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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
Chairmiúil an Altranais 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 Spring/Summer 2010 edition of *NCNM Review*!

Our regular Health Service Reform Programme slot focuses on the reform of cancer screening services taking place in the context of the *European Partnership for Action against Cancer*. Referring to the Health Information and Quality Authority's evaluation of the use of resources for cancer screening, the article identifies best practice in the area of screening for colorectal cancer and indicates how nurses at all levels can use opportunities to play an important role in this activity. A great deal of progress has been made in recent years in Ireland in the fight against cancer. The National Council is committed to continuing to highlight opportunities for nursing and midwifery to make vital contributions to this work.

Regular readers of the *NCNM Review* will already be aware of the work being done by the National Council in the evaluation of the effectiveness of nursing and midwifery practice. In particular, the National Council is involved in a major study aimed at evaluating the effectiveness of advanced nursing/midwifery practice. A recent opportunity arose to look at how our colleagues in Canada approach this work. An expert in this area, Prof Denise Bryant-Lukosius, spoke at our National Conference in 2009, having facilitated a pre-conference workshop on this topic for advanced nurse and midwife practitioners and their supporters.

The *News and Updates* section of this edition of the Review contains details of the new Statutory Instrument (SI No 3 of 2010) published by the Minister for Health

and Children in January 2010. This instrument is an important milestone in the provision of governance arrangements for advanced nurse/midwife practitioners (ANPs/AMPs). On the strength of this SI, a new division of the Register will be created by An Bord Altranais for the registration of ANPs and AMPs and provisions will be made for the formal accreditation of ANP/AMP posts by An Bord in accordance with criteria set by the National Council. This is a development that will be welcomed by everybody involved in the professional development of nursing and midwifery in Ireland. It is also a mark of recognition of how much has been achieved over the last ten years in the development of advanced practice in nursing and midwifery in this country.

One of the most popular professional development tools introduced by the National Council in recent years has been the *Guidelines for Portfolio Development for Nurses and Midwives*. I am very pleased to be able to announce that a new edition of this resource was published in 2009 (updating the original 2003 and 2006 publications).

Finally, I would like to draw your attention to the date for this year's National Conference. I look forward to meeting many of you again at Croke Park, on Wednesday 10 November 2010 between 08.30 and 16.00. 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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The Cliffs of Moher, County Clare

Health Service Reform Programme: Reforming Cancer Screening Services

Background: European Action on Cancer

Cancer has been a priority issue for European Union (EU) public health policy since 1985. This priority has been reflected in three successive *Europe against Cancer* action programmes. In December 2003, the European Council adopted a Recommendation on cancer screening, which set out fundamental principles of best practice in the early detection of cancer, and invited all EU Member States to take common action to implement national population-based screening programmes for breast, cervical and colorectal cancer, with appropriate quality assurance at all levels. In June 2009 the European Commission reinforced its long-term commitment to the fight against cancer by creating a European Partnership for Action against Cancer (EPAC). The Partnership, which was officially launched in September 2009, is focusing on actions that can be taken at EU level to more effectively prevent and control cancer across Europe. It aims to support countries in their efforts to tackle cancer by providing a framework for identifying and sharing information, capacity and expertise in cancer prevention and control. By taking a partnership approach with a wide range of stakeholders across the EU, EPAC will also help to avoid “scattered” actions and the duplication of efforts by contributing to better use of limited resources available.



HIQA Evaluation of Screening Services

Colorectal cancer (CRC) is the second most frequent malignant disease in Europe; this is also the case in Ireland.

Every year, 412,000 people in Europe are diagnosed with this condition, and 207,000 patients die of it (Zavoral et al, 2009). From 2002 to 2005 an average of 2,040 people were diagnosed with colorectal cancer and 925 people died each year from the disease in Ireland. In line with EU developments, the Minister for Health and Children requested the Health Information and Quality Authority (HIQA) in Ireland to (1) undertake an evaluation of the resources assigned to the current national population-based cancer screening programmes by the National Cancer Screening Services (NCSS) in order to identify efficiencies that might be achieved within the present models and (2) to evaluate colonoscopy services and resources within the Health Service Executive (HSE)

to examine how these could be used or built upon. Among the conclusions published by HIQA in *Report of the Evaluation of the Use of Resources in the National Population-Based Cancer Screening Programmes and Associated Services* (HIQA, 2009) were the following points:

- Formed in 2007, the NCSS has demonstrated ongoing commitment to the development of the national breast and cervical cancer screening programmes, and to ensuring that they are “quality assured” and well governed
- A population-based colorectal cancer screening programme for individuals aged between fifty-five and seventy-four would, when fully implemented, reduce the life-time incidence of the disease by 14.7% and deaths by 36%
- Implementation of a national colorectal screening programme may require a modernisation and re-design of current services, working patterns and behaviours in order to provide maximum utilisation of quality-assured services for the best outcomes for the “screening population” and patients with symptomatic disease.

Introduction of a National Colorectal Screening Service

On 15 January 2010 the Minister for Health and Children approved the commencement of preparation and implementation of Ireland’s first colorectal screening programme. According to an NCSS press release, the initial screening phase of the programme, which targets sixty to sixty-nine year olds, will begin in 2012. The work streams identified by the NCSS include colonoscopy capacity, accreditation and training, quality assurance framework development and implementation, and procurement of faecal immunochemical test service. Further details can be found on the service’s website (www.ncss.ie).

The Role of the Nurse in the National Screening Programme

A model for the implementation of the national colorectal screening programme, drawing on existing capacities in the health system has been proposed by HIQA (see Box 1, page 4). The role of the advanced nurse practitioner (ANP) is specifically identified within the model and it is anticipated that designated sites will appoint ANP candidates to support the national



colorectal screening programme. Anne Murphy is an ANP (Colorectal) at Cork University Hospital and Sharon Hough is an ANP (Gastroenterology) at St James' Hospital, Dublin, accredited by the National Council in 2008 and 2007 respectively. Both perform routine endoscopy procedures on adults, as well as assessing patients, arranging follow-up care and attending multidisciplinary meetings, and their job descriptions (available to download from www.ncnm.ie) anticipate the need for nurses with the appropriate expertise in the screening and management of patients with or at risk of developing colorectal cancers. As with any ANP or advanced midwife practitioner post, nurses and midwives working at any level within the health services can monitor healthcare, epidemiological and economic trends at national and international levels, in order to anticipate how these trends may affect existing nursing/midwifery roles and service provision. They must then form the strategic alliances required at a local level in order to ensure that nurses and midwives can contribute to patient care and service delivery effectively and fully.

Sources and Resources

- Coleman, M P, et al (Eds) (2008) *Responding to the Challenge of Cancer in Europe*. Institute of Public Health of the Republic of Slovenia, Ljubljana.
- European Partnership for Action against Cancer website - http://ec.europa.eu/health/ph_information/dissemination/diseases/cancer_partnership_en.htm
- Ferlay, J, et al (2007) Estimates of the cancer incidence and mortality in Europe in 2006. *Annals of Oncology*, 18(3):581-92
- Health Information and Quality Authority (2009) *Report of the Evaluation of the Use of Resources in the National Population-Based Cancer Screening Programmes and Associated Services*. HIOA, Dublin. Available to download from www.hiqa.ie.
- National Cancer Screening Service (undated) *Implementing Ireland's First National Population-Based Colorectal Cancer Screening Service*. NCCS, Dublin. Available to download from www.cancerscreening.ie.
- Zavoral, M, et al (2009) Colorectal cancer screening in Europe. *World Journal of Gastroenterology*, 15(47):5907-15.

Box 1 Summary of the Key Elements of a Cost-Effective Model for a Colorectal Screening Programme.

- The colonoscopies generated from the screening programme could be delivered in eight to twelve symptomatic service locations across the country
- The NCCS will set the minimum specification for the provision of colorectal screening services and locally-determined proposals will be invited from individual hospitals to become centres to take referrals from the new colorectal cancer screening programme
- It would be appropriate for individual hospitals, and their networks, to decide upon and propose the most effective solution that matches implementation of the programme within their context in terms of the available facilities, resources, staff and activity
- A series of output-based service-level agreements (SLAs) would be established between each individual hospital and the NCCS to deliver the increased work arising from a colorectal cancer screening programme. Under the terms of the SLAs, the NCCS would have responsibility for setting quality assurance and accreditation standards and for auditing the service against these standards
- Use of advanced nurse practitioners in the delivery of the service, as well as longer working days and weekend working, should be considered by each hospital in arriving at its proposal
- Appropriate diagnostic and treatment pathways should be in place for other procedures required as part of the programme (for example, CT colonography or surgery)
- In the pre-implementation phase, a gap analysis to determine any additional consultant radiologist and radiographer expertise and investment in specialised equipment required should be undertaken and addressed
- The additional primary treatments generated by the screening programme should be considered in the work plans for the eight designated cancer centres
- It would be necessary for the NCCS and the wider HSE to work together in order to ensure that quality and time-based performance indicators are developed for the symptomatic colonoscopy service as well as the screening service in order to effectively manage the relationship between the services.

Source: HIOA (2009) *Report of the Evaluation of the Use of Resources in the National Population-Based Cancer Screening Programmes and Associated Services*. HIOA, Dublin.

