THE COUNCIL EXISTS TO PROMOTE AND DEVELOP THE PROFESSIONAL ROLE OF NURSES AND MIDWIVES IN ORDER TO ENSURE THE DELIVERY OF QUALITY NURSING AND MIDWIFERY CARE TO PATIENTS/CLIENTS IN A CHANGING HEALTHCARE ENVIRONMENT.
A unique event in nursing and midwifery on the island of Ireland took place in Dublin Castle on the 5th April 2006, namely the launch of the All-Ireland Practice and Quality Development Database. This cross-border initiative came about as a result of co-operation between the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) and the National Council for the Professional Development of Nursing and Midwifery. The idea for the database emerged from the All-Ireland Nursing and Public Health Project – Vision to Action as a result of recommendations of the Practice Development Sub-Group of this project. The database itself was established by NIPEC and we in the National Council are very pleased to be associated with its further development and launch. The Tánaiste and Minister for Health and Children, Mary Harney sponsored the event and the Secretary General at the Department of Health and Children, Mr Michael Scanlan, officiated at the launch.

The database will provide a focal point for gathering and disseminating good practice, recognising innovation and personal achievement, and raising awareness of practice and quality initiatives throughout the island of Ireland. It is designed to provide information and encourage access to examples of good nursing and midwifery practice. This should avoid unnecessary duplication of effort and enhance networking opportunities. The database can be accessed on our website at www.ncnm.ie

The National Council’s sixth annual conference takes place in Croke Park Stadium, Dublin on the 15th and 16th November 2006. The theme for this year’s conference is Developing Services for Patients and Clients: Nurses and Midwives Promoting Innovation and Change. Speakers will include representatives from the Department of Health and Children, the Health Service Executive and nurses and midwives involved in practice, education and management from Ireland and abroad. In previous years, about 1,000 nurses and midwives attended the conference over the two days. The conference is an important element of the work of the National Council as it gives us an opportunity to address the key issues affecting the profession today and to provide nurses and midwives with a space for reflection and networking.

The NCNM Quarterly Review also contains all our regular features, including information on the activities of the nursing and midwifery planning and development units and tips and useful information on research. We also continue with our series of features profiling each of the centres of nurse education around the country.

To keep in touch with the National Council’s activities, don’t forget that the best source of information is our website.

Yvonne O’Shea
Chief Executive Officer

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The National Council and the Northern Ireland Practice and Education Council (NIPEC) have jointly developed the *All-Ireland Practice and Quality Development Database*. Launched by Michael Scanlan (Secretary General, Department of Health and Children) and Martin Bradley (Chief Nursing Officer, Department of Health, Social Services and Public Safety, Northern Ireland) on 5 April in Dublin Castle, the database was developed as a result of recommendations of the *All-Ireland Nursing and Public Health Project*. It aims to raise awareness and promote the sharing of good practice to enhance health and social care delivery throughout the island of Ireland.

The database provides a focal point for gathering and disseminating good practice, recognising innovation and personal achievement, and raising awareness of practice initiatives throughout the island. It is designed to provide information and encourage access to examples of good practice within the nursing and midwifery professions. This should avoid unnecessary duplication of effort and enhance networking opportunities.

**USING THE DATABASE**

You can:

- Search the database for practice development and quality initiatives in your area of interest
- Enter practice development or quality initiatives that you are involved in on the database.

NCNM (ie, the National Council) and NIPEC will act as host agents and will be responsible for the on-going management and maintenance of the database.

**HOW TO ACCESS THE DATABASE**

**For Republic of Ireland Users**

You can access the database via the NCNM website

www.ncnm.ie

**For Northern Ireland Users**

You can access the database via the NIPEC website

www.nipec.n-i.nhs.uk/database

**HOW TO REGISTER**

Before you place your project on the database you need to register. To do this, click on ‘Register’ from the main menu and complete your name and contact details as requested. Click ‘Register’ at the end and the system will issue you with a Username and PIN.

**Help and Support**

Should you experience any difficulty in accessing or submitting your project to the database, please do not hesitate to contact:

**Republic of Ireland Users**

Sarah Condell, Research Development Officer, NCNM or Mary Farrelly, Professional Development Officer, NCNM at

T: (01) 8825300
E: practicedevelopment@ncnm.ie

**Northern Ireland Users**

Brendan McGrath, Senior Professional Officer, NIPEC at

T: (028) 9023 8152
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At the launch of the All-Ireland Database: Martin Bradley (Chief Nursing Officer, DHSSPS), Yvonne O’Shea (CEO, National Council), Michael Scanlan (Secretary General, DoHC), Maureen Griffith (Chair, NIPEC), Mary McCarthy (CNO, DoHC), Laraine Joyce (Chairperson, National Council), Mary Farrelly (Professional Development Officer, National Council) and Brendan McGrath (Senior Professional Officer, NIPEC).

Paddie Blaney (Chief Executive, NIPEC) welcomes participants to the launch of the All-Ireland Database.

Catherine Monaghan, Eimer McGeown, Fiona Quinn, Helen Fee attended the launch.
Nurse and Midwife Prescribing: Project Implementation

During the past few months the work has been done to complete the requirements and standards for the educational preparation of nurses and midwives for prescriptive authority. The learning outcomes, competencies, syllabus and indicative content are key elements of the document which was recently approved by the National Council and An Bord Altranais.

The establishment of the requirements and standards will facilitate third-level education institutions’ development of curriculum for prescribing. The document is currently being prepared for publication.

Regulations are required for prescriptive authority and also for the supply of medications under protocol. The recent passage of the Irish Medicines Board Act, 2006 enables the Minister for Health and Children to make these necessary regulations. (The Act can be accessed through the following website address of the Oireachtas - www.oireachtas.ie).

It is anticipated that the Department of Health and Children (DoHC) consultation will inform this legislative process. The executive staff of the National Council and An Bord Altranais have been actively involved with representatives of the Nursing Policy Division of the DoHC in the implementation of the recommendations stated in Review of Nurses and Midwives in the Prescribing and Administration of Medicinal Products: Final Report (An Bord Altranais & National Council, June 2005).

Other areas of the project implementation work include the finalisation of the medication protocol framework, which provides nurses and midwives with a structure for drawing up local medication protocols with doctors and other key individuals.

A strategy for sharing this information across the professions is being drawn up and will take into account progress for the explicit legislative support for medication protocols.

The revision of the Guidance to Nurses and Midwives on Medication Management (An Bord Altranais, 2003) is currently underway: this revision will include additional content to support nurses and midwives across all care settings in their expanding medication management practices.

Updates on the project implementation for prescribing and medication management will be provided in the NCNM Quarterly Review and An Bord Altranais News and on the websites of the two statutory bodies (www.ncnm.ie and www.aba.ie).

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Denise Carroll
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New Organisational Design in DoHC

A new organisational design for the Department of Health and Children (DoHC) took effect at the end of 2005. The design reflects the new focus of the DoHC on policy analysis and development, performance measurement and provision of legislative and regulatory frameworks. The divisions of the DoHC are shown below.

