: Health Information](http://ec.europa.eu/information_society/activities/health/Health%20Information%20and%20Quality%20Authority%20(2008)%20Public%20Opinion%20Poll%20Health%20Information). Available to download from [www.hiqa.ie](http://www.hiqa.ie)

M Olive, H Rahmouni and T Solomonides (2008) *Share the Journey: A European Healthgrid Roadmap*. European

### Health Information Bill

As part of the Health Reform Programme, the DoHC is preparing new legislation on the collection, use, sharing, storage, disclosure and transfer of personal health information as well as ensuring that the privacy of such information is appropriately respected.

The main objectives of the Health Information Bill are to:

- Establish a legislative framework to enable information – in whatever form – to be used to best effect to enhance medical care and patient safety throughout the health system,
- Facilitate the greater use of information technologies for better delivery of patient services, and
- Underpin an effective information governance structure for the health system generally.

A discussion paper and audit paper on this Bill are available to download from the website of the DoHC ([www.dohc.ie/issues/hib](http://www.dohc.ie/issues/hib)).

Commission (Information Society and Media). Available to download from [www.ehealth-for-safety.org](http://www.ehealth-for-safety.org)  
Safety Improvement for Patients in Europe (SIMPatIE) – [www.simpatie.org](http://www.simpatie.org)  
V N Stroetmann et al (2007) *eHealth for Safety: Impact of ICT on Patient Safety and Risk Management Report*.

Luxembourg: European Commission (Information Society and Media). Available to download from [ec.europa.eu/information\\_society/activities/health/WorldAllianceforPatientSafety-www.who.int/patientsafety/en/](http://ec.europa.eu/information_society/activities/health/WorldAllianceforPatientSafety-www.who.int/patientsafety/en/)

## Research Resource

### Evidence for Developing Joint Appointments

Published in 2005, the National Council's framework for the development of joint appointments in nursing and midwifery has been the subject of a recent funded British study. A team from De Montfort University, Leicester, used an action research inquiry to evaluate the framework and it then formed the basis for a qualitative study with their joint appointees. The results can be found in the following references:

- Fowler J et al (2007), Evaluating a framework for the development of joint appointments. *British Journal of Nursing*, 16(8), 486-489
- Fowler J et al (2008), Joint appointees' experiences within a school of nursing and midwifery. *British Journal of Nursing*, 17(22), 1416-1419.

#### **Development of Joint Appointments: A Framework for Irish Nursing and Midwifery**

(National Council, 2005) is available on request or to download from [www.ncnm.ie](http://www.ncnm.ie).

### Clinical Research Roles

The **Report on the Role of the Nurse or Midwife in Medical-Led Clinical Research** was approved by the National Council at its November meeting and is currently being prepared for publication. The

report consists of a comprehensive literature review, a report on site visits to clinical research facilities in the United Kingdom and on a consultation with forty-one nurses and midwives currently working in the role. The complete report will be available on request or to download from [www.ncnm.ie](http://www.ncnm.ie).

### Irish Research Database

The National Council's **Irish Nursing and Midwifery Research Database** is currently being tested before going live. Developed on the basis of recommendations in *Research Strategy for Nursing and Midwifery in Ireland* (Department of Health and Children, 2003, para 3.2.2), the database will provide an on-line facility to search for research abstracts of studies conducted in Ireland at masters' degree level and higher.

### Evaluation of Clinical Trials Training

The Cancer Consortium Nurses Working Group will consider the evaluation of the Clinical Trials Training programme for cancer nurses, held annually in the US National Cancer Institute (NCI) in Washington at its next meeting. The evaluation was conducted in 2008 by a team representing the Republic of Ireland, Northern Ireland and the NCI. Past participants as well as oncology trials nurse managers and other stakeholders took part in the process.

### Elsewhere in this issue of NCNM Review

- **Nursing Research – Designs and Methods** (Watson et al, Eds, (2008) is a newly published research text of Irish interest. For a review, turn to *Publications Update*.
- In 2008 the National Council commissioned a joint research team to undertake an evaluation of clinical nurse/midwife specialist and advanced nurse/midwife practitioner roles. For a full report, turn to *News and Updates*.

# Nurse and Midwife Prescribing Bulletin

## Conclusion of the Nurse and Midwife Prescribing Implementation Project

At the end of 2008, the National Council and An Bord Altranais brought to a conclusion the three-year project on the implementation of the recommendations and actions contained in *Review of Nurses and Midwives in the Prescribing and Administration of Medicinal Products* (An Bord Altranais and the National Council, June 2005). Essentially, the project was concerned with the introduction of nurse and midwife prescribing using an evidence-based, high-quality and transparent process. The expedient introduction of prescriptive authority within a robust legal framework was championed by the Minister for Health and Children, and made possible through the enactment of medicines legislation and nursing regulation in 2007. The rate at which the implementation of prescriptive authority and expanded medication management practice were accomplished in Ireland is particularly significant, especially when taking into consideration the planning and resources required and the experiences of other countries.