Evaluating Advanced Nurse/Midwife Practice in Ireland: An International Perspective

Advanced nursing/midwifery practice is now well established in Ireland and the Irish framework for establishing advanced nurse/midwife practitioner (ANP/AMP) posts is well regarded in international nursing and midwifery spheres. The National Council has already completed one evaluation of ANP/AMP roles (*A Preliminary Evaluation of the Role of the Advanced Nurse Practitioner*, National Council, 2005) and a second major study is well under way (see *NCNM Review*, Issues 31 and 32). However, it also rests with individual practitioners to demonstrate the effectiveness of their own roles. To this end, the National Council ran a pre-conference workshop entitled *Evaluation Approaches for Advanced Nurse/Midwife Practitioners* on 10 November 2009. The workshop was facilitated by Professor Denise Bryant-Lukosius, RN, CON(C), BScN, MScN, PhD, an assistant professor in the School of Nursing and the Department of Oncology and Senior Scientist for the Canadian Health Services Research Foundation/Canadian Institute of Health Research Chair Program in Advanced Practice Nursing (APN) at McMaster University, Ontario. She is also the director of the Juravinski Cancer Centre at the newly established Canadian Centre of Excellence in Oncology (APN). Denise has also been involved in a number of national and international research projects and other initiatives that have kept her well informed about progress in the development of advanced nursing practice around the world.

Denise provides a course (*Research Methods for Introducing and Evaluating APN Roles*) that is offered across Canada to graduate students, APNs and healthcare managers. This, in addition to her own experience of being an advanced practice nurse (a Canadian title), meant that her approach to the workshop was credible, practical and practice-oriented. The highly interactive workshop provided an introduction to key concepts and strategies for conducting meaningful evaluations of ANP/AMP roles and the importance of linking the processes of advanced practice role development, implementation and evaluation was also discussed. Small group work and large group discussions gave the thirty-seven participants the opportunity to apply key evaluation concepts to selected case studies. The use of logic models in linking ANP/AMP role planning, implementation and evaluation activities was also highlighted.



Professor Denise Bryant-Lukosius, McMaster University, Ontario.

She generously introduced the participants to a comprehensive package of tools and resources for conducting meaningful evaluations of APN roles. One such resource is her own *PEPPA Framework* (**P**articipatory, **E**vidence-based, **P**atient-centred **P**rocess for developing and evaluating **APN** roles), which has been used to inform education programmes, healthcare policies, and research relevant to advanced practice roles.

After the workshop Denise commented: "Ireland and the National Council are leaders in the field in the use of very systematic, patient-focused and needs-based approaches for introducing advanced nurse practitioners in areas of healthcare where they will have the greatest impact and benefit. The National Council's *Framework for the Establishment of Advanced Nurse Practitioner and Advanced Midwife Practitioner Posts* is an extremely valuable and useful resource.

"The advanced nurse practitioners I met at our pre-conference workshop were very keen and committed to improving healthcare services and outcomes for the patient populations they serve. They had a very strong interdisciplinary team approach and were



expert practitioners in their fields – they are stellar role models for pioneering the introduction of these innovative roles for the Ireland health care system. The National Council’s emphasis on the audit cycle as a feasible and practical approach for nursing and healthcare evaluation and the resources developed to support nurses in evaluating the impact of their care are superb. I will be encouraging our own national nursing association in Canada to develop similar resources.”

The ANPs/AMPs participating in the workshop considered the day very relevant to their work. They also found the event useful for networking with other ANP/AMP colleagues and appreciated the opportunity for collaborative inter-organisational research. The availability of on-line evaluation tools and case scenarios was also of benefit to the participants. Box 2 details the internet resources for ANP/AMP role evaluation.

Box 2 Internet Resources for Advanced Nurse/ Midwife Practitioner Role Evaluation

- Canadian Health Services Research Foundation/Canadian Institute of Health Research Chair Program in Advanced Practice Nursing, McMaster University, Ontario - www.apnnursingchair.mcmaster.ca. Follow the link to the *APN Data Collection Toolkit*
- Oncology Advanced Practice Nursing (OAPN), Juravinski Cancer Centre, Canadian Centre of Excellence in Oncology, Ontario – www.oapn.ca. The *APN Role Implementation Toolkit* with its resources for developing a logic model and an evaluation plan should be available free of charge via this website
- Resources from the workshop which took place in Dublin in November 2009 are available from the National Council’s website (www.ncnm.ie – follow the links to ANP/AMP)

Portfolio Development for Nurses and Midwives

There is accumulating evidence that nurses and midwives are willing to engage in continuing professional development after completing their pre-registration education programmes, despite the absence of any legal or statutory requirement to do so (National Council, *Report on the Continuing Professional Development of Staff Nurses and Midwives*, 2004; Health Service Executive, *Report of the Post-Registration Nursing and Midwifery Education Review Group*, 2008 and *Findings from the Survey of 2007 Nursing Graduates*, 2009). That nurses and midwives are also willing to explore the concept of continuing professional development can be inferred from the speed with which the first and second editions of **Guidelines for Portfolio Development for Nurses and Midwives** (National Council, 2003 and 2006) were requested and dispersed around the country.

The content of the third edition (National Council, November 2009) is shaped by several factors, including the following:

- the National Council’s revision of the frameworks for establishing advanced nurse/midwife

practitioner and clinical nurse/midwife specialist posts in 2007 and 2008;

- the establishment of prescriptive authority for nurses and midwives in Ireland in relation to medicinal products and ionising radiation;
- the priorities of the Health Service Executive’s *Transformation Programme* (HSE, 2006) and the aims and objectives of the HSE’s subsequent corporate and national service plans; and
- the standards for services set by the Health Information and Quality Authority.

Current trends in the health service are influencing personal professional development. There have been calls to ensure that the healthcare workforce is qualified and competent to meet the changing demands of the public. The national health strategy, *Quality and Fairness* (Department of Health and Children, 2001), refers to development of the human resource function within the health system to include skills development, management development and personal development. In 2003 the *Audit of Structures and Functions in the Health System* (“*Prospectus Report*”) (DoHC, 2003) noted that it was critical for professional regulation and training



Box 3 Evidence for a Portfolio Demonstrating Continuing Competence

Practice Standard	Examples of Primary Evidence (items prepared by the nurse/midwife)	Examples of Secondary Evidence (pre-existing items prepared by or in collaboration with others)
The nurse/midwife practises in accordance with relevant legislation, ethics, standards, codes of conduct and scope of practice/decision-making framework	Explanatory statement clarifying your understanding of the links between your role description, scope of practice, reporting relationships and organisational policy	Copy of your current certificate of registration with An Bord Altranais
	Case study in written and/or audio-visual format demonstrating your ability to perform specified clinical tasks	Copy of a transcript relating to a course you have completed from the centre of nurse education or third-level school of nursing where you undertook a course
The nurse/midwife is able to plan and implement care, supervise and manage others, and work effectively as a member of a multidisciplinary team	Copy of a plan for pressure area care you have prepared and implemented for an individual client or group of clients	Copy of your current job description
	Case study photographs illustrating consecutive stages of wound healing	Report on an audit of wound care in your hospital in which you participated
The nurse/midwife participates in and contributes to professional development activities within this hospital	Report on your role in hospital's audit committee	Performance review documentation containing comments on your contribution to improved rates of pressure area prevention
	Copy of your literature review on hand hygiene which was used to update your hospital or unit guidelines	Copy of hospital's information leaflet for staff on hand hygiene

bodies to put in place programmes that would ensure ongoing review of competence of their members.

In 2008 the Commission on Patient Safety and Quality Assurance took this a step further in its consideration of, *inter alia*, systems that would enable employers to "review the qualifications and track records of doctors and other professional staff who are either joining or are already working within their organisations" (also known as *credentialing*) (*Building a Culture of Patient Safety*, Department of Health and Children, p140). The Commission stated that the information that could usefully be contained in a credentialing database in the Irish context might include registration status with a professional regulatory body, specialist registration and results of participation in a competence assurance scheme recognised by a professional regulatory body.

Other agencies endorsing continuing professional development for health service staff are the Mental Health Commission (MHC) and the Health Information and Quality Authority (HIQA). Both agencies have published standards and criteria pertaining to continuing professional development in the following documents:

- *National Quality Assurance Standards for Symptomatic Breast Disease Services* (HIQA, 2006)
- *Quality Framework* (MHC, 2006)
- *National Quality Standards for Residential Care Settings for Older People in Ireland* (HIQA, 2009)
- *National Quality Standards: Residential Services for People with Disabilities* (HIQA, 2009)
- *National Standards for the Prevention and Control of Healthcare Associated Infections* (HIQA, 2009). ➔

As with the previous editions, *Guidelines for Portfolio Development for Nurses and Midwives* is intended to assist nurses and midwives to identify their career goals and personal development needs within the context of the Irish health system. The references have been updated, the original two exemplars of reflection on incidents have been revised and a third added. Also included is an account of the electronic portfolio (e-portfolio) developed on a pilot basis by the Faculty of Nursing and Midwifery at the Royal College of Surgeons in Ireland using the text and templates from the second edition.

New content includes guidance in distinguishing primary evidence of your achievements and continued competency from secondary evidence, i.e., items you have prepared yourself in relation to your practice, study or professional activities (*primary evidence*) versus items prepared by or in collaboration with others such as supervisors, colleagues or clients (*secondary evidence*).