### Divisions of the Department of Health and Children

| Acute Hospitals and Associated Services | Acute Hospitals I  
| Acute Hospitals II  
| Blood Policy  
| Cancer |
| --- | --- |
| Children | Child Welfare and Protection Policy  
| Unit National  
| Children’s Office |
| Community and Continuing Care | Disability  
| Food and Medicines  
| Health Promotion Policy  
| Mental Health |
| Eligibility | Eligibility (Long-Term Review) and day-to-day issues  
| Long-Stay Charges Unit  
| Services for Older People |
| Finance, Information and Policy Support | Casemix and Speciality Costing  
| External Information and Communications Technology  
| Finance  
| Health Insurance/European Union/International  
| Hospital Planning Office  
| Information  
| Policy Support |
| National Human Resource and Workforce Planning | Health Reform  
| Medical and Dental Nursing  
| Professional/Management and support |
| Other Offices | Adoption Board  
| Social Services Inspectorate |
| Parliamentary and Corporate Affairs | Change Management  
| Corporate Services  
| General Register Office  
| Human Resources and Performance Management  
| ICT and Records Management  
| Legislation  
| Parliamentary Affairs |
**Strategic Planning and Reform Implementation**

A new Strategic Planning and Reform Implementation (SPRI) unit has been set up within the Health Service Executive (HSE) at the Parkgate Business Centre, Dublin.

Initially SPRI will focus primarily on projects that support better integration so that people can access the services they need quickly and easily. SPRI will work in conjunction with the service and support directorates by:

- Analysing key practices and service shortfalls
- Recommending to the Chief Executive Officer new and innovative solutions and proposing how new development and other additional money received from Government and successful ‘Value For Money’ programmes should be allocated to maximise their impact.

Projects that are to be tracked, recommended and endorsed by SPRI must demonstrate:

- Innovation and the capability to advance the reform programme
- Consistency with the HSE’s corporate objectives
- They will result in improved integration across the organisation
- They can meet a specific identifiable need and be able to produce measurable results
- They will redistribute and reorient resources more effectively, including staffing and finance
- They can be implemented, particularly at local level
- They will positively influence staff thinking and behaviour.

SPRI’s work programme for 2006 includes leading and supporting three reform initiatives that will improve integration; focusing on some key organisational initiatives to enable and support HSE staff and management deliver and sustain reform and innovation; and encouraging acknowledgment and promotion of services that are working well, displaying a commitment to innovation and are focused on the needs of patients and clients.

For more information on SPRI contact the unit at Block D, Parkgate Business Centre, Parkgate Street, Dublin 8.

T: (01) 635 2970
E: spri@hse.ie
W: www.hse.ie (click on the link to SPRI to download *Progress through Change*, April 2006)
Children’s Health First - A Blueprint for Paediatric Services

In February 2006 the Health Services Executive (HSE) published a study of international best practice in tertiary (specialised) and secondary (general) hospital-based paediatric services. The study showed that Ireland, based on its population size, can support only one world-class tertiary centre. It concluded that this centre should be located in Dublin, close to a leading adult academic hospital with space for future expansion and it must be easily accessible through public transport and the road network.

Entitled *Children’s Health First: International best practice in tertiary paediatric services: Implications for the strategic organisation of tertiary paediatric services in Ireland*, the study emphasised that quality is driven by volume and providing a critical mass of sub-specialist care (25 or more “core” sub-specialties) is the most important factor in delivering the best outcomes for children. According to the HSE, this can only be achieved through one national tertiary paediatric centre, as part of an integrated service, which also provides all secondary paediatric services for the greater Dublin area. These secondary services would be supported by strategically located accident and emergency (A&E) facilities around Dublin or urgent care treatment centres. These would be either stand-alone units or attached to an adult facility. They would be staffed by general paediatricians and when children need to be admitted, they would be transferred to the tertiary centre. The report states that the practice is manageable as 85-90% of paediatric urgent care attendances are not admitted.

The study took into account international best practice in paediatric care services. It examined in detail over fifteen leading paediatric care centres in Australia, Canada, Scandinavia, the UK, USA and New Zealand. It also involved an extensive analysis of the academic papers and policy papers in relation to tertiary paediatric care and interviews with paediatric experts from around the world.

The full report is available to download from www.hse.ie/en/News/.

Teresa O’Malley is one of four nursing practice development coordinators (NPDC) in Ireland with a regional brief for developing practice in intellectual disability (ID) nursing. Based in Letterkenny and working out of the nursing and midwifery planning development unit (NMPDU) in Ballyshannon, she is the NPDC for ID services in Sligo, Leitrim, west Cavan and Donegal.

Working across a region entails working with numerous service providers: within Teresa’s remit are five major residential units, fifteen community group homes, five pre-schools for children with special needs, twenty adult day services and ten respite services as well as recreational and home support services.

While the majority of these services are provided by the public sector, some of the group homes, adult day services and pre-schools are under the management of voluntary organisations. “Each of these services offer local, community-based, flexible services tailored to meet the needs of the local population of people with ID,” says Teresa. “The public sector services are nurse-led with multidisciplinary supports provided on a sessional basis.”

According to Teresa, what distinguishes nursing practice development in ID services is its particular focus on person-centredness and clinical governance. “Person-centred planning principles have been around for over twenty years,” comments Teresa. “These principles parallel everything that nursing practice development is about and when put into practice are supported by a clinical governance strategy. Here in the north-west we are building up the PCP [person-centred planning] process through a train-the-trainers programme funded by the National Council. This programme will support and facilitate staff to implement the process at all points of the service users’ journey through our services.”

Although ID nursing differs in many ways from other branches of the profession, Teresa ensures that practice development adheres to an overall strategy for nursing and midwifery and clinical
governance developed by the staff in the NMPDU. “The NMPDU in Ballyshannon,” she reports, “has always worked collaboratively, both internally and with other services and agencies, to drive and progress the integrated approach to primary, secondary and tertiary care. *Bunbhri an Curam* is our clinical governance strategy: it provides a framework for co-ordinating practice development activities in all branches of nursing.”

A key area of practice development that Teresa singles out for mention is the introduction of the *Essence of Care* benchmarks in some of the services in order to promote high-quality nursing services. “Four benchmarks (continence, nutrition, oral and personal hygiene, and privacy and dignity) were selected,” says Teresa, “and an inclusive, transformational leadership approach is being used so that change is owned by the staff and will be maintained in the longer term.” The continence benchmark is now at the final consultation stage. A policy on nutrition covering meal-times, meal choices and nutritional assessments has been developed in co-operation with the community dietician.

Meanwhile a comparison group on privacy and dignity is working with a service users’ self-advocacy group to ensure that any actions taken will satisfy standards from their perspective. Teresa emphasises the importance of tracking progress in any area of practice development through the use of audit and user satisfaction surveys. “When we introduced the *Essence of Care* benchmarks,” she says, “we had a baseline against which improvements could be measured and future standards maintained. As well as auditing practice against the benchmarks, we conducted audits of care-related documentation and medication management.”

