IL-MUSBIEH

MALTA NURSING AND MIDWIFERY JOURNAL

MALTA UNION OF MIDWIVES AND NURSES

No. 46 - Lulju 2010

Show Germs The Red Card

Beat the Summer Rash

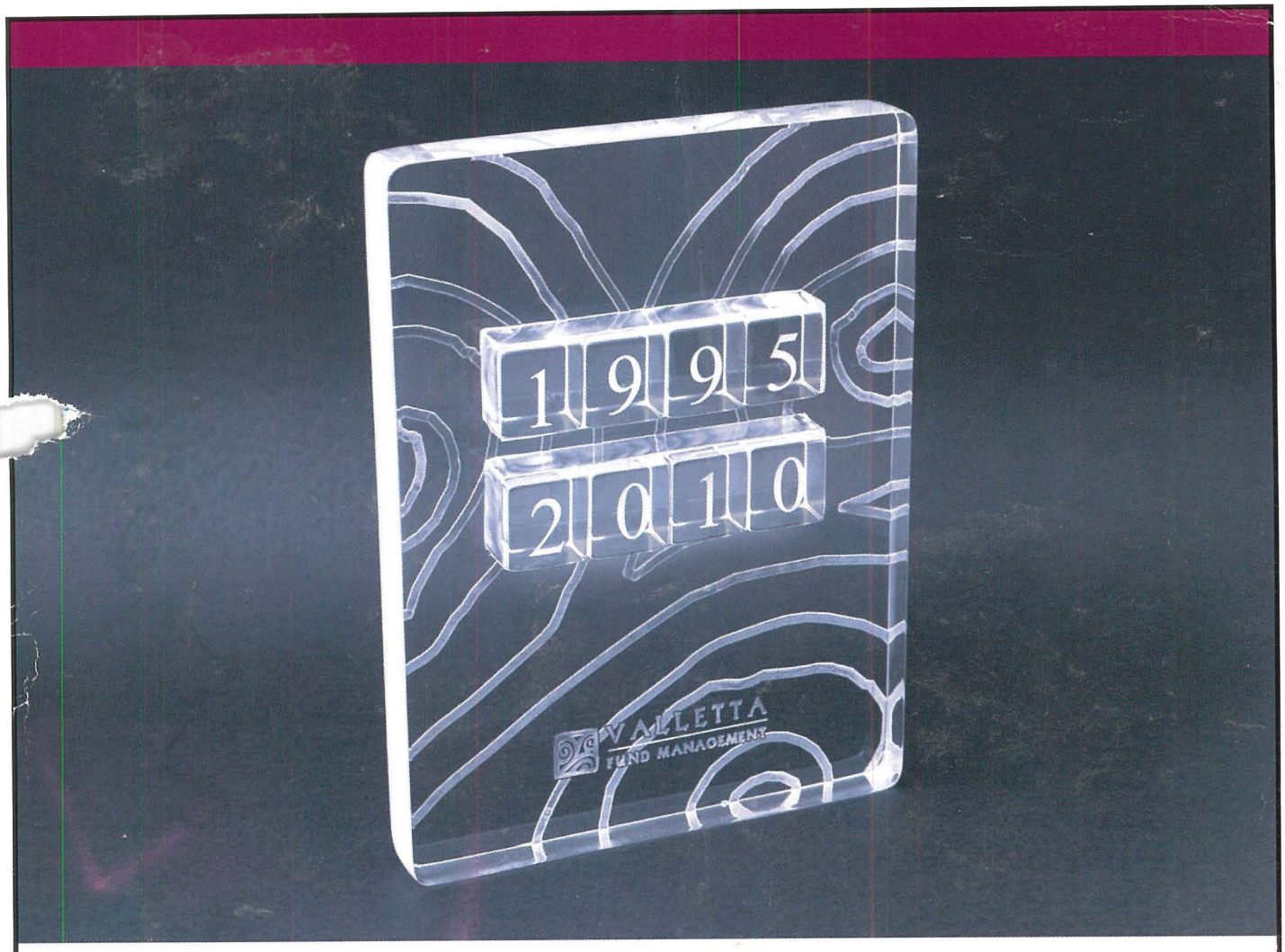
- Nursing the Dying
- From Novice to Expert

HARTMANN

Molimed

Prodotti maħluqin għall-inkontinenza ħafifa, magħmulin b`teknologija avvanzata u maħsuba biex ikunu kemm komdi u ma jidhrux

Cempel fuq 21446205 ghal aktar informazzjoni fuq dan il-prodott



Valletta Fund Management Limited
tiċċelebra **15-il sena** ta' lealtà tal-klijenti tagħha

Fl-okkazzjoni tal-ħmistax-il sena mit-twaqqif tagħha, Valletta Fund Management Limited ("VFM") tixtieq tirringrazzja lil klijenti tagħha li matul dawn il-ħmistax-il sena urew fiduċja fil-Kumpanija li wasslet sabiex il-VFM tkun il-Kumpanija ewlenija fil-qasam ta' tħaddim ta' fondi f'Malta.

1995-2010

Imwaqfa fl-1995, VFM hija allejanza strateġika bejn il-Bank of Valletta p.l.c. u Insight Investment Management (Global) Limited, u tħaddem il-fuq minn €787 miljun* f'assi, irrapreżentati minn aktar minn 34,000* azzjonist.

VFM hija impenjata li tkompli tiffoka fuq l-bżonnijiet tal-klijenti u tkompli tniedi soluzzjonijiet ta' investimenti innovativi.

VALLETTA
FUND MANAGEMENT

A Member of the BOV Group
Bank of Valletta

Freephone **8007 2344**, Fergħat tal-BOV f'Malta u Għawdex u Intermedjarji Finanzjarji Liċenzjati

* sal-31 ta' Marzu 2010

Il-VFM hija liċenzjata f'Malta mill-MFSA. L-fondi mħaddma mill-VFM huma liċenzjati mill-MFSA. Dan ir-reklam inħareġ mill-VFM, Level 6, The Mall, Floriana, FRN1470. Tel: 21227311, Fax: 21234565, Email: infovfm@bov.com, Websajt:www.vfm.com.mt. Sors: VFM

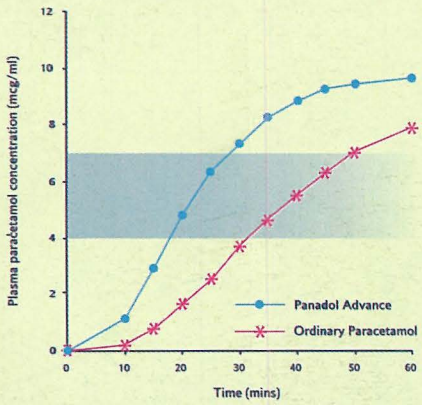
Paracetamol tablets Reinvented

Introducing New Panadol Advance 500 mg Tablets, the only paracetamol formulation to contain the unique Optizorb™ disintegration system.

This allows the tablets to disperse up to 5 times faster in the stomach than ordinary paracetamol.[1]

Panadol Advance reaches therapeutic levels faster than ordinary paracetamol[2]

Randomised, cross-over pharmacokinetic (PK) study in 75 subjects given a standard meal[2]



Therapeutic plasma paracetamol threshold is reached within the shaded area

From the above graph you can see Panadol Advance Tablets reach therapeutic levels faster than ordinary paracetamol.[2]

Recommend Panadol Advance to your patients to tackle everything from period pain to backache.

For relief from mild to moderate pain, help customers get their day back on track with Panadol Advance

paracetamol Disperses up to 5X Faster than ordinary paracetamol

Product Information. Panadol Advance 500mg film coated Tablets (paracetamol). Contains disintegrant system to accelarate dissolution. **Uses**: Mild analgesic and antipyretic. **Dosage and administration**: *Adults and children, 12 years and over*: Two tablets at ≥ 4 hour intervals. Max. 8 tablets in 24 hours. *Children 6-12 years*: Half to one tablet at ≥ 4 hour intervals. Max. 4 tablets in 24 hours. Do not use for >3days without doctors advice. *Children under 6 years*: Not recommended. **Contraindications**: Hypersensitivity. **Precautions**: Severe renal/hepatic impairment, non-cirrhotic alcholic liver disease. Concomitant use of warfarin/other coumarin anticoagulants, domperidone, metoclopramide, colestyramine. Refer to doctor if persistent headache or non-serious arthritis requiring daily analgesia. **Pregnancy/breastfeeding**: Pregnancy: Refer to doctor. Breastfeeding: not contraindicated. **Side effects**: Hypersensitivity including skin rash, blood dyscrasias. **Overdosage**: Immediate medical advice due to risk of delayed, serious liver damage. **Legal category**: OTC. **Product licence number**: AA460/00701. **Product licence holder**: GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity**: Compack 12's. Date of last revision: November 2008. **Panadol** is a trade mark of the GlaxoSmithKline group of companies.

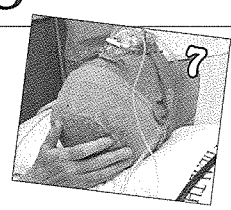
gsk GlaxoSmithKline Consumer Healthcare

IL-MUSBIEĦ

MALTA NURSING AND MIDWIFERY JOURNAL

Ħarġa Nru. 47 • Lulju 2010

F'Din il-Ħarġa



Pubblikat: Malta Union of Midwives and Nurses
Les Lapins Court B, No. 3, Independence Avenue, Mosta MST9022 • Tel / Fax: 21 44 85 42 • Website: www.mumn.org • E-mail: mumn@maltanet.net

Ritratt tal-faċċata: Tonio Pace

Set & Printed: A&M Printing Ltd. - 2155 3217

editorial

Many a times when we nurses and midwives meet in corridors, in clinical areas, or on other occasions during our non working hours ,we all start talking about how stressed we are, especially at work. We seem to be surrounded with continuous situations that are dulling up our life, situations that are provoking a negative attitude.

Although we all talk about stress, it often isn't clear what stress is really about. Many people consider stress to be something that happens to them, an event such as an injury or a promotion. Others think that stress is what happens to our bodies, mind and behaviour in response to an event (e.g. heart pounding, anxiety, or nail biting). While stress does involve events and our response to them, these are not the most important factors. Our thoughts about the situations in which we find ourselves are the critical factor.

When something happens to us, especially in a the work setting we automatically evaluate the situation mentally. We decide if it is threatening to us, how we need to deal with the situation, and what skills we can use. If we decide that the demands of the situation outweigh the skills we have, then we label the situation as "stressful" and react with the classic "stress response". If we decide that our coping skills outweigh the demands of the situation, then we don't see it as "stressful".
Everyone sees situations differently and has different coping skills. For this reason, no two nurses and midwives will respond exactly the same way to a given situation.

Additionally, not all situations that are labelled "stressful" are negative. The birth of a child, being promoted or moving to a new home may not be perceived as threatening. However, we may feel that situations are "stressful" because we don't feel fully prepared to deal with them.

Some situations in life are stress-provoking, but it is our thoughts about situations that determine whether they are a problem to us.

How we perceive a stress-provoking event and how we react to it determines its impact on our health. We may be motivated and invigorated by the events in our lives, or we may see some as "stressful" and respond in a manner that may have a negative effect on our physical, mental and social well-being. If we always respond in a negative way our health and happiness may suffer. By understanding ourselves and our reactions to stress-provoking situations, we can learn to handle stress more effectively.

I would like to see many of us nurses and midwives taking up the challenges that we have to encounter everyday and see them as a way to move forward instead of labeling these situations as just stressfull.

the editor

messaġġ *from the president*

Paul Pace President
mumn@maltanet.net

You are all aware of the campaign MUMN did this year to attract young people into the nursing and midwifery profession. This sent a clear message to all government entities that as a union we do not leave a stone unturned and try to respond to every problem our nurses and midwives face at their work place. Shortage of staff is the most crucial problem hurting Maltese nurses and midwives. Cancellation of vacation leave and heavy workload (due to lack of nursing staff) are the two most factors affecting our profession. We have managed a success campaign through the education committee of MUMN with bill boards, radio advertisements and visits to schools. We made the nation aware about the lack of nurses with the very first time having the Health Minister consenting that more than 500 nurses are lacking within the nursing and midwifery workforce in Malta. I even wrote to the Prime Minister to address the difficulties the University of Malta is facing. I suggested that the Prime Minister sets up a task force from important stake holders as to address all university shortfalls. It is a pity that for the Prime Minister nursing shortage seems not to be a priority since this task force was not set up. We will see in August 2010 if students would be refused into the nursing course as it happened last year.

We need foreign nurses to address the great shortage of nurses BUT as a short term measure. Large number of foreign nurses would create huge problems at our work places especially in departments such as Mt. Carmel and SVPR. Language and culture of these foreign nurses could result to more problems to our Maltese nurses and patients.

AS MUMN we are heavily involved in the FOR.U.M. FOR.U.M is a group of sectoral unions (as MUMN) which formed a confederation of 11,000 workers to contribute (as like all others unions) in the national policy of our country such as the budget. Other unions such as the MAM are in another confederation which is CMTU which has only 2,400 workers but have a seat in MCESD. The government has truly a HIDDDEN agenda and thus is resorting to every excuse and sometimes even bluntly issuing false statements as not to allow FOR.U.M. to join MCESD. Everyone knows the great contribution as a FOR.U.M we already did in this country. As President of MUMN, our union is not a second class union and it will be eventually be in MCESD as the other unions. If the Prim Minister has his own hidden agenda, we will continue to press harder our right to be in MCESD even during election time so that our union can contribute to its members in the highest committee in the country. MUMN has no political ties and has no obligation to any political party and therefore when we voice our concerns on any issue including any nursing and midwifery issue, we do that for the benefit of our members and our nation. Today MUMN is the envy of other workers who are not MUMN members stating we are an active union having its members interest at heart. That is due to our track record as a union addressing all issues which arise from time to time.