The conclusion of the project is being marked by the joint publication of the *Final Report of the Implementation of the Review of Nurses and Midwives in the Prescribing and Administration of Medicinal Products* (An Bord Altranais and the National Council, November 2008). The key areas of activity were legislation, professional regulation, education, professional development, and communication and collaboration with key stakeholders. Details of the two agencies' specific achievements and outcomes in these areas are given in the relevant sections of the report. Activities, topics and points of interest include:

- The commitment to assisting other key stakeholders to create the professional and regulatory supports required for the commencement of nurse and midwife prescribing
- The support of the National Council and An Bord Altranais for the professions in safe and responsible medication management practices
- The development of the e-learning programme *Guide to Medication Management*
- The dissemination of the medication protocol framework.

The two agencies' vision for prescriptive authority for nurses and midwives and expanded roles in medication management is now a reality. Improving the patient/service-user healthcare journey in a safe, accountable and effective manner through the provision of high-quality evidence-based nursing and midwifery practice

was a central tenet for the National Council throughout the project. As a consequence of the implementation project, healthcare services and professionals have begun to critically review and improve medication systems and practices, leading to the strengthening of the links between medications, patient safety and clinical/corporate responsibilities.

*Final Report of the Implementation of the Review of Nurses and Midwives in the Prescribing and Administration of Medicinal Products* can be obtained on request from the National Council and An Bord Altranais and downloaded from the respective websites [www.ncnm.ie](http://www.ncnm.ie) and [www.nursingboard.ie](http://www.nursingboard.ie).

## Nurse Prescribing in a Day Hospital for Older Adults

**Mary Hickey is a clinical nurse manager (CNM) working in the day hospital for older people at St Finbarr's Hospital, Cork. In this article she outlines her experience of becoming a nurse prescriber and the benefits to the service.**

I have been caring for older adults in acute, rehabilitation and day hospital settings for several years so was acutely aware of the complex therapeutic needs of older adults with multiple pathology, poly-pharmacy and age-related changes that increase susceptibility to adverse drug reactions. As a CNM in St Finbarr's, I am responsible for the care of twenty-five people every day, many of whom require wound dressings, simple analgesia, laxatives or anti-coagulation therapy. Even before I started the nurse prescribing course, I knew I had a high level of knowledge and practical expertise in these areas, so recognised the opportunities for improving care and service delivery that prescriptive authority would give me.

In 2007 I commenced the level-8<sup>1</sup> Certificate in Nursing (Nurse/Midwife Prescribing) at the Catherine McAuley School of Nursing and Midwifery, University College, Cork. The six-month course addressed professional, ethical and legal practice; pharmacology and prescribing; diagnosis; systematic assessment and evaluation in patient care; and communication, collaboration and inter-professional relationships. The programme involved twenty-eight days of theory and a practical clinical element achieved through mentorship by a medical consultant. The course content was

<sup>1</sup> I.e., level 8 of the National Qualifications Authority of Ireland's *National Framework of Qualifications*.

interesting but also demanding, as was combining assignment deadlines with work commitments. Fortunately, I was well supported by my work colleagues, the prescribing site co-ordinator and my director of nursing. The multidisciplinary team was also supportive, with the consultant geriatrician providing medical mentorship during my studies.

The challenge of prescribing for the older adult is to provide appropriate and beneficial treatment for often multiple conditions while minimising inappropriate prescribing and the risk of iatrogenic disease. Choosing optimal drug regimens that meet the complex needs of elderly patients requires careful consideration. I am guided by the systematic approach advocated by the World Health Organisation which suggests that the prescriber should:

- Evaluate and clearly define the patient's problem
- Specify the therapeutic objective
- Select the appropriate drug therapy
- Initiate therapy with appropriate details and consider non-pharmacologic therapies
- Give information, instructions and warnings
- Evaluate therapy regularly.

My knowledge of non-pharmacological interventions assists in reducing the number of medications and enhancing the therapeutic effects of those prescribed. Drug choice is based on identified need, simplicity and cost-effectiveness. Where possible I am guided by patients' preferences and needs as poor compliance with medication regimes is common among older people and may result in treatment failure. I also have to be alert to potential adverse reactions to medications. Drug regimens should be kept as simple as possible and combination preparations and modified release preparations may be used in order to keep the numbers of tablets to a minimum. I engage with the patient, their family or carer, offer explanation regarding medications, and listen to concerns in order to improve concordance with treatment. I also liaise with the community pharmacist, the public health nurse and the general practitioner to determine the most appropriate aids or packaging.

As a registered nurse prescriber I am required to maintain my competencies in prescribing and to keep up-to-date with best practice in the management of the conditions for which I may prescribe and in the use of appropriate medicines. I can do this with reference to An Bord Altranais' practice standards and decision-making framework. I use key texts such as the *British National Formulary* and regularly scan the Irish Medicines Board's website for medicine alerts, safety notices and drug recalls. The on-line facility provided by the national electronic network for registered nurse prescribers (RNPs)

(see *NCNM Review*, Issue 30) facilitates networking and sharing of information, as does attendance at study days. Monitoring the efficacy and safety of my prescribing practice is necessary and St Finbarr's provides ongoing clinical support, supervision and auditing of my practice. This is facilitated by the *Nurse and Midwife Prescribing Data Collection System* provided by the Office of the HSE Nursing Services Director.