One of the challenges of having a regional remit is ensuring effective communication with and between stake-holders. Communication strategies are needed that provide a sense of direction and achievement as well as enhancing communication. “The National Council’s All-Ireland Practice and Quality Development Database,” enthuses Teresa, “will be a great source of information for staff. However, you need to communicate in a variety of ways as written or electronic communication often cannot be accessed and people can feel excluded.” Her answer is direct personal communication which involves a lot of travelling. Working with other NPDCs in the north-west contributes to achieving the goals of her communication strategy. “I have great links with the NPDCs in Cregg House in Sligo,” she remarks. “My counterpart in mental health and I organised two multidisciplinary workshops in Sligo and Donegal on people who have a dual diagnosis of ID and mental illness. As a result of this event, we now have a training programme on the assessment of mental health in people with ID.”

Teresa welcomes the commitment given by all NMPDUs to the promotion of integrated care pathways as a tool for integrating allied health professionals’ practice and improving outcomes for all health service users, and not just in the ID sector. She is delighted that work has already begun in Sligo to plan the prevention, identification and management of physical illness in people with ID. Nevertheless, the primary focus of Teresa’s work is developing nursing practice in ID services so that it meets the changing needs of people with ID and facilitates the development of nursing roles in the various types of service.
Third-Level Education for Professional Development

Nursing and Health Science, Athlone Institute of Technology

Background
The Department of Nursing and Health Science (DNHS) within the School of Science at Athlone Institute of Technology (AIT) was formally founded in 2002 although nurse education in the institute has a history stretching back more than a decade. The driving philosophy of the department is to deliver informed high-quality learning experiences in an environment that exposes students to challenging and engaging teaching, supported by advanced technology and emerging research that relates to best clinical practice.

The department adheres to the view that the learning process should empower the student to develop a quest for knowledge, to interact and engage with ideas and concepts and to move beyond the limitations of learning for the purpose of examination success. Lecturers seek to create a spirit of enquiry, to build on existing knowledge and to make sense of theory in the light of students’ personal and clinical experiences. The educational process may challenge students with alternative ways of interpreting their experience and present ideas and behaviours that prompt them to examine critically their values, the basis for their actions and the assumptions which govern their everyday activities.

Developments to date and going forward have been and continue to be intrinsically linked to collaboration with the department’s partners in the Health Service Executive (HSE). 1998 was a landmark year for AIT as it commenced the delivery of the pre-registration national diploma programme in general nursing in collaboration with its health service partners. With the full transfer of pre-registration nursing to the higher education sector, the basis for the new department was laid in 2002 with incremental deployment of new staff and facilities. To operationalise the relationship between AIT and the local HSE, an inter-institutional steering committee was established as was a local joint working group.

Facilities
Since November 2004, the DNHS has been located in on AIT’s East Campus in a new 2040 m$^2$ state-of-the-art building. This building has been endowed with a range of technologies with significant implications for teaching and learning, namely:

- Pervasive computing facilities
- Server hosting of PowerPoint presentations with wireless remote PDA control and access
- Electronic response system for integrating test quiz assessments into lectures
- Video conferencing and wireless laptop provision for remote access to the web and institute electronic resources while students are on clinical placement
- Smart card technology for recording student attendance and payment for services as well as registration details and controlled access
- Mechatronic technology integrated in mannequins for simulating clinical procedures and various pathologies
- Digital recording and storage technology for teaching and assessing clinical procedures.

The new DNHS building is the first fully wireless facility on the AIT campus. The corridors have been designed to become living and working spaces, with the provision of easy-chairs in tandem with wireless network access. The department has also adopted in all its teaching rooms, wireless technology that enables its server to incorporate hosting of files and to provide remote PDA presentation control.

Electronic response systems (ERS) are designed to improve the interactions that take place within a lecture environment. An ERS provides the lecturer with technology that supports student engagement, integrating seamlessly with lecture delivery or other co-operative learning techniques. ERS offer the ability to poll students via individual wireless keypad control units, for their
thoughts and opinions. Analysis and presentation of results is almost instantaneous, allowing immediate feedback on individual or class outcomes.

A crucial element of nurse education is the acquisition of clinical skills and their practice, delivery, and assessment in a real clinical environment. Research has shown that students exhibit increased autonomy and self-confidence when delivering patient care after practising first with high-fidelity human patient simulators (HPS) or advanced mannequins. Practising clinical skills on a high-fidelity HPS allows students to learn in a highly adaptable, safe, educational and risk-free environment. The HPSs feature computerised, full-body, anatomically accurate mannequins, that allow students to practise a complete range of patient assessment and care procedures. Remotely controlled networked digital cameras make it possible to record training sessions for later review by students and lecturers or for video-streaming in real-time to any location. All clinical training technologies have been installed in a hospital simulation area of the building, which accurately mimics a real clinical environment.

Academic Staff
The DNHS currently employs twelve academic staff, two technicians, an allocations officer, a clinical support officer and two administrators. However, the introduction of new programmes and the expansion of research activity will see the number of academics grow over the coming year. The department is currently establishing a number of developmental agreements with nursing faculties in Europe and the USA.

Research
The DNHS at AIT is strongly committed to the development and delivery of high-quality research in nursing and health sciences. Projects are currently being undertaken in such areas as critical analysis of the preceptorship model, novel biocidal technologies for the clinical environment and sudden infant death. It is anticipated that the department will support a significant postgraduate and postdoctoral student population within the next two years.

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Overview of Nursing Education Programmes at AIT

- Bachelor of Science degree programmes in General Nursing and Psychiatric Nursing (pre-registration)
- ACCS (Accumulation of Credits & Certification of Subjects) degree programmes available for academic progression of certificate-/diploma-qualified nurses
- A range of specialist higher diploma programmes in general, mental health, and intellectual disability nursing
- Programmes conform to NQAI (National Qualifications Authority of Ireland) processes and are mapped to levels 7, 8 and 9 of the NQAI Framework, as appropriate
- Postgraduate diploma and masters’ degree programmes in health services management and nursing to be offered from 2007.
Nursing and Midwifery Planning and Development Units

Galway NMPDU

Sharing Best Practice in 2006
The NMPDU in Galway hosted its fourth annual conference entitled Sharing Best Practice in February 2006. The theme of this year’s conference was clinical governance and its implications for nursing. Keynote speakers included Dr Mary Hynes, Mr Christy Keneally and Mr Tony Duffy and the concurrent presentations were made by local speakers from the acute, mental health and public health nursing services.

The conference aimed to enable nurses and midwives to share information regarding quality developments in their services, promote high-quality patient care and to promote the benefits of clinical governance in terms of improving patient care. Poster presentations were an important element of the day, demonstrating the wealth of work being undertaken in the West. The fact that 250 delegates attended and evaluated the conference positively signals the popularity and importance of this event among nurses and midwives in the region.

Person-Centred Care for Older People
The increasing number of older people in Ireland has led the NMPDU in Galway to undertake two projects focusing on care of older people in the West. An action research project (Implementing Person Centred-Care for Older People in Long-Stay Care) has commenced at the NMPDU in collaboration with the Department of Nursing and Midwifery Studies, NUI Galway, and the staff working in a long-stay care unit for older persons. The aim of the project is to bring together the guiding principles of the national health strategy and key themes of nursing care of older people in order to involve older people in making decisions relating to their care.