Just to give our readers an idea on the present current issues MUMN is addressing in the name of its members, there are more than eight major issues being discussed by the health division at this present moment. These are the issues like the Level one at Mt. Carmel Hospital, the canteen, lack of carers and the lack of relief pool in SVPR, the reform at the out patients department, the initiatives being discussed to address the waiting time in our country, the changes in practices mainly in Mater Dei hospital with nurses doing non nursing duties, clause 10 of the October 2007 agreement is not implemented yet and last but not least is the compensation MUMN is requesting in the name of all its members due to the sacrifices nurses and midwives are doing due to bad political decisions.

So as you see the council of MUMN is active in all fronts for its members. The whole structures within MUMN with all the subcommittee members are all active within their field. In fact MUMN is in the process of issuing elections in most hospitals to elect nurses and midwives who are ready to contribute for the sake of the nursing and midwifery profession within MUMN statute. Such committees are very important so as to have MUMN closer to its members. So I encourage all nurses and midwives to participate in such a process. So summer is coming and in the name of MUMN council enjoy your summer, enjoy your vacation and most important enjoy your family.

messaġġ *mis-segretarju ġenerali*

Colin Galea Segretarju
mumn@maltanet.net

Is-Sajf qieghed maghna u ghalkemm hafna jqisu dan iz-zmien bhala mument fejn inaqsu r-ritmu li nkunu ghaddejjin bih, l-MUMN tibqa' ghaddeja bl-istess ritmu s-sena kollha.

L-akbar ugih ta' ras ghall-Union jibqa' l-fattur tan-nuqqas ta' Nurses. Hafna jilmentaw, u bir-ragun, dwar il-problemi fil-vacation leave u n-nuqqas fil-compliment. Id-Divizjoni tas-Sahha tidher li qed timbarka fuq l-importazzjoni tan-Nurses barannin. Ghalkemm l-MUMN taf bid-diffikultajiet li dawn in-Nurses ser igibu maghhom, ma tistax taghmel mod iehor hlief li taccethom fuq bazi ta' short term b'kuntratti annwali li jiggeddu minn sena ghall-ohra. Dan sakemm nistabilizzaw ruhna bin-Nurses Maltin. Il-provedimenti li ttiehdu mill-Universita dwar il-courses tan-Nurses jibda jghati l-frott madwar sentejn ohra u sadanittant ikun tajjeb li jigu jghinuna n-Nurses barannin sabiex niehdu ftit tar-ruh.

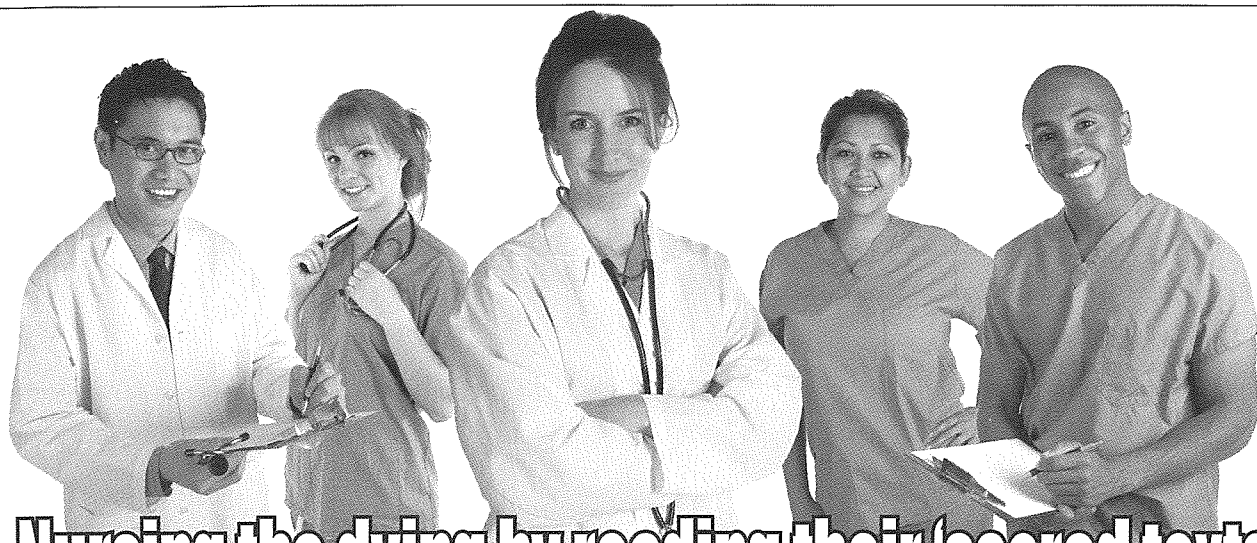
L-Istatut tal-Union jistipola li fis-sena ta' qabel l-elezzjoni ghall-Kunsill gdid iridu jigu organizzati l-elezzjonijiet ghall-Group Committees. Il-process beda madwar xaghrejn ilu u miexi sew. Sa l-ahhar ta' Ottubru nkunu lestejna dan il-process biex ezatt wara jibdew il-preparamenti ghall-elezzjoni ta' Kunsill gdid. Peress li s-sena d-diehla, f'Mejju, ser tigi organizzata l-konferenza ta' l-ICN, ma jkunx ghaqli li ssir din l-elezzjoni xahar qabel ghaliex tinholoq instabbilita quddiem l-organizzazjoni masticca ta' din il-konferenza. L-Istatut tal-Union jipprovdi li l-Kunsill jista' jiddeciedi li jbiddel id-data ta' l-elezzjoni u ghalhekk il-probabilita hija li l-elezzjoni ssir ezatt wara l-konferenza ta' l-ICN.

Il-preparamenti ghal din il-konferenza mixjien gmielhom. Il-post fejn ser issir il-konferenza ser ikun il-Mediterranean Conference Centre u d-dati huma l-5, 6 u 7 ta' Mejju. L-unika aspett li ghadu mhux deciz huwa l-post fejn ser issir l-Opening Ceremony peress li jrid jinstab post li jesa' 3500 Nurse bilqeghda. Ghandna numru ta' postijiet f'mohhna fejn din tista' ssir. Infatti fil-granet li gejjin ser nikellmu ma l-ICN sabiex dan l-aspett jigi deciz ukoll. Din il-konferenza ser tkun opportunita enormi ghan-Nurses u Midwives Maltin fejn barra li ser ikollhom l-opportunita li jiltaqghu ma eluf ta' Nurses li gejjin minn kwazi l-pajjizi kollha tad-dinja, ser jisimghu lectures u presentations ta' livell gholi hafna. Il-prezz tal-konferenza ta' dan it-tip ma jkunx irhis pero jista' jigi utilizzat is-CPD Alowance. L-MUMN ser tassigura wkoll li kull min ma jkunx jista' jattendi t-tlett t'ijiem, anki minhabba problem ta' study leave, ikun jista jattendi gurnata jew jumejn ukoll. Aktar il-quddiem ninfurmawkom bid-dettalji kollha.

Fil-granet li gejjin ser tisimghu dwar l-andament ta-talba li ghamlet l-MUMN dwar l-oghti tal-kumpens minhabba l-problemi tal-vacation leave u n-nuqqas fil-compliment. Diga saru zewg laqghat mal-Ministru tas-Sahha dwar dan pero ghad baqa' aktar x'jigi diskuss.

Illum ser nieqaf hawn ghax hadt spazzju bizejjed. Nawgura lilek u l-familja tieghek Sajf ta' divertiement u rilassar.

Galea



Nursing the dying by reading their 'sacred texts'

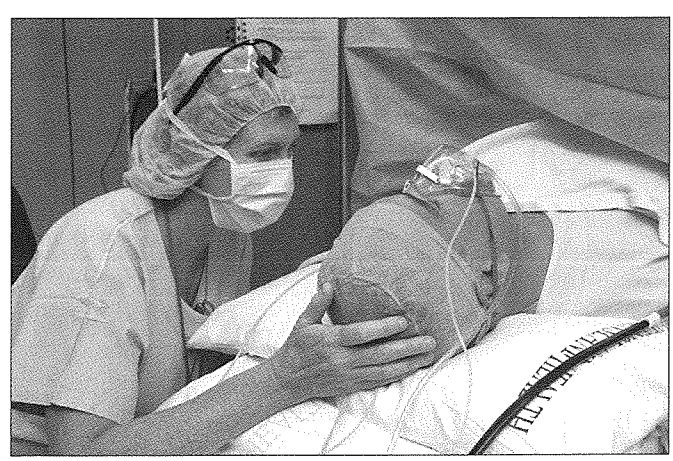
An unknown author once wrote a beautiful aphorism regarding the nursing profession: "Nurses are angels in comfortable shoes". One of the main characteristics of angels is surely leading by companioning. The biblical book of Exodus attests to this powerful truth concering the angelic beings when the Lord says to Moses: "My angel goes before you" (Exod 23, 23; see also 32, 34). I am honoured to say that in a particular ward on January 21, 2010, I heard of angel's testimony of how she ministered to a dying patient.

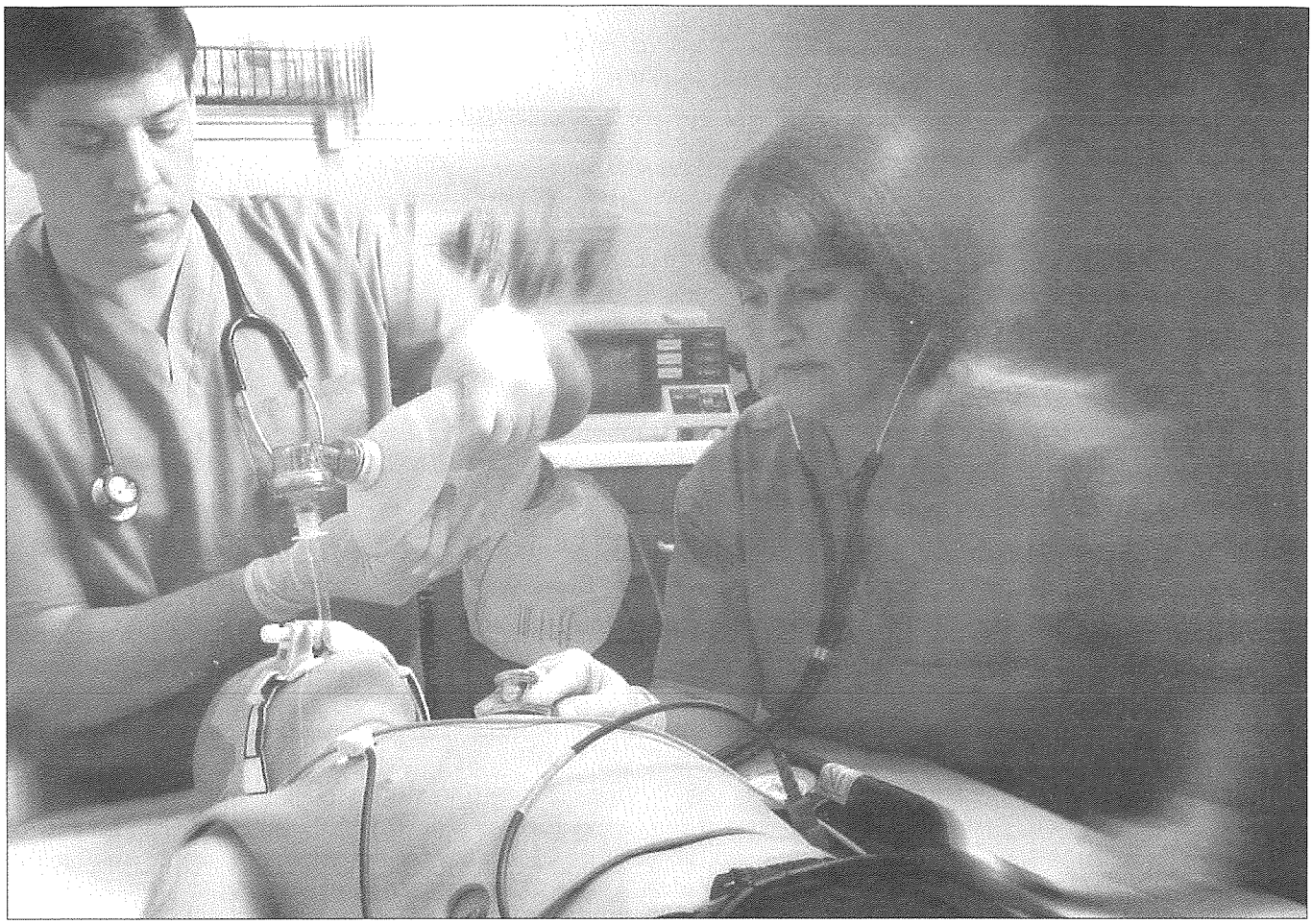
That day I was Day 1 shift. As I came up to the ward I was informed that a religious nun has just passed away. Nothing extraordinary as people consecrated to God are doomed to die as much as any other lay person would. What struck me though was the extraordinary witness of this special nurse. She told me that when this religious sister used to come to hospital for treatment, this lovely old nun always carried with her a Latin book of prayers. It was Jenny's (a fictitious name of the nurse) delight to see this little yet devout nun praying ardently to the Lord.