Since I registered as a nurse prescriber, a nurse-led warfarin clinic and wound care clinic operate in the day hospital for the older adults. I envisage the expansion of the day hospital to include other nurse-led clinics in areas such as continence promotion and pain management with clear lines of referral when the medical condition and treatment plan are outside nurse prescribing parameters. Although the impact of nurse prescribing at St Finbarr's has not yet been formally evaluated, it is expected that the benefits will reflect those reported internationally. These include:

- Efficient, effective and safer patient and client care
- Improved quality and better patient and client outcomes
- Reductions in patient treatment time
- Improved patient and client education, understanding and concordance with treatment
- More effective utilisation of nursing and midwifery time, skills and expertise
- Improved collaborative practices within the healthcare team and potentially reduced costs.

The nurse prescribing course has enhanced my knowledge and skills and enabled me to be a more proactive and credible member of the multidisciplinary team. The qualification in prescribing, together with registration as a nurse prescriber, have given me greater confidence in discussing patients' medication needs with doctors. Collaborative practice agreement outlines the parameters of my prescriptive authority and scope of practice. As one of nine pilot sites that participated in the initial implementation and evaluation of nurse prescribing, St Finbarr's Hospital took the lead in developing a hospital policy which would support all aspects of prescribing practice. Involvement of other hospitals and the expertise of the Drugs and Therapeutics Committee moulded the final document, ensuring that all key elements such as risk management and quality assurance were addressed to ensure safe and effective prescribing practice. I now have a key role in medication management and educating patients and their families. Without the support of the medical team, my director of nursing and the prescribing site co-ordinator, among others, nurse prescribing would not have materialised in St Finbarr's. I am also pleased to be in a position to contribute to standards of care by sharing

my knowledge with nursing and medical colleagues in the day hospital and throughout the wider service.

For more information about nurse prescribing at St Finbarr's Hospital contact Mary F Hickey, Clinical Nurse Manager, Day Hospital for the Older Adult, St Finbarr's Hospital, Douglas Rd, Cork;  
**T:** 021-4923298; **E:** maryF.hickey@mailp.hse.ie.

### Policy for Nurse Prescribing in Intellectual Disability Services

In January 2009 the National Federation of Voluntary Bodies (Providing Services to People with Intellectual Disability) launched its **National Policy for Nurse Medicinal Product Prescribing in the Intellectual Disability Sector**. The purpose of this policy is to ensure best practice with regard to nurse prescribing within the intellectual disability (ID) sector by:

- Providing guidance for the professional practice of registered nurse prescribers
- Providing a clinical governance framework and clear lines of responsibility and accountability to support nurse prescribing

- Guiding the therapeutic role of the nurse in partnership and collaboration with the multidisciplinary team
- Ensuring the safety of people with ID with regard to prescribing practice of RNPs.

Developed in collaboration with various ID services, the scope of the policy relates only to those services that have the required structures in place to support nurse prescribing. The document clearly outlines the roles and responsibilities of various personnel within the services in relation to nurse prescribing, and includes guidance on nurse reporting relationships where the RNP's direct line manager is not their clinical nursing support person (p16). Comprehensive guidance is also given in relation to eligibility to prescribe, clinical indemnity, monitoring and audit.

**National Policy for Nurse Medicinal Product Prescribing in the Intellectual Disability Sector** is available on request from the National Federation of Voluntary Bodies, Oranmore Business Park, Oranmore, Co Galway. **T:** 091-792316; **E:** secretariat@fedvol.ie; **W:** www.fedvol.ie.

## Nurses and Midwives Developing Practice and Quality

In this section we focus on two developments taking place in the community and led by public health nurses.

### A Population Health Information Tool for Community Nursing

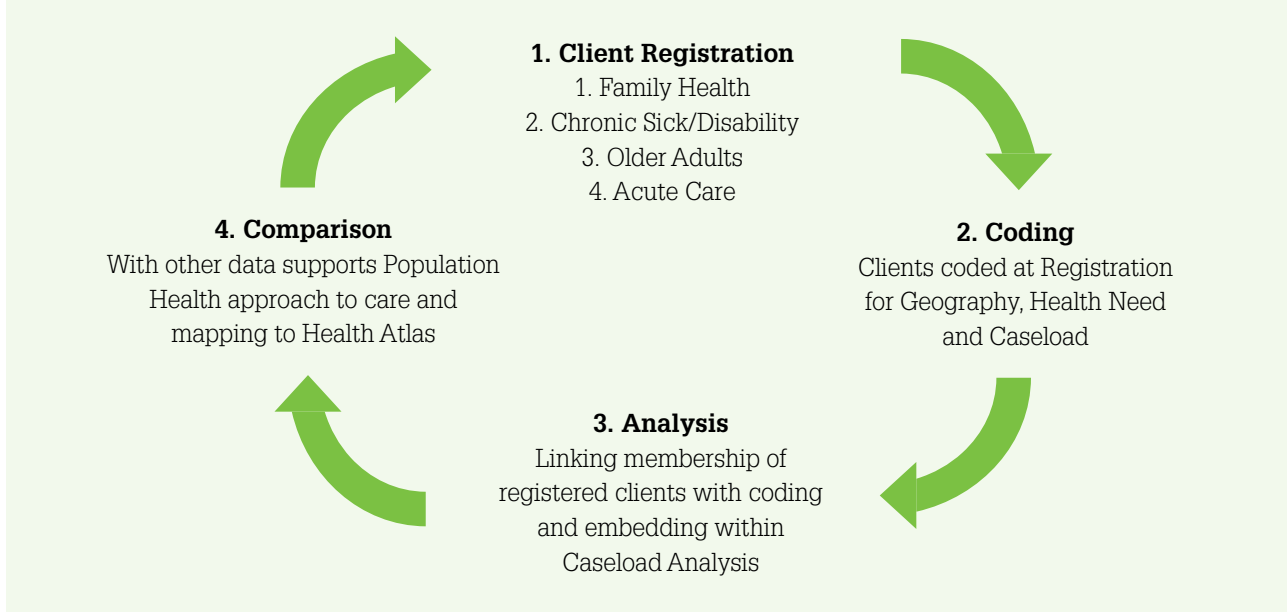
In 2005 the Health Service Executive (HSE) adopted a population health approach to service provision, an approach that "seeks to promote and protect the health of the whole population, or of subgroups of the population, with particular emphasis on reducing health inequalities" (*HSE National Service Plan, 2005*, p15). Around the same time it was identified that no formal structure existed for public health nurses (PHNs) to assess, document, validate or link local health information that they collected at community level to any wider epidemiological framework. Data collected tended to focus on nursing activity rather than on the incidence and prevalence rates of particular client groups and their specific needs. The development of a population health information tool (PHIT) for community nursing was the aim of the two-year project funded jointly by the National Council and the HSE's Local Health Office in Dublin North Central (DNC).