The second project marks the collaboration of the Galway NMPDU, Clifden District Hospital and St Anne’s Community Nursing Unit, Clifden, in implementing Essence of Care benchmarks. The quality of care provided is important in continuing care settings such as nursing homes where the staff care for a vulnerable and often disempowered client group. Teamwork is needed so that staff can work together in providing quality care. The Essence of Care framework will enable service users and nurses to work together to make decisions about the care to be given. It will also help staff recognise the value and importance of their contribution to the fundamental and essential aspects of nursing care for older people.

For more information about the projects in the West, contact Claire Welford (Clinical Link Facilitator – Gerontology) at T: (087) 7538274.

NMPDU
HSE (West)
Human Resource Dept
Merlin Park Regional Hospital
Galway

A Collaborative Approach to Clinical Audit
The NMPDU at Ballyshannon has developed a collaborative and integrated approach to clinical audit which seeks to enhance the process for collation, analysis and feedback of clinical audit data across primary, secondary and tertiary services. The key objectives of this process are:
• To develop a patient/client-centred approach to clinical audit
• To provide the infrastructure for effective clinical audit through a programme of staff training and education
• To develop a database of clinical audit templates which can be shared regionally and nationally
• To provide services with clinical audit data which is related to service priorities and informs future service provision.

Clinical audit is an essential component of this NMPDU’s Clinical Governance Strategy, Bunbhri an Chúram. It seeks to improve the quality of patient care through a system whereby clinicians examine their practice and compare the results against agreed standards, modifying their practice where indicated. The Strategy encourages and supports clinicians to undertake clinical audit across all clinical areas, using agreed indicators for best practice as the yardstick. As a result all services should be able to demonstrate that clinical audit is being used actively as a tool for ensuring patient safety and improving the quality of patient care and that clinically effective services are being provided in line with current evidence.

The practice of clinical audit within the north-west area has been supported through the integration of an electronic audit tool which has enhanced the processes for collation, analysis, and feedback of clinical audit data. Additionally, it has provided staff with the rudiments of a common language, thus expanding the capacity for staff to relate to quality issues.

Within this programme the NMPDU has currently developed a database of audit tools which measure current practice against performance criteria aligned to the nine Essence of Care benchmarks, the clinical learning environment, medication management systems etc. In the near future it is hoped that this process can be developed collaboratively across the entire HSE (West) region.

For information about clinical audit in the north-west contact
Randal Parlour, NMPDU, HSE (West), Iona House, Main Street, Ballyshannon, Co Donegal.
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Dublin NMPDU

Nursing in the Irish Prison Service
The Irish Prison Service (IPS) has approximately 3,200 prisoners in its fourteen prisons. Compared with the general population, prisoners have been reported as having particular health care needs in such areas as mental health, addiction, infectious diseases and primary care (The General Healthcare Study of the Irish Prison Population, 2000). Furthermore, the specific needs of minority groups within the prison population (e.g., women, juveniles and ethnic minorities) have to be taken into consideration, as does the management of chronic diseases. Provision of health care and preventive measures should be of a standard equivalent to that available to the general population. This has implications for the seventy-six nurses currently working in the IPS in terms of adopting standards and practices that enable them to provide the requisite level of healthcare; they also require appropriate skills, qualifications and competencies to meet the health care needs of prisoners.

In November 2005 a project officer was appointed by the NMPDU in the former HSE (Eastern Region) to lead a two-year project concerned with prison nursing. The aims of the first phase of project include documenting current nursing interventions in the IPS nursing service and current organisational, occupational, educational and professional development infrastructures in place for nurses. An advisory group has been established comprising representatives from public health, addiction services, mental health services, forensic mental health services, prison management, human resources (prison service), the HSE, primary care (prison service), Dublin City University and the Prison Officers’ Association.

The next stage of the project involves a review of national and international literature pertaining to healthcare in prisons, nursing in prisons and equivalent care in non-custodial settings. A forthcoming activity is a questionnaire survey of nurses’ professional development needs.
Update on Regional Practice Development Project

The regional practice development project in gerontological nursing was set up by the Dublin NMPDU in 2002 with the aim of planning strategically and prioritising nursing practice development in services for older people in line with regional and national objectives. A number of objective have been achieved to date; these include:

- Development of a regional practice development group for residential services
- Development of a network of staff trained in dementia care mapping
- Provision of leadership programmes for nurses
- Commissioning of competency and skills development programmes in such areas as administration of subcutaneous fluids, supra-pubic and male catheterisation, end-of-life care, tissue viability, mental, diabetes, person-centred education and enhanced assessment skills.

Currently rolling out the second phase of the project, the project officers’ plans for 2006 include promoting a culture of person-centredness, rolling out *Essence of Care* benchmarking for older persons in residential services, supporting the development of clinical nurse specialist posts, networking with and supporting nursing homes and collaborating with the Royal College of Nursing in the UK.

Waterlow Conference in Tullamore

Since its inception in 1985 the Waterlow Score has become the most widely used pressure ulcers risk assessment tool for predicting pressure ulcer occurrence. Most recently revised in 2005, the Waterlow Risk Assessment Tool was developed in response not only to the many questions that the author continues to get regarding the practical use of the tool, but also in light of findings from a major research project conducted on behalf of the Queensland Government of Australia. The changes are the incorporation of objective measures within the Build/Weight and Nutrition Sections of the assessment tool.

Judy Waterlow, who developed the world-renowned Waterlow pressure ulcer risk assessment scoring system, was in Ireland in March 2006 to update nurses on revisions to the Waterlow Manual at a specially convened conference in Tullamore, Co Offaly. The conference (entitled *Revised Waterlow Risk Assessment Tool*) was organised by the NMPDU in Tullamore. Originally intended for nurses working in Laois, Offaly, Longford and Westmeath, such was the level of interest that the conference was opened up to participants from all over the country. Commenting on the inclusion of a malnutrition screening tool, Judy Waterlow told the conference: “I was particularly pleased with this update as over the years it had been recognised that a person’s nutritional status is an important factor on pressure ulcer risk.”

Other speakers at the conference were

- Patrick Glackin, Director, NMPDU, HSE Dublin/Mid-Leinster, Tullamore
- Jackie Stephen-Haynes, Consultant Lecturer and Practitioner in Tissue Viability, Worcestershire Primary Care Trusts, England
- Anthony Fitzpatrick, Regional Nurse Practice Development Co-ordinator for Mental Health, HSE (West) and Liaison Officer for the Implementation of the *Mental Health Act, 2001*.

For further information on the regional practice development project (gerontological nursing) or to make any comments, please contact the project officers at the NMPDU, HSE, Mill Lane, Palmerstown, Dublin 20.