Lately, Sr Brigitte's health (a fictitious name of the nun) has been fastly deteriorating. She had to be admitted to hospital at once. Upon her arrival on the ward, Jenny noted that notwithstanding her weakening condition, the elderly religious sister kept praying and conversing with God through her usual book. For Sr Brigitte this book became an open door to eternity, an icon of the divine. The awe inspiring example of Sr Brigitte left an everlasting imprint on Jenny's heart. Like Mary, the Mother of Jesus, Jenny "kept all these things in her heart" (Lk 2, 51). She was amazed how, in spite of her visible deterioration, this marvelous nun kept close to the Lord who called her from the beginning to be his. Jenny felt that Sr Brigitte's book was the symbol of her undivided and uncompromised commitment to live her consecration to God till the very last drop of her life.

The moment of departure comes for everyone, even for Sr Brigitte. On her deathbed, this faithful religious sister had an afflicting look on her face. At first, Jenny, who was sitting beside her and holding her right hand as she was gasping her last breaths, thought that the sister was feeling distressed because she was dying. Upon further reflection this thought seemed rather clumsy. How come that a person like Sr Brigitte, so close to God, would be so sad that she is leaving this world dominated by time and space to enter into eternity and infinity so as to be united with God forever? As she progressed in her thoughts Jenny soon started realizing that what Sr Brigitte really needed at that moment was something to launch her out of this world to the next. With her typical and idiosyncratic smile, Jenny took the Latin book, which was laying on Sr Brigitte's commode, found a small but powerful prayer to the Holy Spirit, and prayed it gently but loudly for the nun to hear it. As the latter heard this familiar prayer being recited, her afflicting look was transformed immediately into a peaceful gaze. And precisely at that instant, Sr Brigitte breathed her last.

The nun's peaceful expression was swiftly communicated to Jenny. The nurse felt both relieved and content because Sr Brigitte not only rested forever





from her chronic and suffering illness, but, and above all, that she had the privilege of being the last person to talk to Sr Brigitte, by the prayer the nun liked to pray. Through the ministry of reading the patient's 'sacred texts', Jenny effectively eased the passage of Sr Brigitte from the immanent to the transcendent reality. By her caring presence Jenny transferred on her very person the prayer she read: "Lord through your Holy Spirit, may you be praised for your wonderful deeds". On another level, Jenny mirrored back to Sr Brigitte her own reality, namely that her long consecrated life to God was, by itself, a visible token of God's glory and power among the people. Thus, thanks to Jenny's companioning by reading her favourite sacred prayer, Sr Brigette was finally prepared to encounter the faithful Lord in whose hands she lived her heroic and committed life as a nun.

Being a nurse is undeniably a calling. In modern terms, Dik and Duffy define a calling as a "
"transcendent summons... originating beyond the self, to approach a particular life role in a manner oriented toward demonstrating or deriving a sense of purpose or meaningfulness" (Dik and Duffy 2009). It is interesting to see that when Jenny shared her experience with me, she started realizing that she has a vocation within a vocation. Within her nursing vocation Jenny discovered that God is calling her to assist the dying by reading to them their 'sacred texts'. In so doing, she became a convincing witness to her peers as well as to the other members of the multidisciplinary staff that person-oriented care is the only remedy and true development of a health care system worth its name. Furthermore, I was deeply moved and honoured that God used me (a chaplain in progress) together with a colleague of mine, to reaffirm Jenny's specific vocation, namely of nursing the dying by reading their 'sacred texts'.

The inspirational speaker and writer Dawna Markova, wrote: "The ancient redwood trees, huge as they are, have a very shallow root system. Yet, they cannot be blown over by the strongest wind. The secret of their stability is the interweaving of each tree's roots with those that stand by it. Thus, a vast network of support is formed just beneath the surface. In the wildest of storms these trees hold each other up." A spiritual patient, like Sr Brigitte, is like these ancient redwood tress. S/he was held up, amid the storm of illness and dying, by a mass of beliefs she deemed meaningful. It was exactly these beliefs, as written in her 'sacred book,' which kept her hope alive and aided her to die with dignity. A nurse is inherently called to guard and respect this holy ground. From Jenny's extraordinary witness, through nursing the dying by reading their 'sacred texts', it clearly emerges that a nurses' vital role remains essentially the healing of the spirit by recognizing and honouring the beliefs and practices of the patient for whom they are caring.

Fr Mario Attard OFM Cap

Socio-Economic Welfare

SEW NEWS

International Council of Nurses • Conseil international des infirmières • Consejo internacional de enfermeras

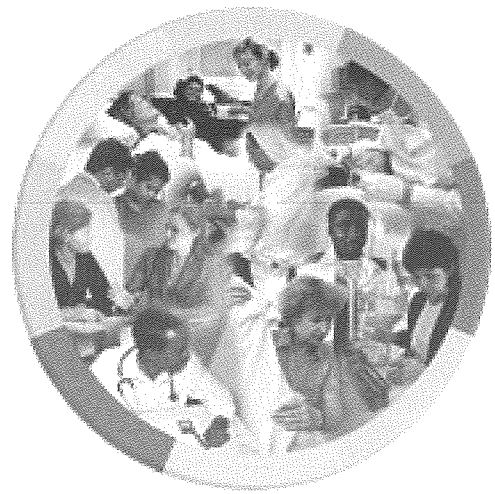
3, place Jean-Marteau • CH-1201 Geneva

ZAMBIA –UGANDA AND MOROCCO HOST THE POSITIVE PRACTICE ENVIRONMENT WORKSHOP

The chronic underinvestment in the health sector in both developed and developing countries has resulted in a deterioration of the working conditions of health professionals worldwide. It has impacted negatively on recruitment and retention of health workers and ultimately affecting quality care and patient outcomes. To reverse this tendency, six international health organizations have joined forces to launch a campaign on *Quality Workplace for Quality Care* in view of making Positive Practice Environments a reality in health settings, ensuring health, safety and well being of staff and supporting the provision of quality patient care. This campaign is supported by the International Council of Nurses, International Hospital Federation, International Pharmaceutical Federation, World Confederation for Physical Therapy, World Dental Federation and World Medical Association.

A three-day workshop on Positive Practice Environments (PPE) took place in Zambia 9 – 11 March and in Uganda 15 – 17 March 2010. At country level, a National Steering Committee (NSC) has been set up and a National Resource Person (NRP) has been appointed. The NSC and NRP will coordinate PPE activities and monitor in-country projects. Around 30 participants attended the workshop representing different Health Care Organizations. Participants adopted a National Project Implementation Strategy. The workshop was facilitated by Francis Supparayen, ICN Consultant and Campaign Coordinator, in collaboration with the NRP of each country. This project is implemented and financed in 3 countries namely Morocco, Uganda and Zambia. The PPE Workshop in Morocco will be held in Rabat 5 -7 May 2010. Around 25 participants from rural and urban regions are expected to attend the workshop.

Source: News from ICN- for more information on the Campaign visit www.ppecampaign.org



4TH WORKSHOP ON LEADERSHIP IN NEGOTIATION IN RUSSIA

The fourth and last Leadership in Negotiation (LIN) workshop will be held in Omsk in Russia 2- 5 August 2010. This 4-year project started in 2007 in Samara and workshops conducted by ICN have been successively held in Astrakhan in 2008 and Mari-El in 2009. Thirty-two participants have followed this training programme which aims at developing nurse leaders' knowledge and skills in negotiation, empowering them to advocate for better conditions of work for nurses and also influence nursing and health policies. According to Valentina Sarkisova, President of the Russia Nurses Association, this project has been very beneficial to the NNA and has made a real difference among Regional Nurses Associations leaders who have attended these workshops. They have become more assertive and confident in themselves and have effectively marketed the image of the NNA resulting in a substantive increase in membership strength. In Omsk, the regional membership grew from 60 to 80 % of the pool of nurses.

Source: News from ICN- For more information visit: www. icn.ch/leadneg.htm

SHIFT WORK AND CANCER

The effects of shift work on cancer, particularly breast cancer, prostate and colorectal cancer are receiving increasing interest among shift workers especially in certain Scandinavian countries. It follows a declaration by the International Agency for Research on Cancer, stating that shift work that involves circadian disruption is probably carcinogenic to humans. Recently 28 women with breast cancer who had previously worked night shifts for at least 20 years were compensated by the Danish national board of industrial Injuries. Recent meta-analysis has suggested that the risk of breast cancer is increased by around 50% among night workers and 70% in flight personnel. Possible mechanisms that may increase the risk of cancer among shift workers include light at night suppressing the production of melatonin and sleep disruption resulting in depression of immune function. The nursing profession has to ensure a round the clock service. Consequently, employers must devise means to mitigate the effects of shift work on nurses. In many western countries considerable efforts have been made to find better shift systems such as, few and short shifts before a rest day, stable rather than rotating shift and frequent rest breaks or scheduled napping within a shift.

Source: Article published in Medical Journal by Lin Fritschi – August 09

CUT IN SUBSIDY FOR TRAINING OF NURSING STUDENTS IN MALAWI

The civil society organizations of Malawi have addressed a petition of protest to government following the announcement of the Ministry of Health to cease subsidizing nursing and midwifery students studying at the Christian Health Association College of Malawi. Prior to this decision Government paid USD 2392 for the training of each student who then had to pay only USD 224 to top up the difference. According to the Ministry this is due to budgetary constraints. The Executive Director of the National Organization for Nurses and Midwives, Dorothy Ngoma said that government should reverse this decision to avoid a continuous shortage of nurses in the country. Malawi has only 4450 nurses and midwives with a vacancy rate of 76%.

Source: African Press Agency- November 2009

INDIA IMPROVES TRAINING OF NURSES

To palliate the acute shortage of Registered Nurses all across India, the Ministry of Health is planning to open 267 Nursing Institutes. It is expected that this measure will produce at least 22,000 nurses annually and will reduce the shortage over time. According to an analysis of the Ministry of Health the density of health professionals in India is 20% less than the WHO prescription of 2.5 health professionals per 1000 inhabitants. The majority of them operate in the urban area which accounts for only one third of the population. The Minister of Health Gulam Nabi Azad has stated that to bridge this gap many of the new Nursing Institutes will be open in those unserved districts. Incidentally, India ranks at the top of nations whose physicians are working in developed countries and nurses hold the second position behind the Philippines. According to a report of the Ministry of Health, nurses have been under utilized in a doctor-centric system and

traditionally have a low position in the health workforce hierarchy.

Source: Daily News and Analysis – India December 2009

Salaries Comparison of Nurses in OECD Countries

The remuneration level of nurses is among the key factors affecting job satisfaction and attractiveness of the profession. It has also a direct impact on cost as wages represent one of the main spending items in health system. Data published in *OECD Indicators of 2009* reveals that in many OECD countries the remuneration of nurses is above the average wage of workers in their respective countries. In Portugal the income of nurses is 70 % higher than the average wage of workers, while in Mexico it is two times higher. In UK there has been a yearly increase of 3 % over the past ten years representing two times more than the growth of average wage in the economy. However, it is lower in Hungary, Slovak Republic and Czech Republic. When comparing one country to another in a common currency (normally using the US Dollar) Luxembourg is six times higher than the three above mentioned countries. Nurses in the US continue to draw high salaries compared to their counter parts in other countries, thus the ability of this country to attract nurses from other countries.

Source: *Health at A Glance- OECD Indicators- 2009*

Poor Accommodation Facilities for Nurses in Uganda

The Health Workforce Advocacy Uganda (HWAU) has blamed government for the poor number of health providers, especially nurses in the rural areas due to lack of facilities for accommodation. According to Apollo Nygansi of HWAU, the allowance of 40,000 Uganda shillings (equivalent to 20 USD) per month for housing allowance is outdated, pretentious and unreasonable as it does not cover the cost of a decent accommodation. This is the reason most health workers are opting for jobs in Kampala, capital of Uganda. Patrick Bateganya, General Secretary of the Uganda Nurses and Midwives Union has stated that it is difficult to secure accommodation in rural areas. It has resulted in staff having to walk long distances, exacerbating the feelings of discontent with their working environment and dissuading potential new recruits. He cited the case of a nurse who has to walk ten kilometres distance after leaving work at 22.00 hrs at her risk and peril and a nurse who was stabbed on her way back home in Mulago.

Source: *Published by Reporter Rukiya Makuma in The Independent – Uganda*

Texas Nurses Acquitted by State Jury

Anne Mitchell and Vicki Gale, two Registered Nurses of the state of Texas who were accused of *misuse of official information* for having reported a Medical Doctor (published in the last SEW News October 2009) were acquitted. Although the charges against Vicki Gale were dismissed as she was protected by the whistle-blower status, Anne Mitchell had to go on a four day trial. It needed less than one hour for a State Jury to acquit her. However, if she was convicted she could have faced up to ten years imprisonment. After the verdict Anne Mitchell said that she was just doing her job and invited nurses to come forward and denounce any bad care in the interest of their patients. Suzy Sportsman, President of the Texas Nurses Association said she was very pleased with the verdict and that justice has prevailed for Anne Mitchell. She added that the duty of a nurse is to advocate for the health and safety of patients without any compromise. This sentiment was echoed by Rebecca Patton, President of the American Nurses Association who however, deplored that this sort of blatant retaliation was allowed to take place and has even reached the trial stage.