Box 3 (page 7) (taken from *Guidelines for Portfolio Development for Nurses and Midwives*, National Council, 2009) illustrates the two types of evidence relating to sample practice standards.

Another added feature is an exercise in personal development planning in relation to venous cannulation. Finally, a third exemplar of reflection on practice illustrates a staff nurse's experience of integrating research findings into nursing practice in a long-stay residential setting for older people.

The document ***Guidelines for Portfolio Development for Nurses and Midwives*** (National Council, November 2009) and the accompanying CD-ROM are available on request from our office; the content of both can be viewed and downloaded from www.ncnm.ie.

Third-Level Education for Professional Development

Certificate in Nursing (Clinical Research)

For many years the research nurse has played a pivotal role in clinical and health services research. The National Council's study of research roles in Ireland (*Report on the Role of the Nurse or Midwife in Medical-Led Clinical Research*, November 2008) revealed that research nurses have been working in diverse settings, with varying terms, conditions, responsibilities, and levels of educational attainment. The introduction in 2009 of a new level-9 (minor award) programme aimed at preparing nurses and midwives for clinical research roles is therefore timely. Developed by the Faculty of Nursing and Midwifery, Royal College of Surgeons in Ireland, in consultation with the Centre for Clinical Research, Beaumont Hospital, Dublin, the Certificate in Nursing (Clinical Research) is a flexible, modular programme aimed at students from various backgrounds. It aims to provide students with the knowledge, attitudes and competencies commensurate with the demands of clinical research nursing and the clinical research environment.

The course is delivered through blended learning, i.e., in a combination of classroom and web-based learning

environments, and comprises three modules: Research Design and Methodology; Ethics and Regulatory Affairs; and Clinical Research Practice and Management. The strong clinical focus of the programme is evident in the requirement for students to demonstrate competence in the clinical area; this is achieved through completion of a portfolio and a competency schedule under the guidance of a mentor at their chosen research site.

The next programme commences in September 2010 and the closing date for receipt of applications is Friday 14 May 2010.

For more information about the Certificate in Nursing (Clinical Research) contact Deirdre Hyland, Course Co-ordinator, Faculty of Nursing and Midwifery, Royal College of Surgeons in Ireland, York Street, Dublin 2;
T: 01-8093785 or 01-4022445/2206/2202;
E: dhyland@rcsi.ie; **W:** www.rcsi.ie (follow the links to Faculty of Nursing and Midwifery/Certificate in Nursing (Clinical Research)).



New Prescribing Pathways for Advanced Practice Programmes

The School of Nursing, Midwifery and Health Systems (SNMHS) at University College, Dublin (UCD) has integrated prescribing of both medicinal products and ionising radiation into its long-established and highly successful MSc and Graduate Certificate programmes in Advanced Practice. Students can now choose from a range of pathways to become an advanced nurse practitioner with prescribing authority.

For those who wish to study the prescribing components only, the modular system permits entry to a variety of flexible study pathways leading to a range of awards. Blended learning is a feature of all these programmes. Developed with the university's School of Biology and Biological Sciences and with the Diagnostic Imaging staff of its School of Medicine and Medical Science, these programmes build on the pioneering advanced practice nursing programmes developed by the SNMHS since 2001.

For further details on these programmes contact Eileen Furlong, Lecturer/Programme Co-ordinator, UCD School of Nursing, Midwifery and Health Systems. **T:** 01-7166478; **E:** eileen.furlong@ucd.ie; **W:** www.ucd.ie/nmhs.

Post-Registration Bachelor of Nursing Studies – Blended Learning Format

The post-registration Bachelor of Nursing Studies (BNS (Hons)) degree at the School of Nursing, Dublin City University (DCU) has been running successfully since 1997. In 2010 the delivery format will change from face-to-face to blended learning, i.e., a combination of on-line resources and learning activities supplemented by face-to-face tutorials. It is anticipated that this new flexible format will make the programme more attractive to prospective students and have a positive effect on the learning experience of those already enrolled. The on-line resources and activities that will be used can provide opportunities for both individualised and self-directed learning. This will facilitate more flexible participation options and will create new opportunities for collaboration, dialogue and shared knowledge construction between students on the BNS (Hons) programme.

For more information about the post-registration Bachelor of Nursing Studies (Hons) contact Susan Hourican, School of Nursing, Faculty of Science and Health, Dublin City University, Dublin 9; **T:** 01-7005947; **E:** susan.hourican@dcu.ie; **W:** www.dcu.ie/nursing.

Research at the Irish Centre for Nursing and Midwifery History

A programme of research being conducted at the Irish Centre for Nursing and Midwifery History, University College, Dublin (UCD) (see *NCNM Review*, Issue 32) comprises several projects which provide opportunities for graduate research training to master's and PhD level. Current projects include the following:

- *The Health of Hospitals: Sanitary Arrangements and Sanitary Reform in the Dublin Hospitals, 1858–1898*
- *Cultures of Control: An Historical Analysis of the Role of the Infection Control Nurse in Ireland*
- *Where is Nursing in Academic Nursing?: The Visibility of the Discipline on the Websites of Higher Education Institutions*
- *Nursing – An Academic Discipline?: Tutors' Tales of Transition*
- *The General Nursing Council for Ireland: The First Thirty Years of Professional Self-Regulation*

Additional projects are planned including institutional histories and histories of professional nursing organisations. For further information, visit: <http://www.ucd.ie/icnmh/>.

For information about graduate research training opportunities at the UCD Irish Centre for Nursing and Midwifery History, contact Professor Gerard Fealy, Principal Investigator; **T:** 01-7166461; **E:** gerard.fealy@ucd.ie; or Dr Martin McNamara, Principal Associate Investigator; **T:** 01-7166486; **E:** martin.mcnamara@ucd.ie; or Ms Ruth Geraghty, Research Assistant; **T:** 01-7166466; **E:** ruth.geraghty@ucd.ie.

Reducing Occupational Stress in Employment

The Department of Nursing at Waterford Institute of Technology (WIT) is collaborating with nine partner organisations (including the National Federation of Voluntary Bodies, Ireland) from European Union (EU) member states in a European Commission-funded project entitled *Reducing Occupational Stress in Employment* (ROSE). Members of the research team at WIT are Dr John Wells (Team Leader/Head of the Department of Nursing), Dr Margaret Denny, Ms Jennifer Cunningham, Mr John Sheppard and Mr Ross Edwards.

The project is concerned with reducing stress and burnout among trainers working in the vocational sector with people with mental health problems and intellectual disabilities. Using surveys, stress assessment tools and focus groups with potential beneficiaries, the ROSE



project team at WIT is aiming to develop a combined person- and work-directed stress management programme in order to improve the long-term retention of staff in this sector. This on-line user-friendly stress management programme will be available from April 2010 to services and individuals.

In addition to improving rates of staff retention, the ROSE project will provide data and information to support European Commission and local service initiatives on social inclusion, workplace support, policy harmonisation

and mental health in keeping with the priorities of the European Pact for Mental Health and Well-being.

For more information about the ROSE project contact Dr John Wells, Head of Department of Nursing, School of Health Sciences, Waterford Institute of Technology, Cork Rd, Waterford;
T: 051-845542; **E:** jswells@wit.ie;
W: www.wit.ie and www.roseproject.eu.

News and Updates

Publication of Statutory Instrument

On 11 January 2010 Mary Harney, TD, Minister for Health and Children, signed into law *Statutory Instrument (SI) No 3 of 2010: Health (An Bord Altranais) (Additional Functions) Order, 2010*. This SI assigns additional functions to An Bord Altranais in relation to the accreditation of advanced nurse/midwife (ANP/AMP) practitioner posts and the registration of ANPs in an ANP Division of the Register and AMPs in an AMP Division of the Register in accordance with criteria set down by the National Council.

An Bord Altranais and the National Council are engaged in ongoing collaboration with a view to An Bord Altranais implementing these additional functions in a timely manner.

Further information

For updates log on to the respective websites of the National Council (www.ncnm.ie) and An Bord Altranais (www.nursingboard.ie).

To obtain a copy of the SI log on to the website of the Department of Health and Children – http://www.dohc.ie/legislation/statutory_instruments/pdf/si20100003.pdf.

Contacts: Kathleen Walsh, Professional Officer Standards of Practice and Guidance, Education Department, An Bord Altranais; **T:** 01-6398502; **E:** kwalsh@nursingboard.ie; or Kathleen Mac Lellan, Head of Professional Development, National Council; **T:** 01-8825300; **E:** kmaclellan@ncnm.ie.

National Wound Management Guidelines

In October 2009 the Wound Management Association of Ireland (WMAI) and the Health Service Executive (HSE) formally launched the national guidelines for wound management at the WMAI's bi-annual conference. These guidelines were the result of a two-year population health project undertaken by a group chaired by Eithne Cusack (Director, Nursing and Midwifery Planning and Development, HSE, Dublin and Mid-Leinster) and representing acute and primary care, academia and wound care organisations. Guidelines research was provided by Dr Georgina Gethin of the Royal College of Surgeons in Ireland.

Incorporating guidelines from the International Working Group on the Diabetic Foot and the European Pressure Ulcer Advisory Panel, the new Irish guidelines provide evidence-based, up-to-date guidance on general principles of wound management, management of venous and arterial ulcers, diabetic ulcers and pressure ulcers. A thirty-page glossary will help to standardise the terminology used in wound management. The full document includes a literature review, clinical guidelines and resources such as examples of wound assessment charts, assessment tools and an audit tool for benchmarking practice against the guidelines, thus enabling areas for improvement to be identified. A four-page quick reference guide is also available which focuses on the clinical element only.