Email: Mary O’Donnell - marypatricia.odonnell@mailf.hse.ie ; Carol Grogan - carol.grogan@mailf.hse.ie

At the Tullamore conference: Patrick Glackin, Jackie Stephen-Haynes, Bernadette Kerry, Rupert Waterlow, Judy Waterlow, Anthony Fitzpatrick
Enhancing the Patient Journey

“Increasing specialisation of professions and services, improves care if inputs are co-ordinated”: this was the clear message from Dr John Øvretveit at a recent conference hosted by the Kilkenny NMDPU, entitled Enhancing the Patient Journey. Other related issues explored in Dr Øvretveit’s presentation included:

- Specialisation without co-ordination is costly, ineffective and dangerous
- Improving co-ordination has a cost
- Proposed solutions for effective integration and co-ordination

Each speaker explored the conference theme while clinical exemplars of innovative approaches to enhancing the patient journey were also presented. Professor Pieter Degeling, University of Durham, discussed the implications of profession-based subcultures for integrated care. Findings from a study of clinician and managerial perspectives on service delivery issues undertaken in England, Wales, Australia and New Zealand demonstrated similar results that were clearly aligned with professional group. Integrated care pathways (ICPs) were suggested as a means of addressing professional subcultures as well as collaboratively providing a framework for optimum care. Prof Degeling also presented data in relation to chronic disease management, re-admission rates to acute care and ultimately the efficiency benefits that would derive from the development of ICPs. Ms Eithna Coen, Professional Development Officer for Midwifery, NMPDU (Kilkenny), presented the clients’ response to the Waterford Integrated Hospital/Community Midwifery Service. She also discussed the process of developing the service with key stakeholders from the hospital and community.

Copies of all the conference presentations are available from the NMPDU on request. Contact the unit at Office Complex, Kilcreene Hospital, Kilkenny.
T: (056) 7785629
E: joan.phelan@maila.hse.ie

For more information on the Tullamore conference contact: Bernadette Kerry, Regional Practice Development Co-ordinator, NMPDU, HSE (Dublin/Mid-Leinster), Unit 4, Central Business Park, Clonminch Rd, Tullamore, Co Offaly
T: (0506) 57866/63
M: (086) 8069861
E: Bernie.Kerry@mailq.hse.ie

Download copies of the updated Waterlow Pressure Ulcer Prevention Manual from the Judy Waterlow website (www.judy-waterlow.co.uk)

At the Enhancing the Patient Journey conference: Ms Jenny Gray, Editor, Journal of Integrated Care Pathways, Venture Training and Consulting; Professor Pieter Degeling, Professor of Health Management and Director of Clinical Management Development, University of Durham; Dr John Øvretveit, Director of Research, The Karolinska Institute, Stockholm; Mr Pat McLoughlin, former Deputy Chief Executive and National Director of the National Hospitals Office; Ms Joan Phelan, Director, NMPDU (Kilkenny), HSE (South); Richie Dooley, Hospital Network Manager, Group I, HSE

At the Enhancing the Patient Journey conference: Poster prize-winner Edel Conway, Community Services, South Tipperary; Phil Mahoney, Community Services, Kilkenny; Paula Bambrick, St Luke’s Hospital; Breda Ryan, Community Services, Kilkenny
Mater Misericordiae University Hospital

The Centre for Nurse Education (CNE) at the Mater Misericordiae University Hospital, Dublin, was established in 2003. The central focus of the CNE is the development and provision of continuing professional education, training and development to enable registered nurses and other health care personnel maintain and develop their knowledge, skill and competence to deliver safe, effective, efficient, quality care in a rapidly changing complex health care environment.

Drawn from the hospital mission statement, the Centre’s mission is as follows: “By caring for the sick in the Mater Misericordiae University Hospital we participate in the healing ministry of Jesus Christ. We honour the spirit of Catherine McAuley and the Sisters of Mercy. We pledge ourselves: to respect the dignity of human life; to care for the sick with compassion and professionalism; to promote excellence and equity, quality and accountability.”

The aim of the CNE is to become a centre of excellence in pursuit of practice-based nursing education that is relevant, flexible and able to meet the needs of the nursing care service. We believe that on-going professional education is essential in order to preserve and improve professional standards in healthcare, while contributing to the nurse’s personal professional development.

The philosophy underpinning the work of the CNE encompasses the following aims:

- To ensure that professional nurse education and training complements, supports and reflects the Vision, Mission and Ethos of the Hospital, changes in healthcare provision and developments in nursing
- To endeavour to create an educational climate that is respectful, caring, and supportive, contributing to a clinical environment where each nurse is facilitated to develop to her/his full potential
- To provide a comprehensive, relevant and flexible training, education and development programme to meet present and future service needs in line with the hospital strategy and developments at regional and national level
- To ensure that courses are based on sound evidence, applicable to service need and are continually evaluated
- To promote/support multidisciplinary learning to maximise resources and facilitate the promotion and continued development of teamwork in working toward the common goal of quality patient care
- To ensure that specialist nursing education evolves to meet the challenges of advanced practice in an ever changing healthcare environment
- To strengthen the working relationships with our partner sites and external health care agencies. Programmes facilitated by the Centre are open to all healthcare agencies within the geographic remit of the Centre.

The Centre is currently conducting an education needs analysis to inform the development and planning of future education/training/development programmes (see Box 1).
Box 1. Overview of Continuing Professional Education
Programmes at the Centre for Nurse Education,
Mater Misericordiae University Hospital

- Healthcare Support Certificate Programme (FETAC Level 5)
- Healthcare Records on Trial Training
- Leading an Empowered Organisation (LEO) Programme
- In-service training course for registered nurses in relation to the new “Patient Care Module” on the FETAC Level 5 HCA programme
- Health Informatics Training Course (HITS) (an e-learning programme)
- Ethics course
- Return to Nursing Practice Course (run twice a year, catering for all divisions of the Register and is delivered in partnership with Connolly, St Ita’s, Beaumont and the Children’s University Hospitals)
- Scope of Nursing & Midwifery Practice
- Haemovigilance
- Diabetes update
- Update on Respiratory Nursing
- Continuous Positive Airway Pressure
- Positioning patients with Respiratory & Neurological problems
- Breast Cancer Care
- Statutory Body & the Regulation of Nursing/Midwifery Practice
- Introduction to Successful Working in Culturally Diverse Teams
- Intravenous drug administration & medication management
- Preceptorship
- Professional portfolios
- Monthly seven-day orientation/induction programme
- Manual/minimal handling.

Higher diploma programmes in partnership with the School of Nursing and Midwifery, University College, Dublin are available in critical care (intensive care and cardiovascular pathway), diabetes, accident and emergency, peri-operative, renal, oncology, gastroenterology and rehabilitation (spinal injuries) nursing. To facilitate orientation, skill acquisition and practice development a six-month hospital-based course is provided in intensive care and in peri-operative nursing.

Contact Details
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Applying for Research Funding –
The Cochrane Fellowship Scheme

Josephine Hegarty is a senior lecturer at the Catherine McAuley School of Nursing and Midwifery, University College, Cork. In 2005 she competed successfully for a Cochrane Fellowship offered via the Health Research Board (HRB) in Ireland. In this interview with Sarah Condell, Josephine describes her experience of applying and gives tips to others interested in applying.

SC: How did you hear about the award?
JH: The award was advertised on the HRB’s website, but it was not until I attended the Cochrane Conference organised by the School of Nursing in Dublin City University in 2005 that I realised that the Cochrane fellowship was available to all healthcare practitioners resident on the island of Ireland.