Source: Published in Health Leader Media by John Commins- February 2010

Improving Nurse Retention in Jordan

The past few decades have witnessed a critical shortage of Registered Nurses in Jordan affecting the delivery of health care. The rate at which nurses are leaving the profession has increased from 18.4% in 1996 to reach around 40% in 2008. Although considerable efforts have been made to focus on recruitment it has proved to be futile because retention strategies did not receive the same attention. In this respect many studies have been conducted to determine the push factors that make nurses leave their job or migrate to other countries.

The study revealed that age can be a determining factor where older nurses form a more stable workforce with greater job satisfaction and are more likely to stay in their job until retirement. Conversely young nurses are more inclined to look for a variety of experiences and opportunities for advancement and are more tempted to leave for greener pastures. Other crucial factors that were identified for an effective retention plan include salaries, work environment, career development, work autonomy, workload and job satisfaction.

Source: Advanced Practice Nursing Journal 2009

NURSES IN SURINAME WENT ON STRIKE

Nurses in Suriname went on strike in two hospitals in March this year namely at the Academic Hospital and the Government Hospital. It follows an increase in salary that was granted to public officers such as teachers and police officers, while nurses and other health workers were left out of this deal. According to Government there is no money for any increase in the salaries of nurses and other health care professionals who have been waiting for more than a year for a salary adjustment. In the Academic Hospital provisions were made to ensure an emergency service to safeguard lives of patients as per ICN guidelines. However in the government hospital after three days of strike, nurses have stopped ensuring a minimal service as decided by the union. The Suriname Nurses Association is trying to act as a mediator to convince nurses not to put at risk the lives of patients. The NNA has met the chair of the nurses' union and has given him a copy of the ICN Strike Policy. Presently, after negotiation it seems that government is willing to pay the increase to nurses and other health workers. In this period of economic crisis the big issue is where to find the money.

Source: Information sent to ICN by the Suriname Nurses Association

The **International Council of Nurses (ICN)** is a federation of 133 national nurses associations representing the millions of nurses worldwide. Operated by nurses and leading nursing internationally, ICN works to ensure quality nursing care for all and sound health policies globally.

Quality Continence Care & Healthy Skin

Healthy skin in connection with incontinence was often neglected. Nowadays experts consider skin problems to be a major long-term complication for incontinent persons. Problems include skin irritations, reddening, allergic reactions, "nappy rash", and dermatitis. Persons suffering from incontinence regard related skin problems as a significant limitation of their quality of life.

What are the main problems related to incontinence and how are they caused?

Swelling of the Stratum Corneum: usually occurs due to moisture build-up as a result of using conventional airtight materials for the outer layer of continence products. Since the skin constantly loses water to the surrounding via perspiration, it needs air circulation for moisture to evaporate. If air circulation is not allowed, a moist environment develops, causing the impermeable outer layer (Stratum Corneum) to swell up. In this way it is able to absorb 300 % of its own weight in water– as much as after taking a bath for 2 hours. This reduces the acidity of the stratum corneum, encouraging the growth of harmful bacteria.

Creation of ammonia: results from the action of bacteria producing ureases which catalyse (start off) the decomposition of urea to ammonia. The alkaline characteristics of ammonia attack the skin's acid protection mantle, damaging the skin and allowing bacteria to overcome the protection barrier. The decomposition of urea to ammonia is also responsible for the intense odour.

Skin irritations/allergies: are often triggered by allergenic materials in close contact with the skin. Due to age-related changes, elderly skin is particularly at risk of developing allergies. Since the thickness of the outer layer of skin decreases steadily with age, the skin becomes less able to produce moisture-storing epidermal fats, becoming drier, more flaky and porous. Hence, not only bacteria but also allergens can penetrate more easily into the deeper skin layers. People with a predisposition to allergies may end-up with reactions like nappy rash leading to Eczema.

How can such problems be avoided?

The use of specially designed materials to keep the skin dry: Air breathable materials for the outer layer of continence products allow high permeability to air and moisture but not to liquids. Such innovative air active materials stop the stratum corneum from swelling and stabilize the acid protection mantle, creating a healthy skin climate. In-use tests in nursing homes showed that skin irritations and redness improved considerably while using Molicare with Air Active® materials (Source: Cosmetic-Test GmbH Eislingen;
Dr. med. Tilman M. Ertle).

Spiral shaped cellulose fibers in the top layer of the absorbent core, closest to the skin's surface, create a tunnel-like capillary effect guiding fluid fast into the center of the absorbent core ensuring quick and complete transportation of fluid away from the skin, to keep it in a dry state. A skin balanced pH value of 5.5 in this layer ensures that alkaline influences on the skin, such as sweat, detergents and urine, can be effectively buffered to maintain the skin's natural pH. Maintenance of pH at 5.5 also has a bactericidal and bacteriostatic effect on pathogenic bacteria.

The use of Superabsorbers in the absorbent inner core to store urine and keep it safely locked! Superabsorbers contain long-chain molecules having many binding sites for water within their molecular structure. They are capable of binding many times their own weight in fluid, creating a combination known as "Hydrogel". Superabsorbers also inhibit formation of skin-damaging and intense-smelling ammonia by reducing free concentration of ureases to such an extent that the decomposition of urea is stopped, and the production of ammonia is reduced to a minimum. Hence, the alkaline characteristic of ammonia is no longer, or only minimally, able to harm the skin's acid protection mantle. Since ammonia is responsible for the odour produced by urine, reducing ureases largely eliminates odour development.

The use of Dermatologically Tested, Hypoallergenic Materials is very important when considering that these products are in constant contact with the skin. If materials used in continence aids have an allergenic potential, contact allergies are inevitable. Hypoallergenic and dermatologically tested products offer the best possible option of reliably preventing allergic reactions. High quality continence products are put through rigorous testing procedures prior to being declared as "Hypoallergenic".

Conclusion: Incontinence poses a special threat to the protective and regenerative functions of elderly skin. The negative impact can be avoided by using suitable high quality continence care products and optimized nursing routines. Dealing well with incontinence today means assuring healthy skin as well! Correct advice, management and nursing care of incontinent persons greatly influences their quality of life.

Continence care that protects the skin

Tanya Carabott,
P.Q.Dip.HSc (Mgmt)

GRUPP PENSJONANTI

RAPPORT TA' HIDMA 2009

Il-Group Committee jiltaqa' ta' l-anqas darba fix-xahar u jigu diskussi affarijiet kurrenti li jolqtu lilna l-pensjonanti.

Wiehed ghandu jkun jaf li bhala ghaqda ahna affiljati mal-Alleanza ta' Pensjonanti bi dritt tal-vot. Nattendu l-laqghat ta' l-Alleanza darba fix-xahar. F'din l-ghaqda jigu diskussi hafna items importanti li jkollhom x'jaqsmu maghna l-pensjonanti bhal Budget, medicini u affarjiet ohra.Niehdu sehem ukoll meta l-ghaqda jkolla laqghat mal-Prim Ministru, Ministri u ma l-Kap tal-Oppozizzjoni. Dawn isiru minn zmien ghall-iehor.

Ahna affiljati wkoll mall-Kunsill Nazzjonali tal-Anzjani u anke hawn ghandna d-dritt tal-vot. Hawn nattendu kull meta jsejhulna ghal xi laqghat.

Matul din is-sena organizzajna zewg hargiet ghall-Ghawdex u harga ghall-Bird Sanctuary gewwa l-Ghadira u wara ghall-ikla ta' nofsinhar gewwa Bugibba. Dawn il-hargiet jibdew b'quddiesa ghar-ruh ex kollegi li hallewna. Dawn il-hargiet jattendu ghalihom numru sabih ta' membri. Dawn ikunu apprezzati hafna.

Barra minn hekk il-membri tal-kumitat jaghtu hafna hin fix-xoghol tal-packing tal-Musbieh u xi xoghol iehor li jitlob is-Segretarju Generali.

Nixtieq nirringrazzja li shabi tal-kumitat tal-koperazzjoni u l-ghajnuna li nsib minghandom.

Paul Bezzina
Chairman - Group Committee

IL-HAWHA.

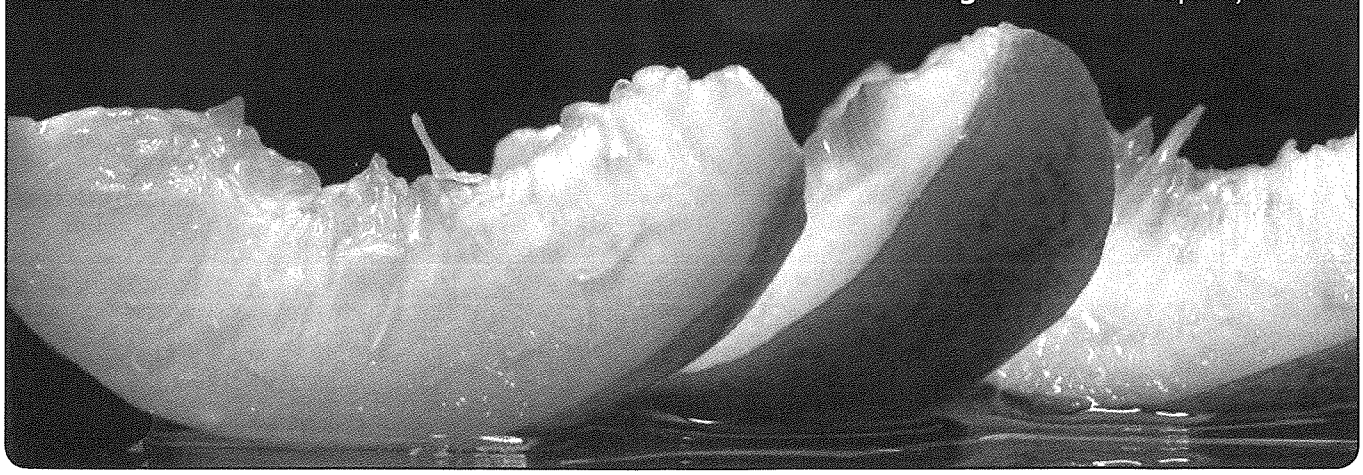
Kemm hi sabiha in-natura. Fettilli nahseb fuq din l-imbierka frotta bnina u min fejn giet. Mela ghal l-ewwel tkun lewza selvagga, meta tikber ftit tkun tista tlaqqamgha. Dan isir bil-brokk jew bil-qoxra. Hemm diversi kwalitijiet ta' frott li jista jitlaqqam fuq din il-lewza (hekk maghrufa l-lewza il-morra), bhal hawh, 'cherryplum' ,settembrin u frott iehor. Dan isir billi l-lewza tinqata ftit il-fuq mill-hamrija, jinqasam z-zokk u jitpogga l-brokk (li tkun fergha zghira min sigra tajba) f'din il-qasma ghal xi tlett xhur. Imbaghad dan il-brokk jiehu il-hajja mill-qoxra tal-lewza u jaqbad, u b'hekk mil-lewza jsir sigra tal-hawh jew skond il-brokk li jkun.

L-importanti huwa li wara li jaqbad dan il-brokk, minnu l-isfel lejn il-hamrija ma jitilghux xi frieghi tal-lewza l-morra. Jekk jitilghaw jergaw jsiru lewza (jew baghwla) u wara xi zmien terga tmut il-hawha li tkun tlaqmet. Ovvjament il-lewza sigra b'sahhita (ghalhekk jghidula baghala), pero bla preggju u ma hiex imfittxa bhala sigra tal-frott.

Ili ghal zmien twil involut f'union, bhalissa attiv fl-MUMN. Min din is-sigra hadt tghalima li : l-impjegat wahdu jkun bhal lewza, meta jinghaqad f'union jibda jiehu il frott. Pero jekk xi uhud mill-impjegati jergaw jghamlu bhal dik l-fergha li regghet telghet l-isfel mill-brokk, jkun hemm cans li jdajghfu s-sigra tal-frott, li ghalkemm tkun tidher b'sahhita, frott ma taghtiex.

Mela lkoll flimkiem hemm bzonn nghozzu s-sigra tal-frott billi nwarrbu l-frieghej hziena kmieni kemm jista jkun.

Thomas Agius - Part-timer/pensjonant



Be Different not Indifferent!

The Community Mental Health Services work hard at re-establishing service users into their own communities and our view is that our work includes the involvement of all aspects of the community at large.

The Community Services employees concentrate on the clinical and therapeutic aspects of care to enable reintegration for our service users into community life and society as a whole. However, we are aware of the valuable role members of the community can provide which greatly contributes to: breaking down barriers and negative attitudes, reducing stigma and creating positive links with service users, which in turn can promote their empowerment.

We believe that by tapping into the benevolence, skills and abilities of motivated volunteers from the community, we can together positively contribute to shaping a society that not only has a keener awareness and greater understanding of mental illness but is a driving force in preventing the discrimination that our service users battle with every day.

Our intention is to bridge the gap between the community and our service users. We believe that by engaging in a relationship with compassionate and enthusiastic volunteers within the community, we will be moving towards the goal of fully and socially including the users of mental health services into Maltese life.