A new project (the DICE-guideline project) will be launched in 2010 and will involve research into the process of dissemination and implementation of these



guidelines. These are critical elements in the success of any guidelines and given the diversity of locations and specialities that manage all types of wounds it is important to understand the most efficient and effective mechanisms for dissemination and implementation.

For more information about the national wound management guidelines contact Dr Georgina Gethin, Research Co-ordinator/Lecturer, Royal College of Surgeons in Ireland, 123 St Stephen's Green, Dublin 2; **E:** ggethin@rcsi.ie.

The full document and the quick reference guide are available to download via the websites of the Wound Management Association of Ireland (www.wmaoi.ie) and the Health Service Executive (http://www.hse.ie/eng/services/Publications/services/Primary/wound_management.html). Copies can also be obtained by contacting Dr Gethin directly.

All-Ireland Practice and Quality Development Database: Sharing Good Practice

Have you implemented a service development or have you carried out an audit of your service? The National Council maintains a database where you can share your service development, project, knowledge and expertise. The All-Ireland Practice and Quality Development Database is maintained jointly with our colleagues in the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC).

There are many projects on the database which are relevant to other services. One example is the development of documents for the Public Health Nursing Service supporting the delivery of evidence-based care. In another example staff from the Mercy University Hospital in Cork researched the area of pre-operative fasting and entered their findings, originally presented in a poster format, on the database.

Over 100 posters are displayed each year at the National Council's annual conference in November. The content of most of these would be suitable to be entered on the database. If you presented one of these posters, please consider sharing your findings with other healthcare professionals.

It is very easy to share your project. First you must register on the database, which can be accessed via the National Council's website. Then follow the instructions to post the project directly on to the database.

Alternatively you can enter the details on the form provided and e-mail it to the database administrator.

For further information about the All-Ireland Practice and Quality Development Database log on to www.ncnm.ie and follow the links. Otherwise contact Mary Farrelly (**E:** mfarrelly@ncnm.ie) or Sarah Condell (**E:** scondell@ncnm.ie) at the National Council.

Caring for Children with Life-Limiting Conditions

A life-limiting condition in a child is one where there is no reasonable hope of cure and from which the child or young adult will die before the age of eighteen. Every year in Ireland, approximately 1,400 children live with a life-limiting illness and between 350 and 400 children die prior to their eighteenth birthday. The report *A Palliative Care Needs Assessment for Children* (Department of Health and Children and Irish Hospice Foundation, 2005) identified the need for further education and training for all professionals (including over 10,000 nurses) involved in caring for children with life-limiting conditions and supporting their families. In response to this, the Centre of Children's Nurse Education at Our Lady's Children's Hospital, Crumlin (OLCHC) has developed a series of relevant continuing education programmes for nurses, midwives and other healthcare professionals. To date more than 1,000 nurses from all over the country have participated in the programmes which have been held at locations in Cork, Galway, Cavan and Dublin.

Funded by the Irish Hospice Foundation, the suite of programmes comprises a one-day awareness programme (Level A) and a seven-day continuing education programme (Level B). The one-day programme is for nurses, midwives and other health care professionals who provide care for children with life-limiting conditions in such settings as community palliative care, public health nursing, neonatal units, general practice, intellectual disability services and/or voluntary organisations. Topics addressed include healthcare provision for these children, supporting their social and psychological needs, pain and symptom assessment and management, and ethical perspectives. The in-depth seven-day programme is for nurses and midwives directly involved in caring for children with a life-limiting condition where they fulfil the role of a resource person and frequently care for children with life-limiting conditions. The aim of this programme is to provide the participants with additional knowledge, experience, values, beliefs and judgements required to provide supportive and



palliative care for children with life-limiting conditions and their families. The two programmes will be repeated throughout 2010 and available at the four locations stated above.

For further information about the programmes, including dates and locations, log on to the National Council's website or contact Fiona Woods, Programme Co-ordinator (Caring for the Child with a Life-Limiting Condition), Centre of Children's Nurse Education, Our Lady's Children's Hospital, Crumlin, Dublin 12. **T:** 01-4096605 or 4096367; **E:** admin.cllc@olchc.ie .

Putting Patient Safety in the Curriculum

In 2009 the World Health Organisation (WHO) published its *Patient Safety Curriculum Guide for Medical Schools* as a means of supporting medical schools worldwide to implement patient safety education. The eleven topics covered in the curriculum are:

1. Patient safety
2. Human factors and why they important to patient safety
3. Understanding systems and the impact of complexity on patient care
4. Being an effective team player
5. Understanding and learning from errors
6. Understanding and managing clinical risk
7. Introduction to quality improvement methods
8. Engaging with patients and carers
9. Minimising infection through improved infection control
10. Patient safety and invasive procedures
11. Improving medication safety.

Each topic is designed to stand alone, contains content for sixty to ninety minutes' teaching and includes a variety of ideas for implementation and assessment. Work is already underway to widen the scope of the *WHO Patient Safety Curriculum Guide* to include all health professionals. This work is being done in partnership with the International Confederation of Midwives and the International Council of Nurses, *inter alia*, under the auspices of the World Health Professions Alliance.

Here in Ireland the Department of Health and Children (DoHC) is building on the recommendations of the Commission on Patient Safety and Quality Assurance (*Building a Culture of Patient Safety*, 2008) concerning the education, training and continuing

professional development of all healthcare workers, including professionals. An Implementation Steering Group, chaired by Dr Tony Holohan, the Chief Medical Officer at the DoHC, and representative of a range of interests, has established thirteen projects to progress the recommendations in specific areas. The Education and Training project is actively examining the option of adopting the WHO curriculum guide as it develops as a basis for curricula in Ireland.

The Commission's report can be found on the DoHC's website (www.dohc.ie/publications). Plans are in progress to establish a website specific to patient safety issues with links from the DoHC and Health Service Executive's respective websites.

For more information about the WHO's global patient safety campaign and to download patient safety resources log on to www.who.int/patientsafety/en/.

Nurse Migration Project

Active overseas recruitment efforts in the last decade have attracted large numbers of migrant nurses into the Irish health system. Given the current reliance on migrant nurses, retention of them will be a key consideration both for individual employers and for national policy-makers. The Royal College of Surgeons in Ireland (RCSI) is undertaking research on migrant nurses in Ireland. Funded by the Health Research Board (HRB), the project began in 2006 and will conclude in the coming months. There were two phases to the research: (a) a qualitative phase involving in-depth interviews with migrant nurses and (b) a quantitative survey of 337 migrant nurses. Three policy briefs relating to the findings of the study were published in December 2008 and cover such topics as reasons why Ireland might lose migrant nurses to other developed countries and the career progression of migrant nurses within the Irish health system.

For more information about the Nurse Migration Project contact Dr Niamh Humphries, Division of Population Health Sciences, RCSI; **E:** nhumphries@rcsi.ie.

To download the policy briefs log on to <http://tinyurl.com/NiamhHumphries>.

Nursing and Midwifery Planning and Development Units

National Training Programme in Ear Care

The problems caused by accumulated or impacted ear wax include tinnitus, hearing loss, vertigo, pain and discharge. One method of treatment is irrigation, but practitioners may have received limited formal training in the safe management of ear care problems and the appropriate use of equipment. Although ear care training programmes have been provided by the Royal Victoria Eye and Ear Hospital (RVEEH) in Dublin, there were difficulties in accommodating the large numbers seeking to undertake the programmes and for those having to travel to and from the capital. Professional development co-ordinators (PDCs) for practice nursing based in the NMPDUs and Primary Care Units around the country came together to find alternative solutions, one such being the provision of several one-day *Clinical Excellence in Ear Care* study days at different locations, funded by the National Council from 2005 to 2008.

Meanwhile, nursing practice development co-ordinators working in older person, intellectual disability and mental health services also recognised the need to improve ear care for their service users. In line with the Health Service Executive's (HSE, *Transformation Programme*, 2006) requirement for delivery of optimal and cost-effective services, the PDCs decided to take a strategic and nationally co-ordinated approach to the provision of training in ear care. The chairperson of their group approached the School of Nursing at the RVEEH to explore the development of a standardised national ear care training programme. This led to the commencement of the first train-the-trainers programme in ear care in October 2009. There are currently twelve nurse trainers and the first programmes were delivered in January 2010, with additional programmes later in the year to be delivered at the centres of nursing and midwifery education or by the PDCs.

For more information about training in ear care or the national group of PDCs for practice nurses, contact Patricia McQuillan, Professional Development Co-ordinator for Practice Nurses, NMPDU, HSE (South), Office Complex, Kilcreene Hospital Grounds, Kilkenny; **T:** 056-7785613 or 087-2281548. Alternatively, contact your local centre of nursing and midwifery education for details of training programmes in your area.



The Supported Training Service, St Dymphna's Hospital, Carlow (photographed in January 2010!)