SC: How did you choose your topic?
JH: I have a keen interest in oncology nursing, especially the area of prostate cancer. I have been working on a collaborative project with Professor Meredith Wallace (of Fairfield University, Connecticut, USA). According to the All-Ireland Cancer Statistics [2000]*, prostate cancer is the leading type of cancer in men and accounts for approximately twenty per cent of all male cancers in this country. Professor Wallace and I are looking at uncertainty and quality of life of men over the age of seventy years who have opted for the “watchful waiting” management option for their prostate cancer.

SC: Tell me more about “watchful waiting.”
JH: Watchful waiting involves the use of a monitoring programme and a deferral of treatment. The benefits and risks of a watchful waiting approach versus prostatectomy for the management of prostate cancer, particularly in men over sixty-five, has been vigorously debated in the research literature. Watchful waiting encompasses a variety of conservative ‘watch and wait’ approaches to the management of prostate cancer whereby a decision is made to monitor the patient and to defer any form of ‘active therapy’ such as surgery, radiation therapy and hormone therapy until such a time as the monitoring procedure demonstrates local progression or distant dissemination.

I found that there was an on-going debate in the literature on the treatment options for prostate cancer: conservative treatment versus surgical intervention. Many articles articulated the need to consolidate the evidence available regarding the treatment options for prostate cancer. Therefore, it seemed logical to pursue this topic. I chose to review the available evidence from randomised controlled trials which supported the use of prostatectomy versus watchful waiting for prostate cancer in terms of major health outcomes such as mortality, morbidity and quality of life.

SC: What did the applying to the Cochrane Fellowship Scheme involve?
JH: The application process begins well in advance of the actual completion of the grant application form. Firstly, you must devise a title for your review and this title must meet the Cochrane Collaboration’s criteria. The next step is to make contact with the appropriate Cochrane Review Group (currently there are fifty review groups): the review group will either accept the title or recommend amendments. Once the title is agreed, it is registered
with the Cochrane Review Group. For the HRB application, you must identify a supervisor with expertise in the area of systematic review methodology. The review process is very rigorous and requires that you enlist the help of co-reviewers with expertise in the topic area.

Before you can complete the HRB Cochrane Fellowship application form, you must register your title, get a supervisor to agree to supervise the review and identify co-reviewers. Then, the application needs to be approved by your employer, i.e. the head of department [if in an academic institution], the identified supervisor and the finance department of the institution where you are employed.

**SC: Have you taken any other steps in order to become integrated into the Cochrane Fellowship Scheme?**

As part of the application process and to increase my knowledge of the Cochrane systematic review process, I registered with and introduced myself to the All-Ireland Cochrane e-group (an online discussion group). Early last year I attended a conference on systematic reviewing and the Cochrane Collaboration in Ireland at DCU. I have also attended a HRB-funded course on systematic reviewing held in Cork.

**SC: What does the award involve?**

**JH:** The successful applicant becomes a Cochrane Fellow and as such is provided with up to two days per week protected time for up to two years to work on the systematic review. The Fellowship also provides the Fellow with systematic review training, salary costs and research expenses.

**SC: What does gaining the award mean to you professionally?**

**JH:** A number of things. Primarily it allows me to gain expertise in systematic review procedures, become more familiar with the literature in my particular area and develop my expertise and knowledge of prostate cancer research. At the same time I am developing professional links through my work as a member of a multidisciplinary team. I can now demonstrate that I have a track record of successful grant application. Furthermore, I can develop my publication record, which is important for advancing my career in nursing research.

**SC: Why is the Cochrane Fellowship important to nursing and to health services?**

**JH:** The Fellowship gives nurses the opportunity to investigate the effectiveness of nurse-led healthcare interventions. Nurse Fellows can develop expertise in systematic review methods and then use these to: promote evidence-based practice; educate nursing students at both undergraduate and postgraduate levels and develop a research profile in a particular health care area. The Fellowship is also extremely important for the provision of evidence-based healthcare. It assists with the production and dissemination of systematic reviews of healthcare interventions and promotes the search for evidence in the form of clinical trials and other studies of interventions.

**SC: Do you have any tips for other nurses or midwives who might be thinking of applying to the Cochrane Fellowship Scheme?**

**JH:** These are my top three tips. Start by preparing for the application at least four to five months in advance of the submission date. Contact the Cochrane review group well ahead of time as the title registration process may take longer than expected. Enlist the help of a potential supervisor early in the process.

**SC: How would you summarise the overall experience?**

**JH:** Five months into the process, the experience has been extremely positive. The Fellowship has given me the opportunity to spend time researching an area which I am very interested in, time which I wouldn’t have had otherwise.

**Reference**

Nurses and Midwives: A Global Workforce

Nursing is a global profession and the international mobility of nurses is not a new phenomenon. What is new, however, is the increasing large-scale, targeted international recruitment by developed countries to address their domestic shortages. One Canadian study (Building the Future, 2005) found that there are two main migration patterns among nurses worldwide: regional markets with flows to richer countries, and the global market, with flows from less developed to more developed areas such as Western Europe and North America. Nevertheless, even wealthy countries lose many professionals through emigration.

According to AcademyHealth (www.academyhealth.org), shortages in the USA in particular directly affect the health workforce shortages in both rich and poor countries around the world. Approximately 30 per cent of the US health workforce comes from other developed nations, for example, the United Kingdom, Canada and Australia. These countries in turn also recruit internationally to resolve their own shortages. Recruitment from developing countries such as the Caribbean, sub-Saharan Africa, India, China and the Philippines have ethical implications, particularly where the healthcare workforce in those countries already have major health problems and are working to achieve the United Nations’ Millennium Development Goals.

What are the Millennium Development Goals?

The eight Millennium Development Goals (MDGs) – which range from halving extreme poverty to halting the spread of HIV/AIDS and providing universal primary education, all by the target date of 2015 – form a blueprint agreed to by all the world’s countries and all the world’s leading development institutions. They have galvanised unprecedented efforts to meet the needs of the world’s poorest.

For more information log on to www.un.org/millenniumgoals/
International Centre on Nurse Migration

In May 2005 the Commission on Graduates of Foreign Nursing Schools (CGFNS) and the International Council of Nurses (ICN) launched the International Centre on Nurse Migration (ICNM). The Centre is an international resource for the development, promotion and dissemination of research, policy and information on nurse migration. A stated priority of the ICNM will be to address gaps in policy, research and information with regard to the migrant nurse workforce, including screening and workforce integration. The Centre’s website (www.intlnursemigration.org) will serve as a portal for policy, research studies and other information regarding migration trends and statistics.

Earlier this year the Centre published Positive Practice Environments (Adams and Kennedy, 2006), a paper which provides an overview of the influences of international policies and agreements, and the social and personal benefits for “international nurses”, as well as outlining a framework for developing positive practice environments to support long-term integration and the retention of the nursing workforce.

Suggested Reading


An Bord Altranais (2005) Standards for the Approval of Health Care Institutions to Provide Adaptation Programmes. Dublin, ABA.


Royal College of Nursing (2005) Success with Internationally Recruited Nurses. London, RCN.

Task Force on the Travelling Community

The Second Progress Report Of the Committee to Monitor and Co-Ordinate the Implementation of the Recommendations of the Task Force on the Travelling Community was finalised in December 2005. Although many areas of concern are reported on, the section on health is of particular relevance to nurses and midwives.