A volunteer is anyone who performs a task on the direction and on behalf o the Community Mental Health Services, which is without compensations or expectation beyond reimbursement of expenses in the course of their volunteer duties.

Volunteers are appointed in identified roles appropriate to their skills and experience to enhance the profile of the professional team but not to substitute paid staff. Volunteers are not used to remedy staff shortages or supply statutory services.

The work of volunteers will be aimed at:

- Providing patients and their families or carers with a closer link to the wider community therefore reducing stigma, isolation and discrimination.
- Bringing a specific assistance to patients that will support them during recovery by helping them to develop new skills and contribute to increased self esteem and confidence.
- Allowing patients access to a valuable service component that can only be captured by the participation of and relationship with volunteers within an organisation.

Volunteering in the Service offers individuals the opportunity to share their skills and abilities with service users who would not otherwise be exposed to such a variety of experiences and with the Community Mental Health Teams themselves.

The act of volunteering can expand confidence and competence enabling volunteers to achieve personal goals by developing further career opportunities, as well as offering their experiences of life and the wider community to people who need support and genuine regard to explore and establish their own personal empowerment.

Therese Saliba
S.N., BSc Psychiatric Nursing
Team Leader Mtarfa Community Mental Health Services

Contact: Ms Eleanor Cassar 2330 4329
Ms Rayna Mateva 2330 4249
Email: eleanor.cassar@gov.mt

Beat the Summer Rash

The summer heat and extra humidity our climate offers is the perfect breathing ground for fungi making fungal skin infections extremely common during this period.

Fungal skin infections can affect males and females of any age, but do not usually cause long-lasting discomfort. Common fungal skin infections include sweat rash, athletes foot and ringworm infections.

Sweat rash

Sweat rash, one of the most common fungal infections of the skin is caused by candida, a type of fungus that occurs naturally on the skin. Trapped perspiration and heat can sometimes upset the natural balance of the skin allowing candida to cause an irritating, itchy and often unsightly red rash. It's difficult to know when it might strike as everyday things such as rushing for the bus, working out at the gym and even wearing tight fitting clothing can all upset the natural balance of candida on the skin. People who sweat more are more likely to suffer, is therefore more common in sporty people, the overweight or the immobile but as candida lives naturally on the skin it could be experienced by anyone especially during the summertime. Common areas where this tends to appear are where the skin rubs together: under the arms, backs of the knees, groin and under the breasts.

To prevent and treat sweat rash advise your patient to:

- keep their skin cool and dry
- dry skin carefully using a separate towel to dry the infected area - do not rub it as this can damage the skin and spreads the infection
- try to avoid man-made fibres, such as lycra and nylon as they reduce the amount of air which reaches the skin. Try wearing cotton underwear and loose clothing.
- use an antifungal cream to treat the infection.

Athletes foot

Athlete's foot is one of those common irritating skin problems that just seem to appear and then stubbornly refuse to go away. Treated effectively though it doesn't have to hang around for long.

Athlete's foot typically appears between the toes but also on the soles and sides of the feet. Bacteria can also invade the skin following the fungal infection and cause feet to smell. People with particularly sweaty feet are more susceptible.

To prevent and treat Athlete's foot advise your patient to:

- Keep feet and toes dry since the fungus loves warm and moist areas
- Wear clean cotton socks, shoes made form natural materials that let the feet breathe
- not to share bath towels
- Wear shoes or flip-flops in showers and communal changing rooms
- Change shoes regularly, try not to 'live in' trainers
- Use an antifungal cream or spray to treat the infection

Ringworm

Ringworm is caused by a fungus often appearing as a round, red or silvery patch of skin which may be scaly and itchy. There may be several patches and the skin may become raised and blistered.

The fungi that cause ringworm can enter the body through a scratch or a cut or if you have broken skin. Animals can have ringworm and can pass it on to humans if they come into contact, and humans can also pass it to each other through contact.

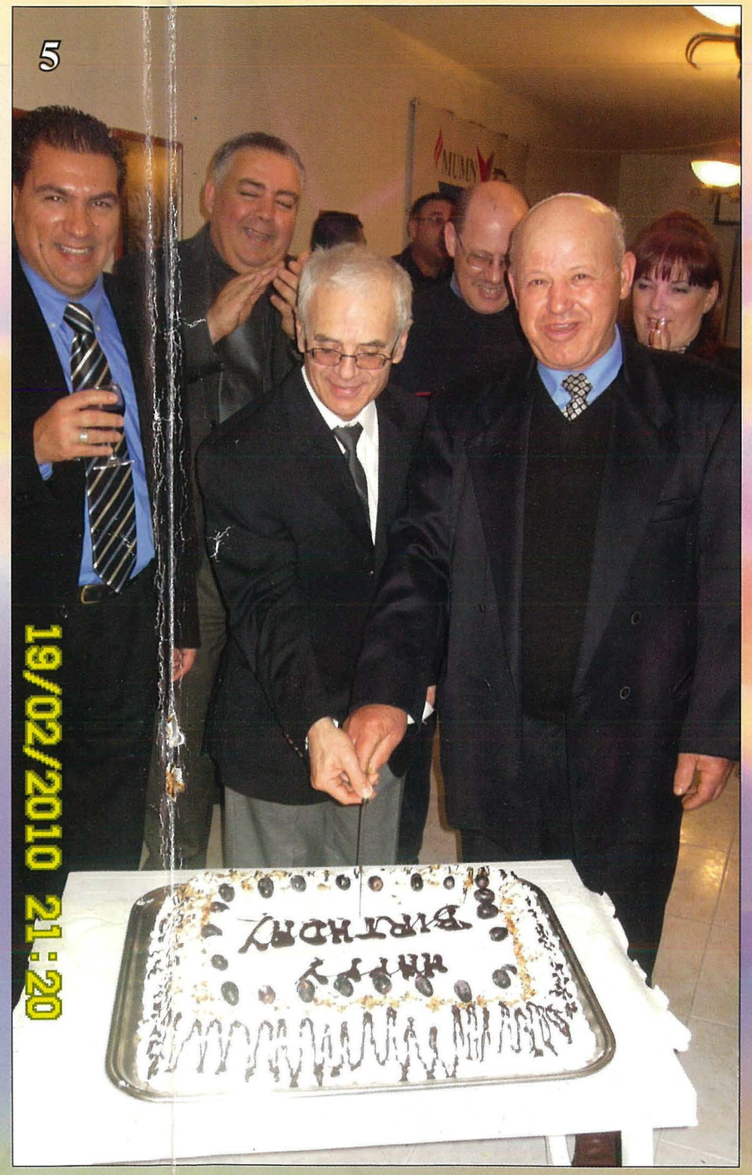
To prevent and treat ringworm advise your patient to:

- Avoid sharing towels, bedding or clothing and try to avoid contact with the infected area and be sure to wash your hands if you have done so.
- Use an antifungal cream to treat the infection, if persistent treatment may also include the use of oral antifungal tablets which are available on a doctor's prescription.
- If a pet or member of the family has ringworm, check the rest of the family carefully for signs of the infection. Take the pet to the vet if they suspect it might have ringworm

Treatment of fungal skin infections is usually topical using cream or spray formulations, in some cases oral treatment may be necessary. It is important to advise patients to complete the full treatment advised to prevent recurrences.

From our Archives

Mid-djarju tagħna...



1 The Pensioners' Group Committee organised once again an activity for its members. This time it was in Gozo.

2, 3, 4 A substantial number of Maltese Nurses and Midwives attended the Commonwealth Nurses' Federation Conference in Cyprus. This was a very successful event. Nurses from different countries met and shared together their experiences.

5 The Florence Nightingale Benevolent Fund organised its Annual Meeting to honour those Nurses and Midwives who retired from work during the year. On the same day two of the retired Nurses celebrated their birthday with all those present at the Meeting.

6 A delegation from the International Council of Nurses visited Malta in connection with the preparations for the next ICN Conference being organised in Malta on the 5, 6 and 7 May 2011. This opportunity is not to be missed.

7 During the discussions on the Primary Health Care Reform, MUMN held discussions with all the stake holders involved. In this photo MUMN is discussing this Reform with officials from the Malta Labour Party.

ICN News for Research
Research BULLETIN
International Council of Nurses • Conseil international des infirmières • Consejo internacional de enfermeras
3, place Jean-Marteau • CH-1201 Geneva

ICN and Pfizer conduct Global Nurses' Survey

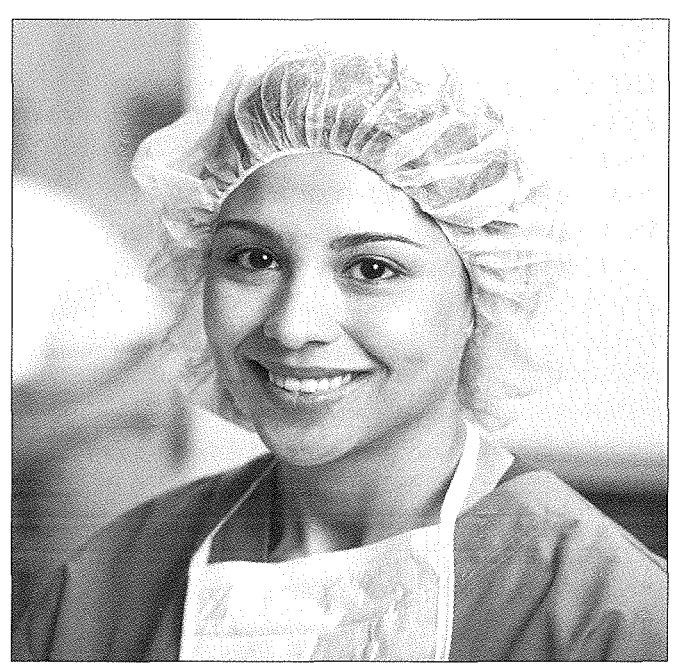
The survey "Nurses in the Workplace: Expectations and Needs" is a collaborative study by the International Council of Nurses (ICN) and Pfizer Inc. External Medical Affairs. It is an extensive global attitudinal survey, which asked more than 2,000 nurses about the opportunities and challenges that face their profession and themselves, individually. The study, conducted in April and May 2009, included a representative quota sample of 200 nurses in 11 countries around the world. The countries included in the study were Brazil, Canada, Colombia, Japan, Kenya, Portugal, South Africa, Taiwan, Uganda, the U.S.A., and the United Kingdom.

Key Findings included:

- Nurses are more likely to say the job of nursing is "better" (40%) rather than "worse" (30%) today than it was five years ago.
- Many aspects of working life seem to be improving, however, nearly half say their daily workload is worse now than it was five years ago.
- Ninety two percent of nurses said that they face time constraints that prevent them from spending as much time with their patients as they think necessary.
- The best part of nursing is seen as helping patients, reported by 37% of nurses.
- The worst part of nursing? Workload, compensation and recognition, reported respectively by 42%, 22%, and 15%.
- Nurses were highly likely to stay in the profession, reported by 53%.

Nurses in Brazil, Canada, Portugal, and the U.S. say they are very likely to stay in nursing for the next five years; while nurses in Kenya, South Africa, Taiwan and Uganda say they are less likely to do so. Eighty three percent of nurses indicated they are not allowed to prescribe medicines; however 70% say they favour giving nurses this authority.

For detailed information on the Survey visit the ICN web site:
http://www.icn.ch/Workplace_survey2009.htm



ICN publishes a new research book: *Improving Health through Nursing Research*

Improving Health through Nursing Research is a practical guide to research and research utilisation in nursing which draws upon international expertise in nursing research in response to the worldwide demand for evidence-based practice. The book offers a global perspective on health and nursing and addresses the development of nursing knowledge and nursing theory. It makes a case for the underlying need for nursing research, focusing on improving patient care, enhancing care delivery and developing the profession of nursing, covering quantitative and qualitative research methods, their selection, use and interpretation. Key issues in research ethics, practical guidance as to how to prepare a research proposal, undertake research, present and publish findings, and translate research into practice are also addressed.

This publication is an essential resource for nurses seeking to understand research and research utilisation. The editor of the book is William Holzemer, when he was Professor and Associate Dean for International Programs and Director, WHO Collaborating Center, University of California. He is currently Dean, Rutgers University, School of Nursing, New Jersey, U.S.A.

ICU nurses handle medical errors differently than they say they do on survey

How nurses deal with medical errors on the intensive care unit (ICU) may differ broadly from what they report on surveys of patient safety culture, according to a study. ICU nurses at a group of hospitals who completed the Agency for Healthcare Research and Quality (AHRQ) Hospital Patient Safety Culture Survey replied that they usually or always reported errors and received feedback from their administrators. However, ICU nurses from the hospitals who participated in focus groups on error communication and reporting said that they often did not report errors that caused no harm to patients – in contrast to the 55% of these nurses responding the AHRQ survey who said that they reported such mistakes. The nurses in the focus groups also said that they rarely received feedback from administrators regarding the errors that they did report – again, in contrast to the 56% of the nurse survey responses that said they did receive feedback.

Although most medical errors are understood to be caused primarily by system problems rather than individual mistakes, the nurses were reluctant to report errors that they were involved with because of a sense of failure or fear of punishment or blame. Nurses who witnessed an error were more likely to report to a supervisor than confront another nurse directly and nurses brought up physician errors to the doctor only indirectly, often in the form of a question about what the physician meant to do, the researchers found.