Developing a Supported Training Service

The Supported Training Service (STS) at St Dymphna's Hospital, Carlow was established to support, activate and provide training for users of mental health services. The STS provides a safe and stimulating environment in which therapeutic non-aversive therapies are conducted. A number of vocational training and lifestyle courses are also available in such areas as information and communications technology, personal development, creative arts, stress management and relaxation, and household management. To be accepted into the STS on a two-month trial basis initially, clients must meet certain criteria, including having the ability to comply with daily routines and to apply themselves to and benefit from training.

The underlying philosophy of the service is to recognise, respond to, and respect the individuality and contribution of each person (clients and staff alike), with the aim of improving clients' social and psychological functioning. Individualised plans of care are developed and evaluated in response to clients' specific needs. Clients can practise the skills they have acquired from the various training programmes in unsupervised clubs in informal settings. Clients' recent achievements include successful participation in a "soccer blitz" and an exhibition of their artwork.

The STS is committed to providing a training programme that does not discriminate on any of the nine grounds covered by equality legislation. The unit itself is staffed by three full-time staff – a clinical nurse manager, a horticulturist and an art tutor – and additional tutors



attend on a daily basis. Regular staff and client meetings take place, aimed at ensuring that clients are involved in the ongoing development and improvement of services. One such development will be the commencement of Further Education and Training Awards Council level-3 courses in March to April 2010. Other changes will be driven by a national review of the type of work or activation provided in similar units and a review of applicability of the standards used for service audit, currently aspects of the ISO 9000 family of quality standards.

For more information about the Supported Training Service at St Dymphna's Hospital, Carlow contact Sharon Nolan, Clinical Nurse Manager, Supported Training Service, St Dymphna's Hospital, Carlow; **T:** 059-9136347/29; **E:** Sharon.nolan@hse.ie.

Post-Registration Clinical Competency Pathway

A clinical skills programme for nurses entering specialised areas of practice has been developed, implemented and evaluated by the NMPDU, Kilkenny in collaboration with the Regional Centre of Nurse Education (RCNE) in Waterford. The aim of the three-phase Post-Registration Clinical Competency Pathway (PRCCP) is to support registered nurses as they progress along a specialised clinical career pathway. The *Clinical Nurse/Midwife Specialist Role Resource Pack* developed by the NMPDU in Kilkenny and the National Council (2008) is a valuable resource for the programme.

Phase I focuses on the development of foundation-level specialised nursing competencies. A coalition between clinicians, the NMPDU and the RCNE provides the expertise in the development of the competencies associated with the five core concepts of the clinical nurse specialist (CNS) role, namely clinical focus, advocacy, education and training, research/audit and consultancy (National Council, *Framework for the Establishment of Clinical Nurse/Midwife Specialist Posts*, 2008). These five concepts form a consistent framework for competency development throughout the three phases of the PRCCP. Competencies are developed further and consolidated in Phase II, by the end of which the nurses and services alike have tangible evidence that nurses are practising at a competent practitioner level. In Phase III nurses are encouraged to work towards expert practice, a process that can be supported through postgraduate education and has been facilitated by the adaptation of mechanisms for accreditation of prior experiential learning at the Department of Nursing in Waterford Institute of Technology.

Phases of the PRCCP programme have been implemented in acute and mental health nursing services. Phase II of a PRCCP in High Dependency and Ventilation Support is currently being facilitated in three acute centres across the South East. By engaging with the PRCCP, services can provide a pathway for nurses to develop their practice while promoting and maintaining quality and consistency in care delivery.

For further information about the Post-registration Clinical Competency Pathway contact Lorraine Murphy, Nursing and Midwifery Planning and Development Officer, NMPDU Offices, St Otteran's Hospital, John's Hill, Waterford; **T:** 087-9923233; **E:** LorraineW.Murphy@hse.ie; OR Miriam Bell, Specialist Co-ordinator, Centre of Nurse Education, HSE (South), Education Centre, Waterford Regional Hospital, Dunmore Road, Waterford; **T:** 086-0436486; **E:** Miriam.Bell@hse.ie.

Documenting Nursing Care in Addiction Services

The Addiction Services in the south-western area of the Health Service Executive (HSE, Dublin and Mid-Leinster) employ fourteen nurses across twenty-eight clinics and provide services to 2,418 clients. These clients may present with secondary health and psychosocial problems when they commence on treatment programmes and will require very specific care and treatment plans based on assessments of their individual needs. Nurses and midwives have an important professional role to play in the establishment and maintenance of accurate, clear and current records, including care plans for clients of addiction services. In 2007 the Care Plan Committee of the HSE (Dublin and Mid-Leinster) Community Addiction Services was reconvened for the purpose of reviewing existing care plans with reference to models of nursing, user-friendliness and client-centredness.

The Roy Adaptation Model of Nursing was found to suit the nursing care-planning requirements. A comprehensive initial assessment form was then created, including physical, psychological and forensic assessments, which would enable nurses to create personalised care plans for clients addressing the shared and separate goals of both parties. Thirteen different care plans were developed in relation to such areas as sexually transmitted and blood-borne infections, medication management (contraception, anticoagulants, etc), pregnancy and wound care. Each care plan is designed around the individual client's needs, defines any condition he or she presents with, outlines its





Care Plan Committee, Addiction Services, Bridge House, Dublin: Ruth Beatty, Stephanie Maloney, Maura Maye, Orla Power, and Rose Sheppard

symptoms and offers guidelines for performing ongoing assessment and therapeutic interventions.

The care plans were piloted in two clinics and adjusted as required before being presented by the Care Plan Committee at the nurses' meeting held in December 2007. The new care plans were implemented in February 2008, reviewed in June 2009 and audited three months later with reference to An Bord Altranais' (2002) *Recording Clinical Practice Guidelines* and using an electronic system as part of the service's annual

Box 4 Enhancing Documentation: Addiction Service Practice Example

Questions Asked in the Review of New Care Plans, June 2009

- How frequently was the care plan used?
- What did you like about the care plan?
- What did you dislike about the care plan?
- What changes would you make?

Questions Asked in the Documentation Audit, September 2009

1. Are entries in black ink?
2. Is each entry dated?
3. Is each entry timed?
4. Is each entry signed?
5. Are entries close together?
6. Are errors crossed out with a straight line?
7. Are errors signed?
8. Are full signatures used (i.e., no initials)?
9. Is there an index of initials and signatures?
10. Are the signatures of new staff added to the signature index within one week of commencement?
11. Is the status of the person recorded?

documentation audit (see Box 4). At the request of the nursing team, three more care plans were introduced relating to seizures, elevated mood and pandemic (H1N1) 2009. A subsequent monthly meeting for nursing staff consisted of a presentation of the audit results and an education session on documentation. Following on from this a policy on nursing documentation of client care was developed and implemented. The new care plans have been circulated to the nurses working in the HSE's Addiction Services in the north Dublin area, practice nurses and nurses in homeless persons' units.

For more information about the care plan documentation project contact Rose Sheppard, Clinical Nurse Manager, Addiction Services, HSE (Dublin and Mid-Leinster), Bridge House, Cherry Orchard Hospital, Ballyfermot, Dublin 10; **T:** 01-6206486; **E:** rose.sheppard@hse.ie.

Building Capacity in Caring for People with Long-Term Conditions

With funding from the National Council, the NMPDU in Ballyshannon commenced testing a new integrated model for the management of long-term conditions in Ireland. Work formally commenced on this three-year programme in September 2009, with the initial phases focused upon piloting the programme within a network area in Co Donegal. The approach adopted within this programme is underpinned by the principles outlined in the national policy *Tackling Chronic Disease – A Policy Framework for the Management of Chronic Diseases* (Department of Health and Children, 2008). These include:

- The focus on population-directed disease prevention and health promotion
- The need to develop structured, planned care for patients with long-term chronic conditions
- The use of information systems and registers to plan and evaluate care for individuals with chronic disease
- The requirement to support and strengthen self-care
- The need to develop a model of shared care that is integrated across organisational boundaries
- Provision of supportive clinical decision systems such as guidelines for the management of chronic disease
- Planning care that is delivered in the appropriate setting
- Using multidisciplinary teams in the provision of care
- Providing a monitoring and evaluation framework for chronic disease programmes.



Developing the model will involve taking a whole systems approach to the management and delivery of care to patients with specific long-term conditions as well as incorporating a generic response to the common elements of all long-term conditions. It will also entail a re-examination of nursing roles to reflect the requirements of an integrated and shared approach to care of people with long-term conditions. Appointed in August 2009, Lynn Stoddart (the lead nurse for long-term conditions) is responsible for the development of health systems and processes to enable effective multidisciplinary and cross-sectoral management of patients. She will be supported by a steering group representing all stakeholder groups.

Further support for this project from the University of Ulster has led to collaborative working relationships with personnel in the Health and Personal Social Services in Northern Ireland. A mixed method approach underpinned by realistic evaluation will be adopted to assess the processes and outcomes of the programme. If the findings show that these are effective in improving care delivery, the model will then be rolled out across more primary care networks in Co Donegal.

For more information about the integrated model for the management of long-term conditions, contact Lynn Stoddart, Nurse Lead for Long-Term Conditions, Public Health Department, Bishop St, Ballyshannon, Co Donegal; **T:** 071-9852900; **E:** lynnstoddart@hse.ie; or Randal Parlour, Assistant Director, NMPDU, HSE (West), Iona House, Ballyshannon, Co Donegal; **T:** 07198-22106; **E:** Randal.parlour@hse.ie.