The report states that progress on the Task Force’s earlier recommendations relating to health have been mixed. On the one hand there has been progress in the launch of Traveller Health – A National Strategy 2002-2005, but on the other hand there is a danger that the implementation of the Strategy could be undermined by insufficient additional funding. It is also clear that there is still insufficient data in the area of health but the data available from the national census indicates that there is a higher mortality rate for the Traveller Community at younger ages compared with the population as a whole.

Two positive developments identified within the report are as follows:

• Health Service Executive staff and especially those in functional areas who come into contact with Travellers are developing appropriate in-service training in consultation with representative Traveller organisations, on matters concerning Traveller culture and discrimination.

• The Traveller Ethics, Research and Information Working Group has been set up. The Group has commenced drawing up ethical guidelines for research into Traveller Health and has examined research proposals for ethical approval. A subgroup of the Traveller Ethics, Research and Information Working Group has started work on a pilot to collect information on ethnicity from the Hospital In-Patient Enquiry/Perinatal systems in two Dublin hospitals.

You can obtain this report and the more recent Report of the High Level Group on Traveller Issues (March 2006) from the website of the Department of Justice, Equality and Law Reform (www.justice.ie) – follow the links to Publications/Equality.
**All-Ireland Electronic Population Health Library**

A new all-Ireland electronic library has been launched by the Ireland and Northern Ireland Population Health Observatory which is part of the Institute for Public Health in Ireland. The *Population Health Intelligence System (PHIS (Online))* website is designed to be a ‘first port of call’ for intelligence about health, the factors that affect it and the actions that improve it.

The main components of the PHIS (Online) website are:

- A Population Health Knowledge Resource Catalogue – searchable catalogue of knowledge resources together with standard details (‘metadata’) about each
- A Reports System – searchable collection of key policies, strategies and programme documents as well as evaluation reports
- Research and Evidence Portal (under development)
- An Indicators System – searchable collection of pre-calculated indicator sets together with online presentation tools
- A Data System – searchable collection of aggregated data sets together with online data aggregation, indicator calculation and presentation tools
- Media Library (under development)
- Gateway to Grey Literature (under development).

For more information about the PHIS and the work of the Population Health Observatory contact:

**E:** info@inispho.org  
**W:** www.inispho.org

**Websites to Watch**

Nurse and midwife prescribing is a hot topic for healthcare professionals and there are many developments taking place in this whole area but not just in the health service. Could you define a medical product? How would you know whether or not a medical product is safe to use? You could start by visiting the website of the Irish Medicines Board (IMB) - [www.imb.ie](http://www.imb.ie).

The IMB’s mission is “to protect and enhance public and animal health through the regulation of human and veterinary medicines.”

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**Advanced Nurse Practitioners Accredited**

Three more advanced nurse practitioners (ANPs) in Dublin and Waterford were accredited in April 2006. They are Linda Latham, ANP (Primary Care), Liberties, Dublin; Emily Lockwood, ANP (Emergency), Waterford Regional Hospital; and Ciaran Conlon, ANP (Emergency), Mater Misericordiae University Hospital, Dublin. The site preparation and job descriptions for five ANP posts in emergency nursing have been approved at Cork University Hospital.

**Lesbian Women’s Experiences of the Health Service in Ireland**

There is very little written about lesbian women’s experiences in Irish society. This applies in all areas of life and is also reflected in the nursing literature where little is known about this subject. Research is currently being carried out as part of a PhD project undertaken by a lecturer in sociology at the School of Nursing, Dublin City University.

The overall aim of this phenomenological study is to enhance the understanding of lesbian nurses’ contribution to and experiences in the nursing profession, as well as throwing light on the experiences of lesbian women availing of healthcare. The researcher would like to know what it is like to be a lesbian nurse working in the health care environment and plans to conduct confidential interviews with volunteers.

For further information on what is involved in participating in this study contact:

Ms Mel Duffy  
Lecturer in Sociology  
School of Nursing  
Dublin City University  
Glasnevin  
Dublin 9  
**T:** (086) 8769400

The researcher has advised the National Council that this mobile number is for the sole purpose of this research and will not be used by any other individual.
and medical devices available in Ireland, or manufactured in Ireland for Irish or export markets.” Its objective is “to ensure in so far as possible … the quality, safety and efficacy of medicines available in Ireland and to participate in systems designed to do that throughout the European Union.”

The IMB carries out the following services within Ireland:

- Licensing of medicinal products for human use
- Licensing of veterinary products
- Licensing of wholesalers of human medicines
- Licensing of manufacturers of human and veterinary medicines
- Pharmacovigilance and drugs safety monitoring
- Clinical trial licensing
- Inspection of wholesale and manufacturing sites.

Use www.imb.ie for updates on human medicines, pharmacovigilance, medicines legislation, medical devices and safety/recall notices and to download publications.

**International Health Events in 2006**

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<td>T: (01) 8765300</td>
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<tr>
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<td></td>
<td>T: 012 2846616</td>
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<tr>
<th>August</th>
<th>World Breastfeeding Week</th>
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<td>W: <a href="http://www.healthpromotion.ie/">www.healthpromotion.ie/</a> breastfeeding/</td>
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<td>World Alliance for Breastfeeding Action</td>
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**Applying Mental Health Skills in the General Hospital**

**Mental Health Care for Nurses: Applying Mental Health Skills in the General Hospital** (Harrison & Hart, Eds, 2006) aims to give nurses working in general hospitals the skills, confidence and enthusiasm to meet the mental health care needs of their patients. With contributions from a number of leading nurse consultants in liaison psychiatry and self-harm this comprehensive book provides essential information on mental health issues by addressing theoretical aspects of mental health care as well as practical guides to common mental health problems and illnesses and useful intervention strategies. Part 1 focuses on context, themes and issues, including provision of holistic care, psychological responses to illness and injury, the legal and ethical context of mental health care in the general hospital, caring for the person displaying challenging behaviour, breaking bad news and the role of the mental health liaison team. Part 2 looks at specific mental health problems and the associated nursing care, including depression and anxiety, self-harm and suicide prevention, perinatal and maternal health, serious mental illness, alcohol and illicit drug use, older people and challenges to the delivery of holistic care. The text is well supported by up-to-date evidence and presented in a very user-friendly, readable manner.

This book successfully manages to contextualise the issue of mental health care in general hospital settings while also providing very practical and factual information on mental health problems and interventions. As such it will be of use to nurses involved in practice, management and education aiming to provide holistic care to patients in general hospital settings.


**Mental Health Care for Nurses: Applying Mental Health Skills in the General Hospital**

Blackwell Publishing, Oxford

**Money-Driven Hospitals and the Dismantling of Nursing**

**Code Green: Money-Driven Hospitals and the Dismantling of Nursing**

(Weinberg, 2003) is a study of the impact of hospital cost-cutting and restructuring on the nursing work at the Beth Israel Hospital and the
Deaconess Medical Centre, Boston, after they were merged to form one hospital. The author, Dana Beth Weinberg, was a sociologist at Harvard University at the time of the study. The ultimate message from the study is that the kind of strong top-down leadership so often regarded by some nurses as the solution to nursing and its discontents is simply not enough. Whilst, leadership is crucial to effective nursing leadership it needs to be supported by strong national regulations of the hospital industry and by the mobilisation of bedside nurses.