Led by Anne McDonald of the Public Health Nursing Service in that area, the project commenced in June 2006 with the agreed aim of identifying the sources of information available on health and health needs and exploring how this information could be accessed, recorded and used to develop a population health model for use in community nursing. Action research methods were selected for conducting the project in order to ensure that the project would have academic credibility and service relevance. Anne was supported in her work by:

- An advisory group comprising representatives from the two funding agencies, King's College, London, University College, Dublin, health information, health services management, and public health nursing practice
- A steering group comprising Sarah Cowley (Professor of Community Practice Development, King's College, London), a HSE general manager, a director of public health nursing, and an assistant director from the nursing and midwifery planning and development unit in Dublin
- A PHN working group with representatives from all health centres in DNC



## Box 1 The Population Health Information Tool Cycle



- A second working group comprising assistant directors of public health nursing and established in the second year in order to agree PHIT implementation strategies.

Having confirmed by means of a situational analysis that no formal structure existed within the PHN service in DNC to assess document, validate or to link local health information to a wider epidemiological framework, the PHN working group set about collecting information on all new and current clients in their caseloads in order to identify care groups to which they provided services. They concurrently identified and examined their systems of practice information and clinical governance, including:

- Details on how individual client needs were assessed and documented
- Which nursing interventions were used to match the needs identified
- How this individual data was collected, collated and used to inform public health nursing and primary care team services at the population level.

The information gathered at this stage indicated the necessity of continuing to collect nursing data in this way. It also led to the development of four core registers (Family Health; Chronic Sick/Disability; Older Adults; Acute Care) (see Box 1) which are now used in the final PHIT tool for registering all assessed clients into the public health nursing services using geographic, caseload and health need coding.

Continuing formal and informal evaluation has been integral to the project and is in keeping with the action

research cycle. Monthly meetings of the PHN working group provided a rich qualitative environment for representatives of all health centres to contribute to and critique work undertaken by the project. Feedback on the content, format and usability of the Family Health Register was very positive, indicating that all participating PHNs wished to change over to the new system of documentation; many of their suggestions were incorporated into subsequent register templates. In addition, training sessions held over the course of the project provided a forum for the wider PHN group to ask questions and give feedback on the pilot tool. Other items worth mentioning because of their capacity to facilitate enhanced client-centred care are the Birth Notification Guideline and the new Street Index for PHN use.

Since completing the first phase of the PHIT project in June 2008, Anne McDonald now works with the community nursing management team in DNC to roll out the implementation of the tool. She has participated in the production and national distribution of a video explaining PHIT which was displayed at the National Council's conference in November 2008.

For more information about the Population Health Information Tool for community nursing contact Anne McDonald, PHIT Implementation Lead, Summerhill Health Centre, 90 Summerhill, Dublin 1. **T:** 01-8765209 or 087-6833511; **E:** anne.mcdonald@hse.ie. Log on to [www.hse.ie/eng/About\\_the\\_HSE/Nursing\\_Services/PHIT/](http://www.hse.ie/eng/About_the_HSE/Nursing_Services/PHIT/) for a full range of reports and videos.



### Bug Buster Programme – Dealing with Head Lice

The Bug Buster Programme is an initiative launched by the Public Health Nursing Services (PHNS) in Dublin North in response to a head lice problem in the area. This in turn had given rise to absenteeism, bullying and low self-esteem in school pupils. The programme involves visits by public health nursing staff to national schools to inform and educate pupils about the prevention and treatment of head lice using Bug Busting Kits and the Bug Busting CD.

An evaluation of the programme was conducted at two large schools in the area by the PHNS in partnership with the School of Nursing, Midwifery and Health Systems, University College, Dublin. Other participants in the evaluation included a home-school liaison teacher, representatives from the National Parents' Council, Patients and Nursing Services at the Children's University Hospital, Temple Street, and the area Child and Adolescent Health Development Officer. The evaluation identified that information about managing head lice was most commonly sourced from pharmacists and that chemical-based treatments obtainable through the General Medical Services (GMS) scheme were most frequently used. Questions were raised concerning the longer-term cost-effectiveness of the repeated use of typical "once-off" chemical

treatments as head lice are known to develop resistance to them. Conversely, a Bug Busting Kit contains fine combs that can be used with ordinary shampoos and conditioners and retained for future use but the kit is not currently available through the GMS scheme.