Standardising Venepuncture and Cannulation Skills

A national standardised and evidence-based approach for the education and training of nurses and midwives in the skills of venepuncture and peripheral intravenous cannulation has been developed by the Office of the Nursing Services Director (ONSD) at the Health Service Executive (HSE). The document *A Guiding Framework for Education, Training and Competence Validation in Venepuncture and Peripheral Intravenous Cannulation for Nurses and Midwives* (ONSD, 2010) will facilitate the transferability of these skills across HSE services. This framework will also support nurses and midwives, healthcare managers and educators in the implementation of venepuncture and peripheral intravenous cannulation in their organisations, thereby ensuring that patients using services throughout the country can benefit from the same high standards of care

and service. In addition, national clinical policies and procedural guidelines for adults and children have been developed for adaptation and use at a local level.

Two electronic learning (e-learning) modules are available on the HSE's learning and development website (www.HSEland.ie) and can be accessed by nurses and midwives all around Ireland. The accompanying learner handbooks outline the skill pathway to competence in the work environment. The skill pathway contains information on:

- Taking the e-learning module and on-line self-assessment
- Sitting a written clinical knowledge assessment (multiple choice examination)
- Attending a skills demonstration and practice session
- Undertaking supervised clinical practice in the workplace
- The final competence assessment to confirm competence achievement.

Documents supporting this initiative are available from the publications section of the HSE's website (www.hse.ie/eng/Publications/).



For more information about venepuncture and peripheral intravenous cannulation, contact Anne Gallen, Director of Nursing, Midwifery Planning and Development, Iona House, Main Street, Ballyshannon, Co Donegal; **T:** 07198-22106; **E:** anne.gallen@hse.ie; **W:** (HSE intranet) http://hsenet.hse.ie/HSE_Central/Quality_and_Clinical_Care/Nursing_Services/ and www.hse.ie/eng/Publications/.

Clinical Leadership Programme Update

In 2007 it was reported in the *NCNM Quarterly Review* (Issue 26) that the NMPDU in Limerick had launched a pilot programme based on the Royal College of



Nursing's (RCN) Clinical Leadership Programme, aimed at developing clinical leaders in nursing and midwifery. Three years later another twenty-two clinical nurse and midwife managers in the mid-western region are undertaking the second programme, ten of whom are from integrated service settings and twelve from acute services. The participants' chosen projects are aligned to local and national service priorities. The close of this programme is taking place on 25 March at the Milford Care Centre, Castletroy, Limerick, where participants are displaying poster presentations on their projects.

Michael Hunt, a clinical nurse manager (CNM) at the Daughters of Charity Intellectual Disability Service, Lisnagry has been involved in the establishment of an early evening care service (i.e., from 4-6pm) within the respite service. This service facilitates families to

maintain normal working hours and was achieved on a cost-neutral basis by amending the duty roster hours. At the Mid-Western Regional Hospital, Limerick Marie Byrne, a CNM in the operating theatre, was able to develop an anaesthetic competence assessment tool in order to enhance the relevant competencies of the peri-operative nurse and thereby ensure greater levels of patient safety. Other projects undertaken for the second Clinical Leadership Programme are listed in Box 5.

For more information about the RCN Clinical Leadership Programme in the Mid West, contact Annette Connolly, Clinical Leadership Facilitator, NMPDU, HSE (West), 31-33 Catherine Street, Limerick; **T:** 061-483251 or 086-0470863; **E:** annette.connolly@hse.ie.

Box 5 Clinical Leadership Programme, 2009-2010, NMPDU, Limerick: Sample Service Improvement Projects

Projects from the Acute Services

- Preparation for an advanced nurse practitioner post at the Emergency Department, Mid-Western Regional Hospital, Ennis
- Development of the ante-natal service in the Mid-Western Regional Maternity Hospital, Limerick
- Developing information leaflets on gastroscopy procedures at Mid-Western Regional Hospital, Nenagh
- Assessing the effects of the reconfiguration process at the Acute Medical Assessment Unit, Mid-Western Regional Hospital, Dooradoyle, Limerick.
- Reconfiguration of the Paediatric Orthopaedic Service in HSE (West)

Projects from the Integrated Services

- Facilitating optimum uptake of multidisciplinary service components at Milford Care Centre, Limerick.
- The provision of a new patient-centred community-based catheterisation service in Thurles
- The introduction of assertive community treatment in the Adult Mental Health Services, Limerick
- Using a home care record in North Tipperary, East Limerick and Limerick
- The development of a structured therapeutic programme in the Day Centre, Community Rehabilitation Service, Ennis

Working with People with Autism

The term *autism spectrum disorders* (ASD) denotes those specific pervasive developmental disorders that have a substantial and functionally restrictive effect on the individual and their family, particularly in relation to social interaction and communication. In Ireland approximately one child in every hundred has an ASD. In line with international recommendations concerning person-centred and evidence-based service delivery, staff at the Centre for Nursing and Midwifery Education (CNME), Letterkenny have developed an educational course entitled *Working with People with Autism* in collaboration with the Donegal Intellectual Disability Service. Funded by the National Council, the course aims to address those issues that are most relevant to service users, families, and nursing staff employed in direct service provision and multidisciplinary teams, and emphasises internationally recognised standards



Presenters and participants in the *Working with People with Autism* course at the Centre for Nursing and Midwifery Education, Letterkenny. ➔

of best practice, evidence-based interventions and human rights. Eminent speakers so far have included Dr Mickey Keenan, University of Ulster, Fellow of the British Psychological Society, Board Certified Behaviour Analyst, and Fellow of the Higher Education Academy; Dr Laurence Taggart, Institute of Nursing Research, School of Nursing, University of Ulster; and Dr Ken Kerr, Consultant Behaviour Analyst, Director of Developing Ability in Partnership.

The first twelve participants from the Donegal Intellectual Disability Service commenced the module in December 2009. Their evaluations to date have been very positive and they have been inspired to initiate

service developments that will meet the needs of adults with autism.

For further information on the *Working with People with Autism* course please contact Martina Conway, Specialist Co-ordinator, CNME, St Conal's Hospital, Letterkenny, Co Donegal; **T:** 074-9188883; **E:** martinaa.conway@hse.ie; OR

Alvin Doherty, Project Officer, Donegal Intellectual Disability Service; **T:** 074-9188371; **E:** alvin.doherty@hse.ie.

Publications Update

National Guidelines for the Protection and Welfare of Children

Children, because of their dependency and immaturity, are vulnerable to abuse in its various forms, namely neglect and emotional, physical and sexual abuse. Parents or guardians have primary responsibility for the care and protection of their children, but when they do not, or cannot, fulfil this responsibility, it may be necessary for the Child Welfare and Protection Services of the Health Service Executive to intervene to ensure that children are adequately protected. The *Children First: National Guidelines for the Protection and Welfare of Children* were first introduced in Ireland in 1999 and revised in 2009. Published in January 2010 by the Office of the Minister for Children and Youth Affairs, the new guidelines will contribute to a uniform and consistent approach to child protection and welfare and will assist in the identification and reporting of abuse by those who have regular contact with children, such as healthcare professionals. Nurses and midwives can play a vital role in recognising signs of abuse (public health nurses are specifically identified).

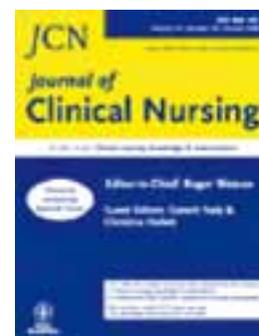
In addition to being alert to the possibility of child abuse, professionals working with children in the provision of health and social services should interpret their duty of care in relation to the welfare of children to ensure that, as far as is practicable, children are facilitated to avail of those services for which they are eligible. Of the eleven key principles of best practice in child protection, the first best sums up the approach to be taken: the welfare of the child is of

paramount importance. The *Children First* guidelines state that every organisation providing services for children – public and private, statutory and voluntary – should develop guidance and procedures for staff and/or volunteers who may have reasonable grounds for concern about the safety and welfare of children involved with the organisation. These procedures should not deviate from the national guidelines, but may offer further elaboration to ensure local relevance and applicability.

Office of the Minister for Children and Youth Affairs (2009) ***Children First: National Guidelines for the Protection and Welfare of Children***. Stationery Office, Dublin. Available to download from www.omc.gov.ie.

Journal of Clinical Nursing: Special Themed Issue

In October 2009 the Journal of Clinical Nursing published a special themed issue on the topic of historical scholarship. Dr Christine Hallett, Director, UK Centre for the History of Nursing and Midwifery, and Professor Gerard Fealy, Director, UCD Irish Centre for Nursing and Midwifery History, compiled and edited the special issue, which contains eleven articles



commissioned from some of the leading international scholars in the field. In their editorial, Hallett and Fealy comment on power brokerage in the development of modern nursing and suggest that nursing's power brokers could have a profound influence on both clinical practice and disciplinary development.

For more information log on to <http://www3.interscience.wiley.com/journal/122591193/issue>

Research Resource

Funding Awards

Two midwives from the National University of Ireland, Galway (NUIG) have been awarded Health Research Board (HRB)-Cochrane Fellowships. They are Anne Fallon for her review entitled *Scheduled versus Infant-led Breastfeeding for Healthy Newborns* and Deirdre van der Putten for *Alternative and Complementary Therapies for Shortening Labour*. Ireland is the only country in the world that runs a Cochrane Fellowship scheme aimed at incentivising individuals to conduct systematic reviews for inclusion in the Cochrane Library. The Fellowship provides the Fellow with protected time of up to two days per week for up to two years to conduct a Cochrane systematic review in any topic of their choice within the health arena. Fellows also receive intensive and continuous training as part of the Fellowship (provided by the UK Cochrane Centre Training Unit).

