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**NEW Corega for Partials Clean & Protect cleansing tablets**
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- Proven to help reduce plaque and stain build-up27
- Non-abrasive3 and non-corrosive10 formulation

**NEW Corega for Partials Seal & Protect adhesive cream**
- Helps stabilise partial dentures to reduce movement11
- Helps seal out food particles to reduce gum irritation11

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**References**
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Urology nursing: the road map ahead

Every healthcare professional knows the reality of having "to know more about less." With the rapid developments in technology, treatment options and outcome results, healthcare professionals are expected to acquire a wide range of competencies, and urology nursing is not exempted from these challenges. Recent experience and studies have shown that, where nursing specialisations have been accepted and nurtured to grow, the service provided has improved considerably. This has not gone unnoticed and in the EU Directive 2013/55 we find the following statement: "The nursing profession has significantly evolved in the last three decades: community-based healthcare, the use of more complex therapies and constantly developing technology presuppose a capacity for higher responsibilities for nurses...."

Nursing specialisations have now gained ground and are well-established in a number of European Union (EU) states. Yet, unfortunately, there is still no harmonious formal EU-wide regulation or standard. The situation is such that when the above-mentioned EU directive 2013/55 was published, it omitted to directly address these specialisations.

In other words, unless work has started in earnest, by the time the directive comes into force nursing specialisation cannot be automatically recognised based on the goal of the proposed European Professional Card (EPC). This EPC project, under the updated Professional Qualifications Directive, is meant to facilitate the free movement of professionals in the EU. This new system should, in theory, simply, administratively, the recognition procedure within the competent authorities of EU Member States.

In a way, the omission of nursing specialisation in the EU Directive 2013/55 came as no surprise, since we have no common training and testing framework. The European Specialist Nurse Organisation (ESNO) was quick to recognise this and addressed the issue with the EU Directorate as soon as it was published. A reply from Brussels came shortly afterwards and basically paved the way with the following statement: "...The modernised Professional Qualifications Directive introduces the possibility to set up "common training framework" and "common training tests," aimed at offering a new avenue for automatic recognition. A common training framework or test could be set up if the profession concerned or the education and training leading to that profession is regulated in at least one third of Member States. Qualifications obtained under such common training frameworks should automatically be recognised in the other participating Member States. These new principles might be relevant for specialties of sectoral professions, such as nurses."

The above statement says it all. In short, we must have at least "one third of Member States" that follow the same pathway of common training and testing framework in order to have such nursing specialisation recognised across the EU automatically. It is by all means a straightforward statement but it is not an easy task by any standard. Contrary to other nursing specialisations that are confined to a specific unit or service, urology nursing is spread over a large spectrum of services, thus making our task somewhat harder to reach within the established timeframe of less than two years.

The EAUN Board is now fully engaged in this quest and we also have good representation in the ESNO board as well. The goal ahead is not unreachable but it can only be surpassed through a collective effort from clinicians, hand in hand with members of the academy. This bumpy road to reach our set objectives cannot be made overnight nor can we accomplish them all by ourselves. We will get there, one small step at a time.

Simon J. Borg
EAUN Board member
EAUN Representative for ESNO
Msida (MT)
sjb@malta.net
Foreign Nurses working in Maltese hospitals

The Nursing and Midwifery Council’s decision to recruit new foreign nurses is most welcomed, but what are the criteria’s of employment? Are we in line with other countries with regards implementing tougher entry requirements for international nurses wishing to bring their skills to our shores? Is induction strong enough and is ongoing support for overseas nurses offered? Are we addressing their social and cultural issues?

On the face of it, the requirements do not look too tough. It is of no use to Skype nurses or visit them abroad as part of the intake process. Foreign nurses’ clinical skills must be tested and assessed before being employed. At present this is not done with our foreign nurses. Supervising nurses or mentoring nurses on the job for a set period of time is not enough.

Of course there is no perfect method to protect the public (our patients) and ensure nurses are safe to care for patients. Our employer must take responsibility for ensuring that their nursing staff are competent and display the right values. An employer has simply passed nurses at the end of their supervision. Staff are competent and display the right values. Emplo yers must take responsibility for ensuring that their nursing staff are competent and display the right values. So far too long we have simply passed nurses at the end of their supervision.