According to the PHNS, this project signals a need to introduce a change in public health nursing practice in relation to managing head lice and enabling individuals, families, groups or communities to increase and maintain control over their lives and environments through empowerment and choice. It also illustrates how public health nursing can contribute to the HSE's goals relating to value for money and health promotion in primary care (*National Service Plan, 2009*).

For more information about Bug Busting contact: Joyce Ormsby, Assistant Director of Public Health Nursing, Cromcastle Road, Coolock, Dublin 5. **T:** 01-8160313; **F:** 01-8164290; **E:** joyce.ormsby@hse.ie; **W:** [www.hse.ie/eng/newsmedia/2008\\_Archive/Oct\\_2008/Bug\\_Buster\\_Programme\\_Gets\\_Tough\\_on\\_Head\\_Lice\\_.html](http://www.hse.ie/eng/newsmedia/2008_Archive/Oct_2008/Bug_Buster_Programme_Gets_Tough_on_Head_Lice_.html) and [www.hse.ie/eng/Publications/Children\\_and\\_Young\\_People/Bug\\_Busting\\_An\\_Action\\_Research\\_Study\\_to\\_Treat\\_and\\_Prevent\\_Head\\_Lice.html](http://www.hse.ie/eng/Publications/Children_and_Young_People/Bug_Busting_An_Action_Research_Study_to_Treat_and_Prevent_Head_Lice.html).

## Third-Level Education for Professional Development

### Research Activity at TCD

The School of Nursing and Midwifery at Trinity College, Dublin (TCD) was established in September 1996 to enable the development of undergraduate and postgraduate nursing education programmes in the Faculty of Health Sciences (see *NCNM Quarterly Review*, Issue 17). Since that time it has gained international recognition within the nursing and midwifery professions as a centre of excellence not just in teaching, but also in research. This is evident from the large volume of research which has been disseminated, the annual growth in the amount of research funding attracted (over €1.2 million in 2007), and the renown of the School's annual interdisciplinary research conference.

The School is also the national reference point for midwifery research and for research in ageing, dementia and intellectual disability, and enjoys an international reputation in these areas. Other emerging areas of research interests and strengths include cardiovascular

nursing, education, paediatrics, management, substance use and health policy. Key "pillars" or focal points in the development of research capacity have been the establishment of a number of recognised research groups, which include Maternity Care and Women's Health, Ageing, Disability and Palliative Care, and Mental Health. These groups play a pivotal role in advancing the studies of existing researchers and in engaging with and supporting masters' and PhD students. Each research pillar and other research groups are led by a PhD-level group leader, are supported by experienced visiting professors, and have been successful in attracting funding support and in contributing, through publications and presentations, to the knowledge development activities of the school. International networks have been developed within these fields and several collaborative projects are in progress.

Nursing and midwifery research students at TCD comprise 32% of all such students in Ireland. The School

operates a full-time research office which supports the forty-six PhD research students registered at the school. The academic staff contribute to national and international policy and professional development issues through membership of national and international professional bodies and through their work in international publications.

For more information about research programmes and other activities at the School of Nursing and Midwifery, TCD, contact Professor Catherine Comiskey, Director of Research or Catherine McCabe, Director of Academic and Professional Affairs, School of Nursing and Midwifery, TCD, 24 D'Olier Street, Dublin 2. **T:** 01-8962692; **E:** Catherine.comiskey@tcd.ie or camccabe@tcd.ie; **W:** www.tcd.ie/Nursing\_Midwifery/research/

### Development of Postgraduate Programmes at WIT

Working in partnership, the Department of Nursing at Waterford Institute of Technology (WIT) and the Health Service Executive (South) have developed two postgraduate programmes: Programme I is a postgraduate diploma in nursing which provides the student with the option to progress to Programme II (a master's degree). Underpinned by enquiry- and practice-based learning principles, two clinical practice modules constitute 50% of Programme I. These modules are based on the nomenclatures identified by the Commission on Nursing in 1998 (namely, high dependency, rehabilitation and habilitation, medical-surgical, maternal and child health, community health, mental health, and disability) and aim to facilitate the development of professional competence in the student's chosen clinical field.

Following independent role analyses, students identify essential skills and competencies to be developed and integrated into their specialist areas of practice by means of personal learning plans. This method of competency development promotes autonomy, critical analysis, and opportunities for students to contribute actively to service development.

An independent evaluation of this programme was commissioned by WIT, funded by the National Council and conducted by the University of Lincoln. It provided evidence of the positive impact of the programme on service users, service areas and practitioner capability. The researchers, Professor Sarah Owen and Ceire Rochford, concluded that this programme has contributed to a competent practitioner workforce who have demonstrated significant learning and application

in areas such as practice development, transfer of learning to practice, and a willingness to change the *status quo* and culture in their practice areas.