In addition, the *National Council-HRB Junior Clinician Scientist* award was made to psychiatric nurse Sean Boland for his PhD study entitled *The Constituents of Meaningful Dialogue between Nurses and People who are Experiencing Acute Psychosis*. Sean is registered with the School of Nursing, Dublin City University. The purpose of this award is to enable clinical nurse/midwife specialists or advanced nurse/midwife practitioners in Ireland to remain in practice while conducting research leading to a postgraduate research degree at masters' or doctoral level by providing protected time.

National Council's On-Line Research Database

The National Council has developed an on-line database for completed research conducted in Ireland. It is available from www.ncnm.ie. The research abstracts submitted must have already been through a review process, e.g., a funding application process, receipt of a commission or the award of a master's

degree or doctorate. In addition, details of journal publications from the research can be included so that searchers can access further information. The submitted abstracts can be searched by keywords, subject area, titles and authors. At the end of January 2010, sixty-eight abstracts were available for searching. A guidance document on how to use the On-Line Research Database and videos of the steps involved are available on the *How this database works* webpage.



Research Strategy

A report on the attainments of the five-year *Research Strategy for Nursing and Midwifery in Ireland (2003)* was submitted to the Chief Nurse, Department of Health and Children (DoHC) in September 2009. It details the completion or ongoing work of the twenty-one recommendations from the strategy which place nursing and midwifery as active contributors to the new health research agenda. The report is due for publication shortly. In the meantime, a new strategic direction for health research that positions healthcare professionals as being actively involved in the health research system is the vision from the DoHC's *Action Plan for Health Research, 2009-2013*. (The report is available at http://www.dohc.ie/publications/health_research_action_plan.html). It is complemented by the *HRB Strategic Business Plan, 2010-2014* which sets out four strategic goals over the lifetime of the plan and which involves shifting funding from basic research to patient-orientated, clinical, health services and population health research. The HRB's strategic plan is available to download from <http://www.hrb.ie/about/corporate/corporate-strategy/>.

Nurse Prescribing in an Emergency Department: The Advanced Nurse Practitioner Perspective

The introduction of prescriptive authority for nurses and midwives is a significant development for nursing and midwifery practice in Ireland, patients, service users and service providers. Improved outcomes associated with nurse and midwife prescribing are well documented and include greater satisfaction among patients arising from improved accessibility to medications and more cost-effective management of medications. The advanced nurse practitioner (ANP) service in the emergency department at the Mater Misericordiae University Hospital (MMUH), Dublin was established in 2000 to enhance the care provided to patients who present with a minor injury or illness. The five ANPs currently operating this service are Bernadette Carpenter, Ciaran Conlon, Paula McBrearty, Eithne Mullen and Cora O'Connor, all of whom are now registered nurse prescribers (RNPs). In this article they outline the development of nurse prescribing at the hospital, the impact it has had on the service they provide and the governance structures that have been put in place to ensure continued patient safety.

Nurse prescribing at the MMUH's emergency department (ED) began with a pilot project in 2003 requiring effective collaboration with the hospital's Drugs and Therapeutics Committee (DTC), the Nursing Practice Development Unit, Risk Management, medical consultants and nurses working in the ED. In 2007 the introduction of legislation concerning prescriptive authority for nurses and midwives advanced the progression of nurse prescribing in Ireland as a whole and for us in particular, as at that time three ANPs commenced the Certificate in Nursing (Nurse/Midwife Prescribing) at the Royal College of Surgeons in Ireland. One consequence of the legislation for us was the formulation of a collaborative practice agreement (CPA) (see Box 6) following consultation with the consultants in emergency medicine and the DTC.

The impact of nurse prescribing upon patient care is illustrated using a case scenario (see Box 7, page 22). As ANPs in emergency nursing with a designated caseload comprising patients with a minor injury or illness, we perform a comprehensive physical assessment in order to diagnose, manage and treat within our defined

Box 6 Collaborative Practice Agreements for Nurses and Midwives with Prescriptive Authority

The CPA is an integral component of prescriptive authority in that it formalises the collaboration between the RNP, the nominated medical consultants and relevant stakeholders. In accordance with An Bord Altranais' document *Collaborative Practice Agreement for Nurse and Midwives with Prescriptive Authority* (2007) the CPA details the RNP's scope of practice within the clinical arena, contains a record of the inter-professional communication process within the healthcare facility, demonstrates adherence to the specified legal requirements and provides a template from which an audit and evaluation of practice may be developed. It details those specific medications for which the individual RNP has the authority to prescribe.

Source: An Bord Altranais (2007), *Collaborative Practice Agreement for Nurse and Midwives with Prescriptive Authority* (2nd ed), An Bord Altranais, Dublin. This document should be read in conjunction with An Bord Altranais' *Practice Standards for Nurses and Midwives with Prescriptive Authority* and *Decision-Making Framework for Nurse and Midwife Prescribing*, both of which were also published in 2007. All three documents are available to download from www.nursingboard.ie.

scope of practice. Advice is given to this patient group regarding the management of their injury or illness together with pharmacological and non-pharmacological interventions. As RNPs we now include education and advice with regard to the medications we prescribe, for example, oral analgesia, tetanus toxoid vaccinations, immunoglobulin and local anaesthesia.

For us as a small cohort of ANPs the authority to prescribe further enhances our autonomy (see Figure 1, page 21) in the treatment of the patient with a minor injury or illness patient and expedites access to appropriate medications for our designated patients. It facilitates the holistic care we provide and reduces our reliance on our medical colleagues for prescriptions in our



already busy emergency department. In addition, the prescribing of medicinal products for our patients implies a further expansion of our roles. This role expansion has implications for our practice, education, research and audit of our practice. With regard to clinical practice, one issue that posed a difficulty for us was the area of prescribing, administration and supply of medications. Practice Standard 6 (An Bord Altranais, 2007, *Practice Standards for Nurses and Midwives with Prescriptive Authority*) stipulates that these activities should remain separate. As autonomous practitioners we assess, treat and discharge patients within our remit and to do this efficiently and effectively it is essential that we can prescribe, supply and administer the required medications, for example, the infiltration of local anaesthesia lidocaine 1-2 % prior to suturing. Following discussions with the relevant stakeholders it was recognised that the ANPs with prescriptive authority in this particular service perform a combination of these activities routinely and consequently a procedure of dual checking for each medication was developed. This procedure is now adhered to and ensures safe prescribing practice. The MMUH's *Policy for Registered Nurse Prescribing* (2008) has been amended to reflect this change in practice.

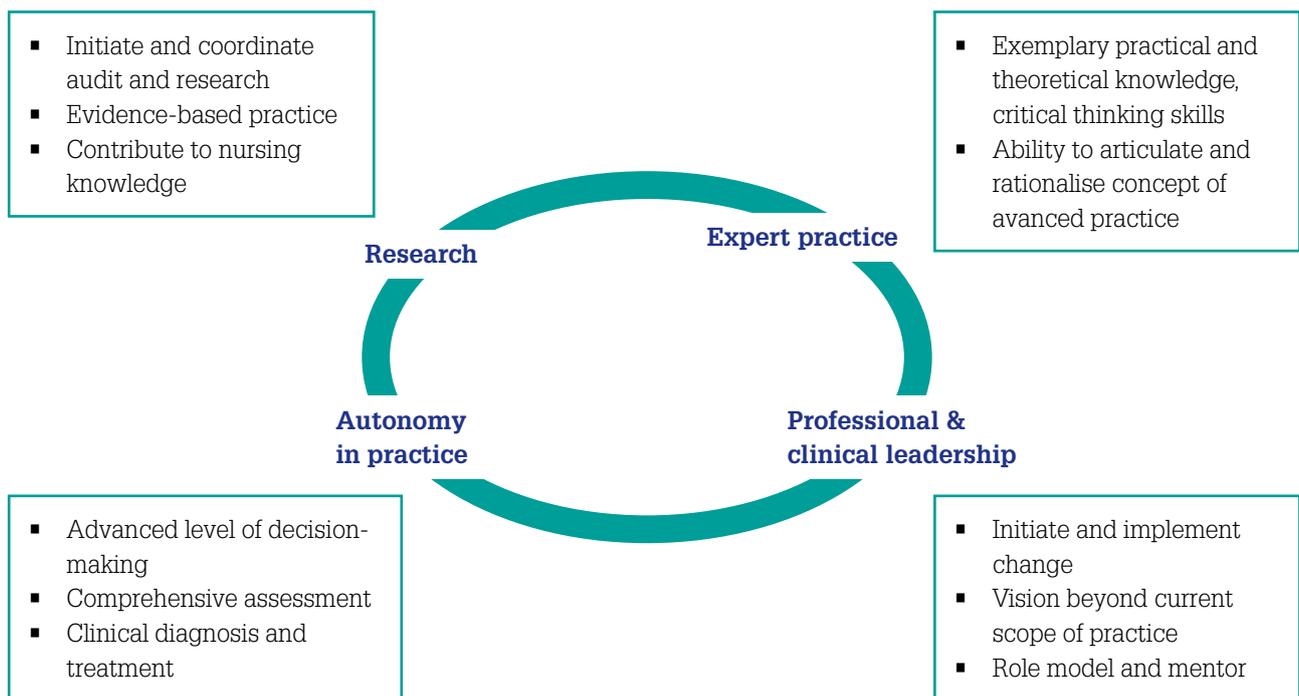
As a group we are aware that in order to prescribe safely we must be able to integrate an in-depth

knowledge of pharmacology, medication history and physical assessment skills. The Certificate in Nursing (Nurse/Midwife Prescribing) provided us with a thorough grounding in pharmacodynamics and pharmacokinetics and we are developing our clinical expertise by reflecting upon our prescribing practice. Random in-hospital audits and mandatory audits undertaken for the Health Service Executive's (HSE) *Nurse and Midwife Prescribing Data Collection System* and *National Nurse and Midwife Prescribing Minimum Dataset* (see *NCNM Review*, Issue 29) along with the renewal of MMUH's *ANP Guidelines for the Prescription of Medication* (2008) will assist in ensuring our continued competence.