The researchers conclude that hospitals must understand the realities of error reporting and talking about errors to make headway in improving the safety and quality of the patient experience.
(Source Elder, N.c; Brung, S.M; Nagy, M, et al. *Journal of Patient Safety*, Sept 2008. 4 (3),pp.162-168. abstracted in *Research Activities*, U.S. Department of Health and Human Services No.344, April 2009)

Sharps injuries and other blood and body fluid exposures among home health care nurses and aides

The objective of the study was to quantify risks of sharps injuries and other blood and body fluid exposures among home health care nurses and aides, identify risk factors, assess the use of sharps with safety features, and evaluate underreporting in workplace-based surveillance. The study used a questionnaire survey and workplace-based surveillance, collaborating with nine home health care agencies and two labour unions from 2006 to 2007.

The results showed that approximately 35% of nurses and 6.4% of aides had experienced at least one sharps injury

during their home health care career; corresponding figures for other blood and body fluid exposures were 15.1% and 6.7%, respectively. Annual sharps injuries incidence rates were 5.1 per 100 full-time equivalent (FTE) nurses and 1.0 per 100 FTE aides. Medical procedures contributing to sharps injuries were injecting medications, administering fingersticks and heelsticks, and drawing blood. Other contributing factors were sharps disposal, contact with waste, and patient handling. Sharps with safety features frequently were not used. Underreporting of sharps injuries to the workplace-based surveillance system was estimated to be about 50%.

The study concluded that sharps injuries and other blood and body fluid exposures are serious hazards for home health care nurses and aides. Improvements in hazard intervention are needed.
(Source: Quinn MM, Markkanen PK, Galligan CJ, Kriebel D, Chalupka SM, Kim H, Gore RJ, Sama SR, Laramie AK, Davis L. *Am J Public Health. 2009 Nov;99 Suppl 3:S710-7*)

Hand hygiene with soap and water is superior to alcohol rub and antiseptic wipes for removal of *Clostridium difficile*

The objective of the study was to evaluate common hand hygiene methods for efficacy in removing *Clostridium difficile*, using a randomised crossover comparison among 10 volunteers with hands experimentally contaminated by *nontoxigenic C. difficile*. Interventions included warm water with plain soap, cold water with plain soap, warm water with antibacterial soap, antiseptic hand wipes, alcohol-based handrub, and a control involving no intervention. All interventions were evaluated for mean reduction in colony-forming units (CFUs) under two contamination protocols: "whole hand" and "palmar surface."
Results were analyzed according to a Bayesian approach, by using hierarchical models adjusted for multiple observations.

The results showed that under the whole-hand protocol, the greatest adjusted mean reductions were achieved by warm water with plain soap, and warm water with antibacterial soap, followed by antiseptic hand wipes. Alcohol-based handrub was equivalent to no intervention.

Under the palmar surface protocol, warm water with plain soap, cold water with plain soap, and warm water with antibacterial soap again ylelded the greatest mean reductions, followed by antiseptic hand wipes, when compared with alcohol-based handrub. The hump of the palm near the wrist areas were more likely than fingertips to remain heavily contaminated after handwashing.

The study concluded that handwashing with soap and water showed the greatest efficacy in removing *C. difficile* and should be performed preferentially over the use of alcohol-based handrubs when contact with *C. difficile* is suspected or likely.
(Source: Oughton MT, Loo VG, Dendukuri N, Fenn S, Libman. Infect Control Hosp Epidemiol. 2009 Oct;30(10):939-44)

Contribution from members of the Network

Spotlight on research

The Royal College of Nursing (RCN), UK Research & Development Co-ordinating Centre (R&DCC) works in partnership with its membership in the RCN Research Society to promote excellence in care through nursing and health R&D. As part of RCN's ongoing work, a new RCN Research Strategy was developed, and it is implementing the recommendations of this strategy under three broad themes: policy, networking and dissemination.

Policy: The RCN Research Society has produced several policy guidance documents on subjects ranging from research ethics to informed consent, user involvement to competencies for clinical research nurses.

Networking: The Research Society promotes local networking initiatives, and

RCN has 12 regional networks. RCN also supports a doctoral student network and is an active member of the Workgroup of European Nurse Researchers (WENR).

Dissemination: Outside its annual Congress, the RCN annual international nursing research conference (www.rcn.org.uk/research2010) is the largest event on the RCN calendar, and attracts up to 500 delegates from over 30 countries. The website and a weekly electronic bulletin are RCN's main conduit for information flow. For more information visit: http://www.rcn.org.uk/research .
(Submitted by: Dave O'Carroll, Information Manager, Research & Development Co-ordinating Centre, Royal College of Nursing, c/o Vita Fitzsimons, Rm 411, RCN HQ, 20 Cavendish Square, LONDON W1G 0RN. Email: david.ocarroll@rcn.org.uk)

Conference and Events

International Clinical Nursing Research Conference

University of Ottawa, Canada, June 14-16, 2010

The conference aims to gather educators, clinicians, researchers, decision-makers and administrators in order to exchange experiences and best practices. For more details visit: http://www.health.uottawa.ca/sn/se/conf2010.htm. For questions please contact: fss-nsg@uottawa.ca

11th International ICNE conference

Clinical Ethics across the Lifespan

13th – 14th September 2010, University of Turku, Department of Nursing Science, Turku, Finland. The Conference is organised by University of Turku, Department of Nursing Science in collaboration with the International Centre for Nursing Ethics, University of Surrey, U.K. The conference places a special emphasis on clinical ethics across the lifespan. For further information contact: Professor Riitta Suhoi
Turku, Department of
mail: riisuh@utu.fi

For further information, please contact: icn@icn.ch

The **International Council of Nurses (ICN)** is a federation of more than 130 national nurses associations representing the millions of nurses worldwide. Operated by nurses and leading nursing internationally, ICN works to ensure quality nursing care for all and sound health policies globally.

From Novice to Expert Nurse; What does it take?

By Jurgen Bonett, Graziella Buttigieg, Renese Camilleri & Clifford Debattista

All nurses have been through the stage of being a novice and all those aspiring to become nurses have to go through the stage of being a novice. As a newly qualified novice one might have the academic knowledge without much know-how or personal, experiential knowledge. As an experienced nurse, one could have worked in a particular setting or many different settings. This gives the nurse plenty of know-how in her nursing profession, but no academic knowledge base in itself. However, the expert has a combination of both the know-how and knowing that, as in academic knowledge. Therefore it is the acquisition of know-how or personal, experiential knowledge that separates the novice from the expert (Rolfe 1997).

As nurses we have all been through receiving academic knowledge and having our own experiential knowledge. One may ask therefore what it takes to become an expert nurse. Benner (1984) identifies five separate stages that all need to be experienced before finally becoming an expert practitioner. These five stages are initiated by the primary stage which involves being a novice, were the individual has no experience and therefore abides by a set of rules given without asking questions. The individual then moves to the second stage, that of an advanced beginner. In this stage, one gains guidance and knowledge based from past experiences and incidences that one would have come across. This leads to the third stage of competence. After working for a number of years in similar situations one is able to see his or her actions in terms of long-range goals or plans of which he or she is consciously aware of. The competent nurse though, lacks the speed and flexibility which are needed to move towards the fourth stage, being proficient. The proficient nurse perceives and understands situations as a whole rather than in terms of chopped up parts or aspects, because one would have perceived its meaning in terms of long-term goals. The fifth and final stage is that of being an expert nurse, when one, with an enormous background of experience, has an intuitive grasp of each situation and zeroes in on the accurate region of the problem without wasteful consideration of large range of unfruitful, alternative diagnoses and solutions, therefore operating deep understanding of the total situation (Benner 1984).

Expert nurses have the ability to take information that has been learned in formal education and literature, and make the leap to the real world, which one may say is often very different and difficult to implement (Manley et al., 2005). As nurses we are constantly providing care to the patients who can easily recognize expertise by assessing the nurse's competence and confidence in the work done. Becoming an expert nurse should be the ultimate goal in order to provide the care needed for our patients in the most professional way possible.

References:

Benner, P. (1984), 'Benner's Stages of Clinical Competence.' Accessed on October 25th 2009, from http://www.sonoma.edu/users/n/nolan/n312/benner.htm

Manley, K., Hardy, S., Titchen, A., Garbett, R., & McCorack., B. (2005), Research Reports: Changing patient's worlds through nursing practice expertise: Exploring nursing practice expertise through emancipator action research and fourth generation evaluation. London: Royal College of Nursing.

Rolfe, G. (1995), Beyond expertise: theory, practice and the reflexive practitioner, Journal of Clinical Nursing, 6, 93-97

This article was reviewed by **Dr. Michelle Camilleri**

Syringes beat spoons for children's medicine

Syringes allow the exact dose to be measured out Parents should avoid using household teaspoons to give children medicine as sizes can vary widely, leading to both under- and overdoses, a study warns.

US and Greek researchers looked at teaspoons in 25 households and found that the largest was three times the size of the smallest.

They also found that when asked to use 5ml medicine spoons, people poured in varying quantities. To avoid dosage differences, the team urged parents to use syringes.

The study in the International Journal of Clinical Practice looked at more than 70 teaspoons collected from 25 homes in Greece.

Low risk

The team from the Alfa Institute of Biomedical Sciences in Athens suggested that a parent using the largest domestic teaspoon would be giving their child nearly three times as much medicine as the smallest.

Most households in the study had between one and three different teaspoons, but two women had six.

"We not only found wide variations between households, we also found considerable differences within households," said Professor Matthew Falagas, the lead author.

In addition, when they asked five people to measure out medicine in a calibrated 5ml spoon, they found that only one gave the correct dose.

Syringes are increasingly given out with over-the-counter medicines such as child paracetamol and ibuprofen.

The risks of harm occurring as a result of parents giving too much of these products in a single dose is thought to be very small indeed.

A spokesman for the Royal Pharmaceutical Society of Great Britain said: "In the UK medicines for children are sold with a spoon, or sometimes a syringe that allows parents and carers to measure and accurate dose.

"People collecting NHS prescription medicines for children will be supplied with either a spoon or syringe to allow an accurate dose to be given.

"Pharmacists would always recommend that parents and carers only use spoons or syringes which are designed for the administration of medicines if they are giving liquid medicines to children."

Source: http://www.bbc.co.uk/news/10630153

Shingles

Dr Rob Hicks

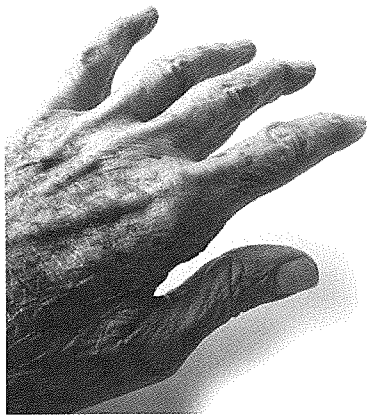
What is shingles? Everyone who has had chickenpox is at risk of developing shingles. It's caused by the same herpes varicella zoster virus.

Symptoms: The first sign of shingles is usually excessively sensitive, tingling or burning skin where the shingles rash subsequently appears. The area is often painful. At the same time, you may experience fever, headache and enlarged lymph nodes. After a few days, the characteristic shingles rash appears as a band or patch of red spots on the side of the trunk or face. It usually appears on one side only. The rash develops into fluid-filled blisters that then collapse, forming small ulcers. These dry out and form crusts. A common complication of shingles is pain in the area of the rash that persists after it has disappeared, called post-herpetic neuralgia which is more likely to occur the older you are. People with intractable post-herpetic pain often become depressed

Causes and risk factors: Shingles is a reactivation of the virus infection that causes chickenpox. After a person has had chickenpox the virus remains in their body, lying dormant or hidden in part of the nervous system. For some reason, often many years later, the virus travels back down one of the nerves to the skin, where it causes a rash in the area of skin supplied by that nerve. It's not clear what triggers reactivation of the chickenpox virus but it may be linked to changes in the immune system such as an infection elsewhere in the body, or after physical or emotional shock. Ensuring your immune system is not weakened may help to prevent this occurring. Around one in four people will develop shingles in their lifetime, with men and women affected equally. It's most common in older people, although it can also occur in younger people and those with a weakened immune system. The skin blisters that form in shingles are full of the chickenpox virus, which means a person with shingles is infectious. You can catch chickenpox from someone with shingles, if you've never had the infection and therefore aren't immune. But you can't catch shingles from someone with shingles (or someone with chickenpox). Most adults - about 95 per cent - have been exposed to chickenpox and are immune, even though many aren't aware of it (they may have had only a mild dose of chickenpox when they were young). However, a small number of adults aren't immune and will be at risk. Also, when the immune system is suppressed (for example, when someone is being treated for cancer), a person can catch chickenpox for a second time.

Treatment and recovery: The shingles virus can be treated with antiviral medication. Painkillers can relieve the pain, while calamine lotion should help to reduce the itching. Anti-viral medical such as aciclovir is increasingly used as it reduces the duration of symptoms and also the risk of post-herpetic neuralgia, it's important to start taking it as soon as possible. Shingles that affects the eyes requires antiviral therapy and urgent referral to an ophthalmologist. If someone with a weakened immune system is exposed to shingles they are usually referred to hospital for possible intravenous antiviral therapy, as they're at very high risk of complications from chickenpox. They may be offered an injection of immunoglobulin or antiviral antibodies. This doesn't prevent the disease, but may reduce the length and severity of the infection, and the risk of complications. The sooner immunoglobulin is given, the more effective it is likely to be. It must be given within 96 hours to have a significant effect. The treatment of post-herpetic neuralgia can involve painkillers, capsaicin cream and, if necessary, specific antidepressants.