For more information about the postgraduate nursing programmes at WIT and the evaluation contact Frances Finn, Course leader, Department of Nursing, Waterford Institute of Technology, Cork Road, Waterford; **T:** 051-845550; **E:** ffinn@wit.ie; **W:** www.wit.ie; OR Lorraine Murphy, Professional Learning Facilitator, Postgraduate Diploma Office, NMPDU Sub-Offices, St Otteran's Hospital, John's Hill, Waterford; **T:** 051-848690; **E:** lorraine.murphy@hse.ie

### Collaborative Approach to Undergraduate Nursing Education

A new four-year pre-registration Bachelor of Science in Nursing (Hons) Programme was developed by the School of Nursing, Royal College of Surgeons in Ireland (RCSI) in 2008. Taking a unique partnership approach, the RCSI and four private health service providers (Beacon, Bon Secours, Hermitage and Mount Carmel Hospitals) will collaboratively provide education for students of nursing in Ireland. The Programme satisfies the professional regulatory requirements of An Bord Altranais (2005) for registration as a general nurse and meets EU Directive EC/77/453 (EU 1997) and National University of Ireland academic requirements. Applications to the programme will be made through the Central Applications Office and forty students will be enrolled on the initial programme.

The distinctive features of this new programme are as follows. Students will:

- Be provided with clinical experiences in both private and public hospitals, and will undertake their internship in the private partnership hospitals
- Follow the academic year for theoretical input and clinical placements in the private partnership but their medical and specialist placements will occur in the public sector largely outside the normal academic year, thus preventing over-loading of the public system
- Undertake five weeks' clinical field work in primary care and a further four weeks' experience in community health
- Receive most of their biological, physical and social sciences lectures with students undertaking baccalaureate programmes in medicine, pharmacy, physiotherapy and health management, thus availing of opportunities for multidisciplinary education, teaching, interactive assessment methods and research.



This programme is designed to encourage students to examine contemporary nursing and health issues as well as enabling them to focus in depth on aspects of practice within public, private, community and primary care environments, thereby enhancing care delivery to the population. It is expected to commence in 2010.

For more information about the new pre-registration nursing programme at the RCSI contact Dr Marie Carney, Associate Professor of Nursing and Director of Undergraduate Nursing, School of Nursing, Royal College of Surgeons in Ireland, York Street, Dublin 2. **T:** 01-4022751/2445/2206/2202; **E:** mariecarney@rcsi.ie; **W:** www.rcsi.ie.

### Taught Graduate Programmes at UCD

Graduate programmes at the UCD School of Nursing, Midwifery and Health Systems are now fully modularised and offer students a variety of flexible study pathways up to master's level. In addition to its well-established Graduate Diploma and MSc programmes in nursing and midwifery, three new multiprofessional programmes have been developed in the fields of Child and Adolescent Mental Health, Care of Older Persons and Palliative Care; component modules may be taken over a number of years to contribute to a variety of awards up to and including a master's degree.

The School now offers a wide range of Professional Certificates. These are short clinically-focused,

professionally-relevant programmes designed to meet the continuing professional development needs of nurses, midwives and other professionals. They are typically offered over one semester, are accredited at level 9 in the NOAI framework and carry from 7.5 to 15 ECTS (European Credit Transfer System) credits. These credits can contribute towards higher awards up to master's level. Professional Certificates are available in the following areas:

- Clinical Judgment and Pain Management
- Advanced Health Assessment
- Leadership and Strategic Management in Health Systems
- Community Nursing: An Applied Approach
- Managing Chronic Illness Across Settings
- Age-Related Bone and Joint Disorders
- Breast Care Nursing
- Psycho-Oncology Nursing

For further information about these programmes contact: Dr Martin McNamara, Head of Teaching and Learning (Graduate); **T:** 01-7166486; **E:** martin.mcnamara@ucd.ie; OR Michael Connolly, Taught Graduate Programmes Director; **T:** 01-7166474; **E:** michael.connolly@ucd.ie  
UCD School of Nursing, Midwifery & Health Systems, UCD Health Sciences Centre, Belfield, Dublin 4

For more programme information and contact details for specific programme co-ordinators, log on to [http://www.ucd.ie/nmhs/taught\\_graduate\\_programmes\\_list.html](http://www.ucd.ie/nmhs/taught_graduate_programmes_list.html)

## News and Updates

### Clinical Specialist Post-holder Criteria to Change

An audit of clinical nurse/midwife specialist (CNS/CMS) post-holders' qualifications conducted by the National Council in 2008 showed that the proportion of post-holders taking up the post with a *National Framework of Qualifications* level-8 qualification increased from 50% in 2001 to 85% in 2008. In November 2008 the National Council made the decision to change the criteria for applicants for CNS/CMS posts. From September 2010, applicants for CNS/CMS posts will be required to have obtained a level-8 (or higher) post-registration (major award) qualification; the existing arrangement (i.e., the agreement to undertake an appropriate education programme) will no longer pertain.

### Message for Managers: Up-dating Clinical Specialist Job Descriptions

The main functions of a job description are to outline the key functions of a post and provide guidance about the responsibilities of and competencies required by the post-holder. Nursing and midwifery job descriptions have undergone considerable development in Ireland, particularly those pertaining to the clinical career pathway. The creation of the clinical nurse/midwife specialist (CNS/CMS) role has necessitated the analysis of service need and subsequent development of scopes of practice and role description required to meet those needs.

Given that the first CNS/CMS posts were developed and approved almost ten years ago, it is likely that the development of roles and functions of many posts has

been influenced by changes in patients' needs, service requirements and healthcare delivery. Best practice indicates that services should consider up-dating job descriptions to reflect current practice.