At present more than 200 foreign nurses are registered as working in Malta. Approximately 60 nurses are registered each year. Can 100 nurses be registered each year? We have no objection to the recruitment of foreign nurses in the short term but the issue needs to be tackled from an educational point of view. On the other hand the employment of foreign nurses as a long-term solution poses a number of problems. Some countries, especially developing ones, do not have training standards as required by the EU. The language issue is a headache. Apart that not all patients speak English some of the English spoken is terrible. Nurses arriving from the European Union to take up jobs in Malta admit they may not have the “right” language skills to work effectively, and often have difficulty slotting into the healthcare system. Being generally competent in English does not mean one has the “right” language skills. Job contracts are another problem. Foreign nurses can just leave their job overnight, leaving a vacancy or havoc at a clinical level.

We have great respect for our foreign colleagues, but most of them sustain a whole family abroad; that means that they work almost 80 to 100 hours per week. Obviously, working 30 hours of overtime per week at their own free will, but no one can perform such hours in nursing without being drained or burned out.

Unless Government acts to address the root causes of the shortage of staff, there will be a growing demand for nurses from abroad. With Malta’s ageing population likely to increase, demand for foreigners to work in our hospitals and residential homes will surely increase.

Eventually, will one day foreign nurses working in our hospitals outnumber Maltese nurses?

Warm Christmas wishes to everybody!
Personalised elderly clothing - a hidden issue

In 1998, the Maltese population included 63,000 persons aged 60 and over, an increase of 27.4% over the 1985 census figures. In 2012, persons aged over 60 amounted to 100,000 or 24.2% of the total population. The planned projections for 2020 were that the number of elderly people will increase to around 95,000, or 24.2% of the population, (Troisi 2003). The projected 95,000 that was supposed to be reached by 2020 was already reached and over by 7,000 in 2012.

This increase could be attributed mostly to improved sanitation, greater availability of food and shelter, and other public health measures that primarily reduced infant and childhood mortality. The advent of antibiotics in the mid-twentieth century reduced mortality among younger individuals.

THE ART OF DRESSING

This elderly cohort of Maltese society needs to be helped so that it can live to its utmost level of independence. In their declining years elderly people may have an increasing difficulty to manage some of the physical activities of daily living, even with dressing. The much under-rated activity offers the opportunity to the individual of making decisions, which, in turn, helps develop and maintain a feeling of self-direction. This, in itself, is an important part of self-fulfilment.

Clothes are the medium of non-verbal communications. The person's mood is shown according to what types of clothes are worn and also how they are worn. When in a good mood, the person tends to keep their clothes tidy. When depressed, however, he frequently does not seem to notice things like stains on his clothes and down-to-heel shoes (Roper et al, 1996).

It is important to understand that physical changes that occur during the normal process of aging can influence either directly or indirectly, the ways in which the dressing activity is carried out. Dressing can be found to be even more difficult when the person has to cope with some illness or disabling condition.

Everyday tasks such as buttoning, zipping, snapping or tying may be difficult or require assistance. Normal dressing skills can pose difficulties owing to arthritis, Parkinson's disease, stroke, Alzheimer's disease and multiple sclerosis just to name a few. Failing eyesight and shaking hands may also make it increasingly difficult for elderly person to retain his independence when it comes to dealing with complicated clothing. Complications such as incontinence, edema or fragile skin can make the traditional clothing impracticable and difficult to put on.

Problems that can make independent dressing difficult can include:

- Inadequate function of the nervous system, which not only controls movements of the body, but also the rationale of the skill involved in dressing.
- Limited mobility - crippled hands cannot hold or fasten small buttons or zips.
- Involuntary movements of the limbs. As the person ages, involuntary movements caused by neurological conditions, such as Parkinson's disease, are more common. The person may experience increasingly uncontrollable hand movements that will make simple tasks difficult.
- Blindness caused by disease prevalent in old age can cause problems in dressing - although many people achieve the necessary skills to attend to all aspects of their personal dressing, while others would require some help.
- Arthritis and stroke are the most common conditions that can cause difficulty in dressing. Arthritis is a disease that affects many, both young and old. Typically, arthritis affects the primary joint in the hands, feet, knees, hips and shoulders.
- Thus the process of dressing needs to be considered when selecting clothes to help overcome dressing difficulties caused by these problems. However, with the help of the instruction from the health carers the dressing activity needs, as much as possible, be carried out independently by the person who has been affected by any form of disability.