Source: http://www.bbc.co.uk/health/physical_health/conditions/shingles1.shtml



Low vitamin D levels 'linked to Parkinson's disease'

Having low vitamin D levels may increase a person's risk of developing Parkinson's disease later in life, say Finnish researchers.

Their study of 3,000 people, published in Archives of Neurology, found people with the lowest levels of the sunshine vitamin had a three-fold higher risk.

Vitamin D could be helping to protect the nerve cells gradually lost by people with the disease, experts say.

The charity Parkinson's UK said further research was required.

Parkinson's disease affects several parts of the brain, leading to symptoms like tremor and slow movements.

30-year study

The researchers from Finland's National Institute for Health and Welfare measured vitamin D levels from the study group between 1978 and 1980, using blood samples.

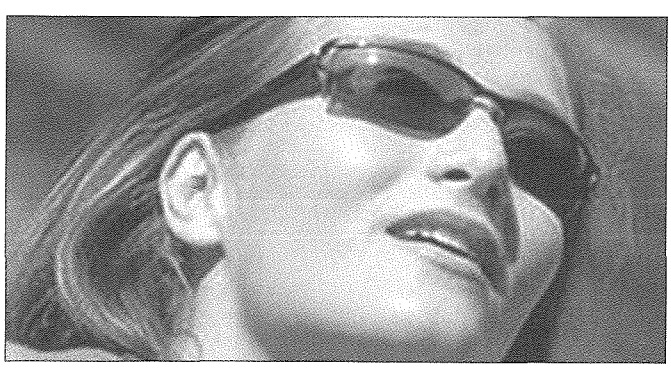
They then followed these people over 30 years to see whether they developed Parkinson's disease.

They found that people with the lowest levels of vitamin D were three times more likely to develop Parkinson's, compared with the group with the highest levels of vitamin D.

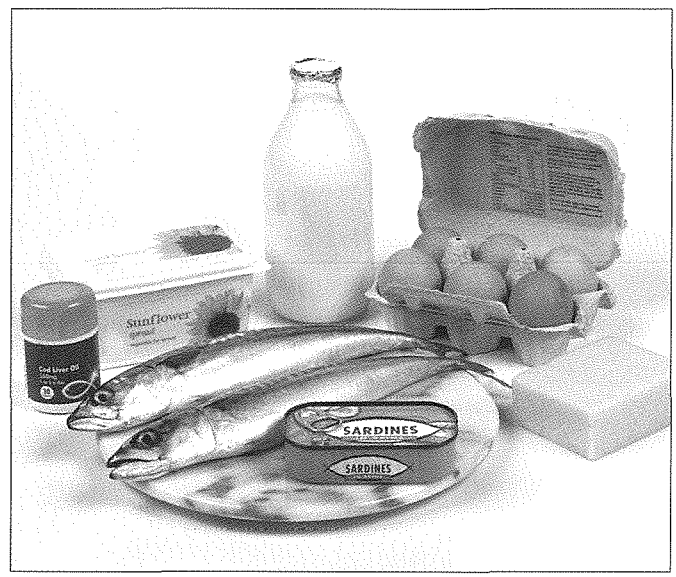
Most vitamin D is made by the body when the skin is exposed to sunlight, although some comes from foods like oily fish, milk or cereals.

As people age, however, their skin becomes less able to produce vitamin D.

Doctors have known for many years that vitamin D helps calcium uptake and bone formation.



Sunlight on the skin helps generate vitamin D



But research is now showing that it also plays a role in regulating the immune system, as well as in the development of the nervous system.

Vitamin target

Writing in an editorial in the US journal Archives of Neurology, Marian Evatt, assistant professor of neurology at Emory University School of Medicine, says that health authorities should consider raising the target vitamin D level.

"At this point, 30 nanograms per millilitre of blood or more appears optimal for bone health in humans.

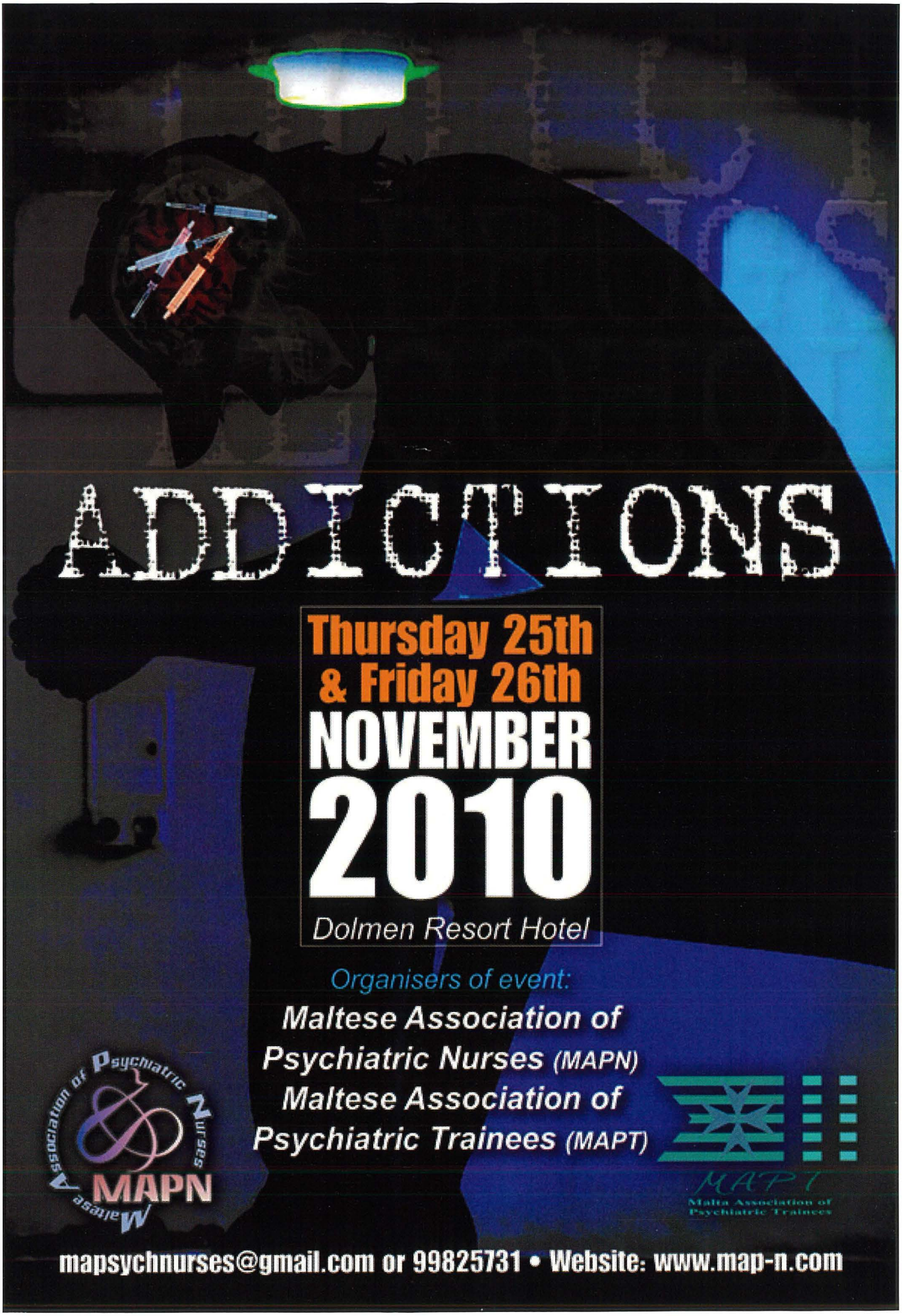
"However, researchers don't yet know what level is optimal for brain health or at what point vitamin D becomes toxic for humans, and this is a topic that deserves close examination."

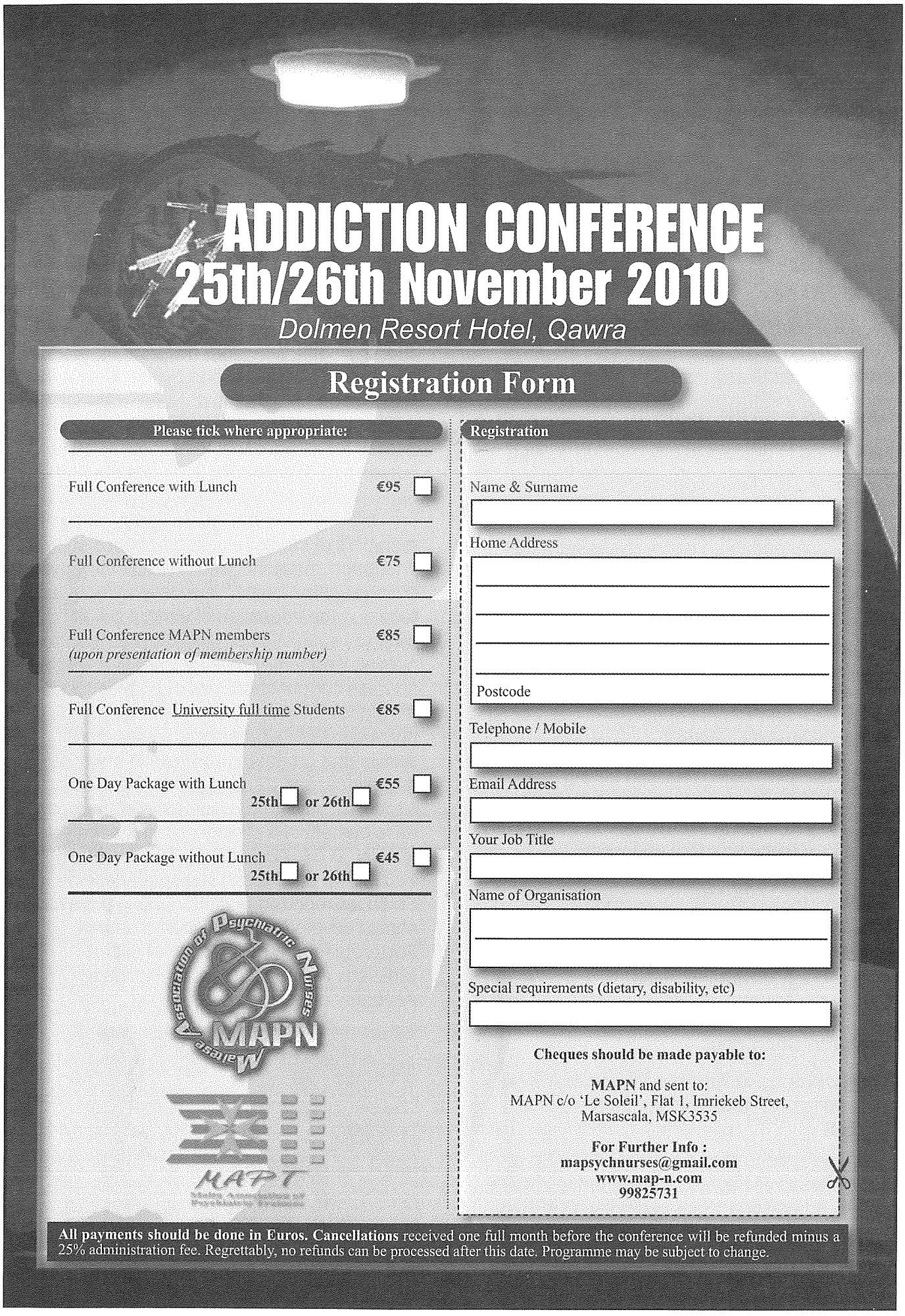
Dr Kieran Breen, director of research at Parkinson's UK, said: "The study provides further clues about the potential environmental factors that may influence or protect against the progression of Parkinson's.

"A balanced healthy diet should provide the recommended levels of vitamin D.

"Further research is required to find out whether taking a dietary supplement, or increased exposure to sunlight, may have an effect on Parkinson's, and at what stage these would be most beneficial."

Source: http://www.bbc.co.uk/news/10601091


ADDICTIONS
Thursday 25th
& Friday 26th
NOVEMBER
2010
Dolmen Resort Hotel
Organisers of event:
Maltese Association of
Psychiatric Nurses (MAPN)
Maltese Association of
Psychiatric Trainees (MAPT)
Association of Maltese Psychiatric Nurses
MAPN
MAPT
Malta Association of Psychiatric Trainees
mapsychnurses@gmail.com or 99825731 • Website: www.map-n.com



ADDICTION CONFERENCE
25th/26th November 2010

Dolmen Resort Hotel, Qawra

Registration Form

Please tick where appropriate:

Full Conference with Lunch	€95	☐
Full Conference without Lunch	€75	☐
Full Conference MAPN members *(upon presentation of membership number)*	€85	☐
Full Conference University full time Students	€85	☐
One Day Package with Lunch 25th ☐ or 26th ☐	€55	☐
One Day Package without Lunch 25th ☐ or 26th ☐	€45	☐

Association of Psychiatric Nurses Malta
MAPN

MAPT

Registration

Name & Surname

Home Address

Postcode

Telephone / Mobile

Email Address

Your Job Title

Name of Organisation

Special requirements (dietary, disability, etc)

Cheques should be made payable to:

MAPN and sent to:
MAPN c/o 'Le Soleil', Flat 1, Imriekeb Street,
Marsascala, MSK3535

For Further Info :
mapsychnurses@gmail.com
www.map-n.com
99825731

All payments should be done in Euros. Cancellations received one full month before the conference will be refunded minus a 25% administration fee. Regrettably, no refunds can be processed after this date. Programme may be subject to change.