A CNS/CMS job description should include the following details:

- Job title
- Grade
- Whole-time equivalent hours
- Reporting relationship(s)
- Location
- Background to the post
- Purpose of the post
- Responsibilities of the post
- Person specification (required qualifications, experience, competencies).

Up-dated job descriptions for approved CNS/CMS posts should be submitted to the director of the nursing and midwifery planning and development unit in the region. Provided that the National Council's criteria for CNS/CMS posts continue to be met, the director will forward the job description to the National Council so that the information held on the national database is current and accurate. Staff at the National Council are pleased to offer advice and guidance on role development and job description definition.

Current guidelines for the development of job descriptions can be found in *Framework for the Establishment of Clinical Nurse/Midwife Specialist Posts - Intermediate Pathway* (4<sup>th</sup> edition, 2008).

### Evaluation of Clinical Specialist and Advanced Practitioner Roles

In 2008 the National Council commissioned a joint research team from Trinity College, Dublin (TCD) and the National University of Ireland, Galway (NUIG) (see Box 1) to undertake an evaluation of clinical nurse/midwife specialist (CNS/CMS) and advanced nurse/midwife practitioner (ANP/AMP) roles. Professor Cecily Begley, TCD, and Professor Kathy Murphy, NUIG, are joint Principal Investigators on the Specialist Clinical and Advanced Practitioners Evaluation (SCAPE) project which has received ethical approval from the TCD, Faculty of Health Sciences' Ethics Committee. The project builds on earlier CNS/CMS and ANP role evaluations conducted by the National Council in 2004 and 2005 respectively.

The aim of the project is to produce a focused evaluation of the clinical services provided by CNSs/CMSs and ANPs/AMPs in Ireland. The main objectives are to:

- Review the literature on the evaluation of healthcare interventions offered by similar post-holders internationally

#### Box 1 Evaluation of Clinical Specialist and Advanced Practitioner Roles: Research Team

<b>Trinity College, Dublin:</b>	<b>National University of Ireland, Galway:</b>
Prof Cecily Begley	Prof Kathy Murphy
Prof Imelda Coyne	Ms Frances Farrelly
Prof Agnes Higgins	Dr Dympna Casey
Dr Joan Lalor	Ms Adeline Cooney
Dr Fintan Sheerin	Dr Maura Dowling
Dr Naomi Elliott	Mr Declan Devane
Prof Catherine Comiskey	Ms Miriam Brennan
Prof Charles Normand	
<b>Clinical Specialist Advisors:</b>	<b>International Consultants:</b>
Mr Colm Bracken, Director of Nursing	Prof Kate Gerrish
Ms Patricia Minnock, ANP (Rheumatology)	Prof Susan Mc Laren
Ms Theresa Frawley, CNS (ENT)	Prof Ian Norman
Ms Nicky Clarke, CMS (Lactation)	Prof Ruth Kleinpell
Ms Helen Burke, ANP (Diabetes),	Prof Michelle Beauchesne
Ms Caroline McGrath, ANP (Pain Management)	
Ms Mary Frances O'Reilly, Director of Nursing	
Mr Tony Fitzpatrick, Regional Nurse Practice Development Co-Ordinator.	



- Develop and validate a tool to determine outcomes for clinical services of CNSs/CMSs and ANPs/AMPs
- Provide a report which will clearly identify clinical outcomes, service delivery and economic implications of specialist and advanced practitioner posts in terms of efficiency and effectiveness of services.

A mixed method research design will be used. Phase 1 will consist of a literature review and Delphi survey involving all CNSs/CMSs and ANPs/AMPs. Phase 2 involves a case study of nine sites, where CNSs/CMSs and ANPs/AMPs are employed, matched with nine sites without such personnel. Data will be collected by observation and interviews. Phase 3 is an interpretative phase including interviews with policy makers and the incorporation of data from all phases.

The project began in December 2008 and will continue for two years. The first round of the Delphi survey will occur in April 2009 and the case study commences in the autumn of 2009.

For more information about the SCAPE project contact: Celena McSweeney, Project Manager (SCAPE), School of Nursing and Midwifery, TCD, 24 D'Olier Street, Dublin 2. **T:** 01-8963936; **E:** cmcsween@tcd.ie; **W:** www.nursing-midwifery.tcd.ie

### Nurse Prescribing of Medical Ionising Radiation

The Health Service Executive (HSE) is making arrangements for the phased implementation of nurse prescribing of ionising radiation. The introduction of this expanded practice for nurses with the authority to request ionising radiation is a significant initiative in the Irish health service and will have implications for the healthcare system as a whole, especially service users in terms of access to services and expediting the patient journey.

Legislative provisions are in place to facilitate nurses as “prescribers” (that is, nurses are enabled to request ionising radiation (X-ray)). An Bord Altránais (ABA) has developed the *Requirements and Standards for Education Programmes for Nurses with Authority to Prescribe Ionising Radiation (X-Ray)* and the education programme was scheduled to be initiated through the Centres for Nurse

Education by the end of 2008. A blended e-learning approach is being explored for future programme delivery. The programme will be open to all nurses who meet the entry criteria as specified by ABA and the HSE.

For further information about nurse prescribing of medical ionising radiation contact **E:** Joan.lennon@hse.ie. *Requirements and Standards for Education Programmes for Nurses with Authority to Prescribe Ionising Radiation (X-Ray)* (An Bord Altránais, February 2008) is available to download from [www.nursingboard.ie](http://www.nursingboard.ie).