Although this study was conducted in a for-profit hospital environment in the USA there are lessons in this book for every nurse or midwife who would like to understand how healthcare systems work. This book should be compulsory reading for any nurse or midwife (and healthcare worker) who has an interest in how key management decisions, which can be taken far away from the bedside, can adversely effect the practice environment and ultimately the quality of patient care.

Dana Beth Weinberg (with a foreword by Suzanne Gordon) (2003) *Code Green: Money-Driven Hospitals and the Dismantling of Nursing*  
ISBN 0801489199

**Bioethics**

First published in 1999, *Bioethics: An Anthology* (Kuhse and Singer, Eds, 2006) has been expanded and revised to include features on topics such as genetic screening, the use of embryonic human stem cells and resource allocation between patients, as well as those previously covered, namely reproduction, genetics, life and death and animal experimentation. In its role of an anthology, this book contains an array literary pieces (eighty-one chapters in all) originally printed elsewhere, some dating back to the eighteenth and nineteenth centuries: Immanuel Kant’s essay entitled *On a Supposed Right to Lie from Altruistic Motives* is included in a section concerned with informed consent and patient autonomy. Although nurses and midwives may find chapters throughout this anthology of interest and/or relevance to their work and studies, Part X (*Special Issues Facing Nurses*) is of particular interest. The two featured articles, *Ethical Dilemmas for Nurses: Physicians’ Orders versus Patients’ Rights* (E Joy Kroeger Mappes) and *In Defence of the Traditional Nurse* (Lisa H Newton) were both published originally twenty-five years ago in American publications. Nevertheless, there are several parallels in these two articles between what was happening in the health care industry in the USA in 1981 and what has been taking place in nursing and midwifery and in the health service in Ireland over recent months and years.

Nurses and midwives face many ethical dilemas in the course of work and professional practice. As the editors of this anthology point out: “In discussing issues in bioethics [ie, the specialised, interdisciplinary study of ethical issues arising from the biological and medical sciences] the facts are often complex. We cannot reach the right ethical decisions unless we are well-informed about the relevant facts.” *Bioethics* will not provide clear cut resolutions to ethical dilemmas, but may assist in understanding the decision-making process in resolving our own dilemmas or that undertaken by others.

Blackwell Publishing, Oxford  
ISBN-13: 978-1-4051-2947-3 (hardcover) and  

**Health Policy and Practice in Ireland**

Intended to meet the needs of students in the health sciences who are required to study a sociological approach to health care, *Health Policy and Practice in Ireland* traces the development of Irish health care services and practices, and explains how there has been a shift of attention away from an exclusively biomedical approach to the
problems of health and illness to a more inclusive social model. The themes of the book include inequalities in health and health care, power imbalances in the organisation and delivery of health services and professional-patient interaction.

Although Part 2 of the book is dedicated to discussion of the nursing role (see the chapters by Gerard M Fealy – *Development of the Role of the Nurse in Ireland*; Anne Stakelum – *Learning Only to Labour*; and Margaret O’Keeffe - *The Child Health Care Service: The Role of the Public Health Nurse*), nurses and midwives working in various healthcare settings will find something of relevance. For example, nurses working in mental health and intellectual disability services will find useful background information on the development of these services in the respective chapters on *Mental Illness in Ireland and its Management* (Dermot Walsh) and *The Contours of Learning/Intellectual Disability* (Máiride Woods).

**Desmond McCluskey (Ed) (2006)  
*Health Policy and Practice in Ireland*  
University College Dublin Press, Dublin  
ISBN 1-904558-50-X**

**Women and Cancer in Ireland**

Cancer is the second most common cause of death among women in Ireland with an average of 3,474 deaths from cancer each year. Both morbidity and mortality have been steadily increasing over the last decade. For example, in 1994 there were 5,848 cases of malignant cancer diagnosed in women in Ireland and by 2001 this had risen to 6,699 new cases. It is estimated that in 2006, more than 7,000 women will be diagnosed with cancer, an increase of 25% since 1994. These trends have major implications for the health services in Ireland, both for initial diagnosis and treatment services and for longer-term health and social support for cancer survivors. The *Women and Cancer in Ireland 1994-2001* report launched recently by the Women’s Health Council and National Cancer Registry of Ireland aims to inform women of the facts about cancer, the choices available to them, and their consequences. The report brings together for the first time, information on cancer in women in Ireland; in terms of the burden and causes of the disease, policy initiatives and service provision.

The report is organised in two sections; the first presents data on trends in cancer in Ireland during 1994 to 2001 and the second discusses determinants of cancer, health policy and implications of the report findings. One of the key recommendations of the report is that breast and cervical cancer screening programmes should be rolled out nationally for women in appropriate age groups. The report also makes a number of other specific recommendations aimed at improving detection, treatment and survival rates among women. It calls for innovative health promotion strategies to increase women’s awareness of cancer, risk factors and symptoms, thereby promoting health lifestyle behaviour and early detection. The “invaluable” contribution of those clinical nurse specialists appointed in the major cancer treatment centres is noted.

The report illustrates the need to provide a comprehensive information service for women who have been diagnosed with cancer. The development of a “one-stop shop” is recommended so that women can discuss their diagnosis with a professional, have easy access to any information they need and familiarise themselves with treatment options in order to make a fully informed decision about their cancer care. The report concludes that it is hoped that the present findings “will add to the knowledge base on cancer among women, and thus contribute to the development and delivery of accessible cancer services that are responsive to women’s needs.”

**Women’s Health Council and National Cancer Registry Ireland (2006)  
*Women and Cancer in Ireland 1994-2001*  
WHC and NCRI, Dublin  
Available to download from www.whc.ie and www.ncri.ie**
Healthcare Informatics Society of Ireland (HISI)

Annual Conference and Scientific Symposium

Date:
Wednesday 15 and Thursday 16 November 2006

Venue:
Stillorgan Park Hotel, Stillorgan, Co Dublin

For further information on the nursing section of this conference contact:

Healthcare Informatics Society of Ireland, 58 Eccles St, Dublin 7
T: (01) 8304470
E: hisi@hisi.ie

Nursing and Midwifery Planning and Development Unit, Ballyshannon HSE (West)

National Nursing and Midwifery Informatics Conference

COMPUTERS AND TECHNOLOGY – A DRIVER FOR NURSING AND MIDWIFERY INNOVATION

Conference Themes
• Health Governance, Clinical Audit, Quality and Standard Setting
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• Education, Research and Evidence-Based Practice

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Location: Sligo

Contact: Paula Kavanagh, Nursing and Midwifery Planning and Development Unit, HSE (West), Iona House, Main Street, Ballyshannon, Co Donegal
T: (071) 9822106 or (087) 9090478 - F: (071) 9822108 - E: paula.kavanagh@mailb.hse.ie
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To apply log on to www.ncnm.ie or contact Paula O’Meara at
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National Conference 2006

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Venue: Croke Park Stadium, Dublin 3
Dates: Wednesday 15 November and repeated Thursday 16 November 2006
Time: 08.30 – 16.00

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