These measures also contribute to the clinical governance of nurse prescribing within our service. Not only are we subject to the national audit systems, we are also benefiting from an in-hospital audit tool developed by Nursing Practice Development Unit and the DTC. This was first implemented three months after the ANP/RNP commenced prescribing and is now reviewed annually prior to the renewal of each CPA. As a result of this local audit we are working to develop a tool that will reflect a clinical rationale for each prescription that we write. This will facilitate further in-depth audit of our prescribing practice.

Figure 1. Core Concepts of the Advanced Nurse/Midwife Practitioner Role. Source: National Council (2008), *Framework for the Establishment of Advanced Nurse Practitioner and Advanced Midwife Practitioner Posts* (4th ed).

Core Concepts of the Advanced Nurse/Midwife Practitioner Role



Box 7 Case Scenario: Nurse Prescribing in the Emergency Department

Presenting complaint	Minor head injury and scalp laceration
History presenting complaint	A seventeen year old male jumped up and hit his head off the doorpost in school this morning and sustained a scalp laceration. No loss of consciousness reported. No other injuries reported. His mother accompanied him to the ED.
Past medical/surgical history	Nil
Medications	Nil
Allergies	No known drug allergies
Tetanus status	Childhood immunisations given; unsure if received booster dose at age twelve years
Social History	Lives at home with parents and two siblings
On examination	<p>Glasgow Coma Scale was 15/15. He was alert and oriented to person, place and time. He had no complaint of nausea, vomiting, dizziness but complained of mild generalised headache.</p> <p>Pupils' size measured 3mm and reacted briskly and equally to light.</p> <p>Equal bilateral upper and lower limb strength was noted.</p> <p>Observations recorded as follows:</p> <p>BP - 124/73 mmHg</p> <p>Pulse – 68/minute, regular</p> <p>Respirations - 12/minute, regular</p> <p>On examination of the scalp a 4cm x 1cm x1cm partial thickness laceration was noted mid-frontal area with associated tenderness. No bony irregularity noted.</p>
Treatment	<p>Paracetamol 1g orally stat prescribed and administered with relief for patient's generalised headache.</p> <p>Lidocaine 1% (5ml) local anaesthesia infiltrated subcutaneously into wound margins with good effect.</p> <p>Wound irrigated with NaCl using 8 p.s.i.</p> <p>Staples x 6 inserted using aseptic technique with good opposition achieved and bleeding controlled.</p> <p>Diphtheria and tetanus vaccine (absorbed) (diTe booster) 0.5ml intramuscularly prescribed, administered and advice given.</p> <p>Patient discharged home in the care of his father with written head injury instructions and advice regarding over-the-counter analgesia.</p> <p>For removal of staples in wound care clinic in one week and appointment given.</p> <p>Advised to return if any problems.</p>

N.B. This scenario is for illustration purposes only and does not purport to be a template for nursing or medical care. Details have been changed to ensure anonymity.



The introduction of nurse prescribing at the ED has been broadly welcomed throughout the hospital by the multidisciplinary team and a number of developments are anticipated. Two clinical nurse specialists in respiratory care at the ED are undertaking the educational preparation in prescribing and once qualified they will be a welcome addition to the existing resources. We ANPs are working to expand our scope of practice in relation to the management of patients presenting with a deep venous thrombosis and this entails the development of a new clinical and medication guideline. The introduction of nurse prescribing has proven to be challenging and satisfying for us and we will continue to network with

peers, provide mutual support for other clinicians and seek out opportunities for supervision in clinical practice as we continue in our roles as RNPs.

For more information about nurse prescribing and the ANP service contact Bernadette Carpenter, Ciaran Conlon, Paula McBrearty, Eithne Mullen and Cora O'Connor, Emergency Department, Mater Misericordiae University Hospital, Eccles Street, Dublin 7. **T:** 01-8032225 **E:** bcarpenter@mater.ie and emullen@mater.ie

Diversity Awareness

2010 – International Year for the Rapprochement of Cultures



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The year 2010 is being celebrated as the **International Year for the Rapprochement of Cultures**, with the United Nations Educational, Scientific and Cultural Organisation (UNESCO) designated to play a leading role for the celebration of the Year within the

United Nations system. The goal of the International Year consists in making the rapprochement of cultures the hallmark of all policy-making at local, national, regional and international levels, involving the greatest number of relevant stakeholders. In 2009 UNESCO published its world report *Investing in Cultural Diversity and Intercultural Diversity* which strongly advocates that cultural diversity should be “placed at the heart of policies for the furtherance of international co-operation and cohesion, in line with the UN Millennium Development Goals.”

The report analyses aspects of cultural diversity and maps out new approaches to monitoring and shaping the changes that are taking place. While emphasising the importance of cultural diversity in different areas such as languages, education, etc, there are many messages for nurses and midwives in Ireland. For example, in the United States of America, the demographic evolution of the country meant that at the end of the 1990s, one citizen in ten was of foreign origin and fourteen per cent of residents spoke a language other than English. In

2000, the US Congress passed legislation to ensure that American clinics and hospitals would act in a legally responsible manner towards non-English-speaking patients. Thus, public medical or hospital services are required to ensure competent interpretation services at all times in any given language (by telephone or teleconference if needed), including sign languages.

For more information about UNESCO, the International Year for the Rapprochement of Cultures and to download *Investing in Cultural Diversity and Intercultural Diversity*, log on to www.unesco.org.

Responding to the Needs of Diverse Communities and Cultures

In November 2009 the Health Service Executive (HSE) launched **Health Services Intercultural Guide: Responding to the Needs of Diverse Religious Communities and Cultures in Healthcare Settings**

(HSE, 2009), a document emanating from its *National Intercultural Health Strategy, 2007–2012* (HSE, 2008; see *NCNM Review*, Issue 30) and developed in response to the needs of diverse religious communities and cultures in healthcare settings. *Health Services Intercultural Guide* provides important evidence-based information on the approach to intercultural healthcare and profiles the needs of twenty-five diverse groups who are cared



for in various healthcare settings. It is a resource and practical tool for staff from all backgrounds and includes communities with a longer history in Ireland (e.g., Anglicans and Presbyterians) as well as people without religious belief and newer communities such as Romas and Sikhs.

Seven main headings have been used to categorise information for each of the identified groups: *Profile of the Group*, *Care of the Ill*, *Care of the Dying*, *Religious Icons and Symbols*, *Additional Notes on Maternity and Paediatric Care*, and *Developing a Local Contact*. The themes associated with four of the headings and some considerations for cultural competence (Essential Practice Points) are shown in Box 8. Primarily targeted at in-patient settings including acute, paediatric, maternity, hospice, and residential/community units, the guide will be of interest to nurses and midwives.

For further information on the **Health Services Intercultural Guide** contact socialinclusion.guide@hse.ie or download a copy from the HSE website (www.hse.ie).

Box 8 *Health Services Intercultural Guide: Responding to the Needs of Diverse Religious Communities and Cultures in Healthcare Settings* (Health Service Executive, 2009): Headings and Themes

Main Heading	Associated Theme	Examples of Essential Practice Point
Care of the Ill	Beliefs about the treatment of illness and traditional medicine Religious and personal contacts Religious practices Food and the content of medicine Ablutions and washing Gender issues, modesty and treatment needs Family dynamics and decision making Blood transfusion and organ transplantation	Many Buddhists are vegetarian or vegan so if medicines contain animal products the person should be informed.
Care of the Dying	Family and community visits Death-related religious rituals Customs to be observed at death Cleaning and touching the body Post-mortem requirements Interment ritual Bereavement	In the event of the death of a Muslim, healthcare workers should not wash the body.
Religious Icons and Symbols	Personal and religious items Use of religious symbols	It is not appropriate to display Christian icons such as crucifixes in the mortuary area when a Jewish family is using the facility.
Additional Notes on Maternity and Paediatric Care	Approach to child welfare Birth rituals and practices Initiation ritual/infant baptism Foetal, infant and child death Mementos of a deceased child Naming practices	Baptism is considered by Baptists to be a voluntary declaration of faith conducted at a time when the person is ready. Therefore, baptism of infants is not practised even in the case of imminent threat to life.

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