### New Discussion Paper on Clinical Supervision

The National Council's first discussion paper ***Clinical Supervision – A Structured Approach to Best Practice*** (September 2008) was written for the purpose of illuminating what is currently known about clinical supervision and its application within nursing and midwifery practice. Although research into the outcomes of clinical supervision is scant, it is recognised as contributing to nurses' clinical practice development and coping skills. This discussion paper enumerates the fourteen programmes funded by the National Council, the evaluations of which indicate that there is increasing interest in clinical supervision even though the concept has been interpreted differently by different services. It also identifies the organisational and individual factors that will promote the successful implementation of clinical supervision, illustrated by three case studies derived from the funded programmes and focusing on the experiences and perspectives of an adult mental health service, clinical nurse specialists, and directors of nursing/midwifery. ***Clinical Supervision – A Structured Approach to Best Practice*** is available on request from the National Council or to download from [www.ncnm.ie](http://www.ncnm.ie).

### National Council's Ninth Annual Conference

The National Council's ninth annual conference will take place at Croke Park Stadium on Wednesday 11 November. Booking, poster presentation and programme details will soon be available on our website ([www.ncnm.ie](http://www.ncnm.ie)). For early booking, see the form on the back page of this issue.

# Publications Update

## Supporting Persons with Intellectual Disabilities and Dementia

*Supporting Persons with Intellectual Disability and Advanced Dementia* (McCarron et al, 2008), is a report on a qualitative study of staff in intellectual disability (ID) services and their experiences of supporting people with ID and advanced dementia. It was determined by the researchers that front-line staff may not always be adequately prepared to provide appropriate care and support to this client group. Accordingly, the research team developed an education programme incorporating paradigms of care of people with ID, cultural competence, person-centred dementia care, palliative and end-of-life care, loss and bereavement, ethical decision-making and reflective practice. The resultant training pack, *Fusing Horizons of Care*, contains a comprehensive manual for trainers, Powerpoint presentations on a compact disc for trainers' use, and a self-directed workbook and hand-outs for course participants (hard copy and compact disc).



The *Fusing Horizons of Care* pack comprises:

- M McCarron, E Fahey-McCarthy, K Connaire & P McCallion (2008) **Supporting Persons with Intellectual Disability and Advanced Dementia: Fusing the Horizons of Intellectual Disability, Dementia and Palliative Care. Report.** School of Nursing and Midwifery, Trinity College, Dublin.
- E Fahey-McCarthy (2008) **Supporting Persons with Intellectual Disability and Advanced Dementia: Fusing the Horizons of Care. An Introductory Education and Training Programme. Trainer's Manual.** School of Nursing and Midwifery, Trinity College, Dublin.

For more information about **Fusing Horizons of Care** contact Caroline Slyne, Senior Executive Officer for Research, School of Nursing and Midwifery, Trinity College, Dublin, 24 D'Olier St, Dublin 2; **T:** 01-8963943; **E:** slynec@tcd.ie; **W:** www.tcd.ie/Nursing\_Midwifery/research/

## Nursing Research – Designs and Methods

In an earlier book review, there was a call for an Irish version of well-known and many editioned research text (see Issue 24, Winter 2006). Already into its second printing, ***Nursing Research – Designs and Methods*** (Watson et al, Eds, 2008) starts to move that agenda forward with six Irish contributors to an author list covering Europe, North America and Australia. I was looking forward to reading a truly international text but instead references within the first few pages to research and policy in the United Kingdom made me begin to doubt that there can ever be such a creature! Luckily such doubts diminished when what became evident was that international authors referred to work from their own countries within their individual chapters. So one step closer, I guess, to a truly international basic research text.



This particular book is divided into four sections: *Approaches to Research, The Process of Research, Research Designs* and *Data Collection and Analysis*. With the first section, historical, feminist and participatory approaches are outlined. This is welcome as most basic texts ignore research approaches that are not of the mainstream. Each chapter is reasonably short, written in accessible language and most chapters contain exercises to engage the reader further by applying the information gained from reading the chapter content. As such, the book is aimed mainly at learner-researchers. Considering this audience, it would have been better for the chapter on supervision to be written solely from a student perspective. In addition, the sequencing of the chapters dealing with synthesising evidence and meta-analysis, I felt, were misplaced as part of the process of research and might have sat better overall as specific research approaches. A lack of a concluding chapter gives an unfinished feeling to the text but considering the broad content, this text book is one for learners to 'dip into' for good introductory outlines to key designs and methods rather than a text to be read from cover to cover. A very useful addition to any student nurse's or midwife's book shelf. **SC**

Roger Watson, Hugh McKenna, Seamus Cowman and John Keady (Eds) (2008) ***Nursing Research – Designs and Methods***. Churchill Livingstone/Elsevier. **W:** www.elsevier.com. ISBN: 13: 978-0-443-10277-6

NATIONAL COUNCIL FOR THE PROFESSIONAL DEVELOPMENT OF NURSING AND MIDWIFERY

# National Conference 2009

## Integrated Health Services/Systems Supporting Patient-Care Pathways

**Venue:** Croke Park Stadium, Dublin 3

**Dates:** Wednesday 11 November 2009

**Time:** 08.30 – 16.00

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