News from the ICN International Nurse Practitioner / Advanced Practice Nursing Network

INP/APN NETWORK BULLETIN

International Council of Nurses • Conseil international des infirmières • Consejo internacional de enfermeras

3, place Jean-Marteau • CH-1201 Geneva

Communications Chair: Helen Ward and Anna Green
Editor: Helen Ward

Greetings from the Chair:

I am proud to present you our spring bulletin with news from around the globe. In December I was invited in the Caribbean for the introduction of the nurse practitioner. Surprisingly enough, I could also congratulate the two first Nurse Practitioners on the island of Curacao. On their own initiative they had followed 'on line' a Dutch masters program on Advanced Nursing Practice. Through Skype and webcams and a lot of support from preceptors and Dutch Educators they graduated; an example of excellent pioneering enthusiasm and courage.

Preparation are being finalised for our next conference in Brisbane and I hope to meet many of you there in September. We promise you an excellent program and wonderful opportunities for networking and learning from one another. I look forward to meeting you there.

Petrie Roodbol, Chair
International NP/APN Network
International Council of Nurses

Featured Countries:

The Doctorate in Nursing Practice: A New Degree for Advanced Practice Nurses in the U.S.

The Doctorate in Nursing Practice (DNP), a clinical doctoral degree, is designed to provide advanced practice registered nurses (APRNs) with the preparation necessary for practice and leadership in an evolving, complex, and challenging health care environment. In 2004, a position paper published by the American Association of Colleges of Nursing (AACN) called for the DNP to become the terminal degree for all advanced practice registered nurses by 2015 (AACN, 2004). Some of the opportunities underlying the development of the DNP included the following: (1) parity with members of health related disciplines such as pharmacy, medicine, and physical therapy; (2) changes in the health care delivery system requiring the education of a more scientific clinically sophisticated and knowledgeable nursing workforce; (3) additional avenues to address current shortages of nursing faculty in the United States; (4) an awareness that nursing master's programs require more credits that graduate programs in many other disciplines; and (5) recognition that nursing clinical faculty needs could be met through the development of a clinical doctoral degree (AACN, 2004: Apold, 2008; Marion, et.al., 2003). The prestigious National Academy of Sciences reported that the nursing profession should develop a clinical, non-research doctorate for the preparation of expert clinicians and clinical faculty (National Academy of Sciences, 2005).

A number of core competencies differentiate DNP educational preparation from PhD and other advanced nursing practice education. These competencies include the development of complex clinical, leadership to augment the knowledge necessary for improved patient outcomes, and to provide a framework for enhanced leadership and improved health care delivery (Apold, 2008). Most significantly, the focus of DNP education is on the development of expert clinicians rather than the preparation of nurses with research focused careers. The differences between the DNP and the PhD are delineated in the eight educational essentials identified as requirements for all DNP educational programs by the AACN (2006), and include: (1) scientific underpinnings for practice; (2) organizational and systems leadership for quality improvement and systems thinking; (3) clinical scholarship and analytical methods for evidence-based practice; (4) information systems/technology and patient care technology for the improvement and transformation of health care; (5) health care policy for advocacy in health care; (6) interprofessional collaboration for improving patient and population health outcomes; (7) clinical prevention and population health for improving the nation's health; and (8) advanced nursing practice.

There are 46 DNP Programs currently educating advanced practice registered nurses within the United States and additional programs are now being developed (AACN, 2006). While the implementation of DNP programs remains controversial for those nursing educators who argue against the addition of a clinical doctorate in nursing, many nurses advocate for this new educational option. Organizations such as the American Association of Nurse Practitioners and the National Organization for Nurse Practitioner Faculties are supportive of the DNP. As Marion and her colleagues (2005) have noted, the DNP has the potential to increase the use of advanced practice registered nurses, producing valuable resources for the nation and ensuring the relevancy of the nursing profession as a whole. Globally, educators should explore the DNP as a force for improved advanced practice registered nursing education.

Andrea Boyle, DNSc, RN, BC

References

American Association of Colleges of Nursing. Position Statement on the Practice Doctorate in Nursing. (2004). Available at: www.aacn.nche.edu/DNP/DNPPositionStatement.htm.

American Association of Colleges of Nursing. The Essentials of Doctoral Education for Advanced Nursing Practice. (2006). Pp.1-26. Available at: www.aacn.nche.edu/DNPpdf/Essentials.pdf.

Apold, S. (2008). The doctor of nursing practice: looking back, moving forward. *The Journal for Nurse Practitioners,* pp.101-107.

Marion, L. N., Viens, D., O'Sullivan, A.L., Crabtree, K., Fontana, S., & Price, M.M.(2003). The practice doctorate in nursing: future or fringe? *Topics in Advanced Practice Nursing eJournal.* Available at: www.medscape.com/viewarticle/453247_print.

Marion, L.N., O'Sullivan, A. L., Crabtree, K., Price, M., & Fontana, S.A. (2005). Curriculum models for the practice doctorate in nursing. *Topics in Advanced Practice Nursing eJournal. 5(1).* Available at: www.medscapte.com/viewarticle/500742_print

National Academy of Sciences. (2005). Advancing the nation's health care needs: NIH research training programs. Washington DC: National Academies Press.

Advanced Nursing in Wales

The Association for Advanced Nursing Practice Educators held their national meeting at the end of February in Cardiff, Wales where Dr Jean White (member of the Welsh Assembly Committee) discussed the implementation of a strategy for advanced practice in Wales. She reminded the audience that Wales has had graduate level pre-registration preparation since 2004 and she implied that specialization is synonymous with advanced practice. Wales has adopted the framework for Advanced Nurse Practitioners set out in the Advanced Practice Toolkit developed in Scotland, but used throughout the UK, (DH, 2007) with the academic level set at master's level. In Wales all Advanced Nurse Practitioner programmes are set at master's level. Wales has developed an action plan for the development of advanced practice that includes the following: (1), Employers need to ensure that job descriptions reflect the description and role competencies for

advanced practice. (2), Advanced Nurse Practitioners post holders have an appropriate master's level award and can demonstrate advanced level knowledge and skills commensurate with the role. (3), Service employers must have transitional arrangements in place to support ANP post holders who do not currently have a masters degree.

The National Leadership & Innovation Agency for Health (NLIAH) has a steering group reviewing the Advanced Practice Toolkit (2007) and will advise in its implementation; this report is due in June 2010.

Helen Ward, MSc, BSc(Hons), RGN, RCN NP Dip, PGCEA, PG Cert

References:

Scottish Government, 2008, *Supporting the Development of Advanced Nursing Practice.* DH Scotland

Nurse Practitioners in Europe:

Advanced practice is developing fast in Europe! There has been a lot of interest from various countries for the development of the role of the nurse practitioner. In the Netherlands we have recently we had visitors from Denmark, Italy and Switzerland. I also received requests for information from Turkey and Spain.

In Finland there are some movements to start an international masters program in Advanced Nursing Practice. In the Netherlands we are also involved in a project for an international masters program for nurse practitioners in oncology. In spite of the European Union, every country is responsible for its own healthcare system and all relevant healthcare acts. The differences between the numbers of healthcare workers are enormous, for example in the Netherlands we have 13.7 nurses and 3.8 doctors for every 1000 inhabitants and in Turkey they have one nurse and one physician for every 1000 inhabitants. For the introduction of the nurse practitioner role every country needs their own regulation and role competencies to ensure that the new professional roles fit into the healthcare system. Some governments need convincing to change the law. Differences in pre-registration educational programmes may also be an issue as not all countries have registration at bachelor degree level. This may be an issue as the ICN recommends advanced nurse practitioner programmes at master's degree level. Offering an international master means may also mean offering an international bachelors degree for nurses. So a long way to go, but together we are strong.

Petrie Roodbol

Evidence and future direction of advanced practice nursing in the Philippines.

Advanced Practice Nursing in the Philippines is partly realized through the *Nursing Specialty Certification Program (NSCP)* which was formally launched through a Board of Nursing resolution in 1999 (BON 99-14). Nursing leaders inducted a Nursing Specialty Certification Council which credentials nurses, and accredits organizations and educational programs highlighting the practice of specialized nursing. These legislations are further enforced through the *Comprehensive Nursing Specialty* Program stipulated under the Philippine Nursing Law of 2002. Qualified nurses may be given certifications in three levels: Nurse Clinician I, Nurse Clinician II, and Clinical Nurse Specialist, and is guided by Patricia Benner's process of role development and skill acquisition. These nurses work under four (4) major groups of Nursing Specialties: Medical- Surgical, Community Health, Maternal and Child Health, and Mental Health and Psychiatry (Philippine Board of Nursing, 2002). So far, there have been 26 Enterostomal Therapy and Cardiovascular Nurse Clinicians, and 13 Clinical Nurse Specialists certified (Philippine Board of Nursing, 2008). There are also seven (7) specialty organizations accredited to provide educational programs and linkage and networking activities (Fernandez, 2009).

At the outset of these policies is an informal category of nurses working in specialty areas across secondary, tertiary, and specialty hospitals. These nurses may or may not be credentialed under the NSCP. They are mostly trained by their home institutions through formal or informal educational trainings leading towards their specialty. Several of these nurses have Masters Degrees.

A case study performed in one tertiary hospital revealed that the NSCP-certified nurses currently occupy managerial positions and seldom perform direct patient care. On the contrary those that work within the specialty

units were found to be clinically competent, with functions that are specialized but not necessarily expanded. Senior nurses can skillfully collaborate, and some have gained the trust of the physicians to be involved in crucial decision-making for the patient. These nurses are also strong on patient advocacy, which includes performance of health teachings and referral to support groups, but are not often involved in research. There are also sub-groups of nurses who provide services or consultations on Enterostomal Therapy and Diabetic Education. Some groups have attempted to launch nursing clinics or home-based care services but these have not been sustainable.

Currently there is no policy provision which formalizes the position of an "advanced practice nurse" in the Philippines; neither there are explicit standards of practice for those who may be working as "advanced nurses." In most health institutions, the generalist and specialty area nurses have the same job descriptions, with a similar sense of patient and professional accountability. These developments provide the impetus to formulate an APN Framework in the Philippines that would define systems, scope and standards of practice, and means to improve the practice of the profession to ultimately contribute to better health outcomes in the country.

Vanessa M. Manila, BSN, RN, Instructor VII, College of Nursing, University of the Philippines, Manila

References:

Fernandez, Remedios. (2009, March). Interview by V.M. Manila [Tape Recording]. Analysis and Evaluation of Policies towards Advanced Practice Nursing Thesis, College of Public Health. University of the Philippines Manila.

Philippine Board of Nursing, Professional Regulations Commission. (2008, August 19). Updates on the Nurse Certification Program. *BON Newsletter, 3,* 7.

Board of Nursing Resolution. (2002). *Nursing Specialty Certification Program BON RES. NO. 14 s 1999* and *Guidelines for Implementation BON RES. No. 118- s 2002.* Manila: PRC Printing Office.

Manila, Vanessa M. (2008). *Evaluation of the Comprehensive Nursing Specialty Certification Program in a Case Tertiary Hospital in the Philippines using the Derived Basic Advanced Practice Nursing Model.* Unpublished manuscript. Department of Health Policy and Development Studies, College of Public Health, University of the Philippines Manila.

Upcoming ICN INPAPNN Conferences

- 2010 ICN INPAPNN conference, Brisbane, Australia
- 2011 ICN Conference & CNR, Malta
- 2012 ICN INPAPNN conference, London, England

Watch this web site for further details and conference links – www.icn-apnetwork.org

The **International Council of Nurses (ICN)** is a federation of 133 national nurses associations representing the millions of nurses worldwide. Operated by nurses and leading nursing internationally, ICN works to ensure quality nursing care for all and sound health policies globally.

Blinded by Science

The following are actual submissions on a series of quizzes, tests and essays. Enjoy.

"Nitrogen is not found in Ireland because it is not found in a free state."

"H2O is hot water, and CO2 is cold water."

"To collect fumes of sulfur, hold a deacon over a flame in a test tube."

"When you smell an odorless gas, it is probably carbon monoxide."

"Water is composed of two gins, Oxygin and Hydrogin.
Oxygin is pure gin. Hydrogin is gin and water."

"Three kinds of blood vessels are arteries, vanes and caterpillars."

"The body consists of three parts -- the branium, the borax, and the abominable cavity. The branium contains the brain, the borax contains the heart and lungs, and the abominable cavity contains the bowels, of which there are five -- a, e, i, o and u."

"Blood flows down one leg and up the other."

"Respiration is composed of two acts, first inspiration, and then expectoration."

"The moon is a planet just like the earth, only it is even deader."

"Dew is formed on leaves when the sun shines down on them and makes them perspire."

"A super saturated solution is one that holds more than it can hold."

"Mushrooms always grow in damp places and so they look like umbrellas."

"The pistol of a flower is its only protections against insects."