CHANGE OF STATUS

Elderly people and their carers need to be advised, through appropriate information, about what is available to make assisted dressing easier. Modified clothing could be designed to help independent dressing possible again to elderly people in rehabilitation programs or to those who are finding this task difficult simply through the normal change of old age.

The use of Velcro tapes on garments can eliminate the use of small buttons and hooks which the elderly people find to apply to the registers through the Specialization Accreditation Committee. Nurses and Midwives will apply through a established criteria which still need to be issued.

Next year will be also be an election year for a new MUMN Council. This year we are moving away from the ballot boxes and all members of MUMN will be receiving their respective voting document with a self addressed envelope according to the address which will be given to MUMN. Emails will be send on this regard but please inform MUMN and update your home address by sending an email on administrator@mumn.org.

The situation developing in this country is that although the number of nurses is increasing, the new services and the extensions being planned will allow the shortage of nurses to persist. As every nurse is already aware of the number of nurses in this country is on a steep increase with a record number of recruitment of foreign nurses being present in every ward and in every hospital. Every hospital has a threshold on how many foreign nurses it can take without jeopardising patient safety. Certain hospitals such as Mt. Carmel, such threshold has already been reached.

At least, MUMN managed to resolve some ongoing persistent issues this year besides other issues. The issue of the Covering letter and the issue of lack of carers in Gozo General and Mater Dei Hospitals which was finalized in the 2013 agreement. In simple terms, such competence framework will be a "checklist" which will be filled by the nurses/midwives and counter signed by the Charge Nurse/Midwife and assisted by the Practice Nurses/Midwives. But further details will be issued at a later stage. Such competence framework will release the portfolio and once the competence framework is done those nurses and midwives with the sufficient number of years of experience and in the rightful grade can move to scale 8 without the need of waiting for the issue of a call for application.

A further application which will be issued by the Nursing and Midwifery Council is the opportunity for nurses and midwives to apply to the registers through the Specialization Accreditation Committee. Nurses and Midwives will apply through a established criteria which still need to be issued.

Paul Pace
MUMN President
and work with the other person.

Listen, Don't Pretend to Hear. When you are in crisis mode, it's easy to ignore what the other person is saying. You need so much for your opinion to be heard that you don't listen to the opinions or thoughts of others. The problem with this is that you might be wrong. As hard as it is for you to admit, you may not know best. You have to listen effectively to collaboratively make a decision. Again, assertiveness isn't about getting your way all the time and bullying someone into seeing your point of view. It is about striving to understand the point of view the other person has and examining your own thoughts. You have to listen to be assertive because you have to be an active participant in the conversation. You have to listen at the very least to make good return arguments.

Be Clear, Not Confused. In addition to confidence and listening, you need to be able to make yourself understood. You have to be clear in your head what you want. You need the confidence to clearly state what your needs or views are.

Practice saying go. If you have a hard time turning down requests, try saying, "Presently, I'm unable to do this task." Don't hesitate — be direct. If an explanation is appropriate, keep it brief.

Rehearse what you want to say. It's challenging to say what you want or think, practice typical scenarios you encounter. Say what you want to say out loud. It may help to write it out first, too, so you can practice from a script. Consider role-playing with a friend or colleague and ask for blunt feedback.

Use body language. Communication isn't just verbal. Act confident even if you aren't feeling it. Keep an upright posture, but lean forward a bit. Make regular eye contact. Maintain a neutral or positive facial expression. Don't wring your hands or use dramatic gestures. Practice assertive body language in front of a mirror or with a friend or colleague.

Keep emotions in check. Conflict is hard for most people. Maybe you get angry or frustrated, or maybe you feel like crying. Although these feelings are normal, they can get in the way of resolving conflict. If you feel too emotional going into a situation, wait a bit if possible. Then work on remaining calm. Breathe slowly. Keep your voice even and firm.

Start small. At first, practice your new skills in situations that are low risk. For instance, try out your assertiveness on a partner or friend before tackling a difficult situation at work. Evaluate yourself afterward and tweak your approach as necessary.

Seek for advice or support. Learning to be assertive takes time and practice. If an individual spends years silencing himself/herself, becoming more assertive probably won't happen overnight. Do anger leads an individual to be too aggressive, an individual may need to learn some anger management techniques. If despite best efforts an individual is not making progress toward becoming more assertive, formal assertiveness training or help from a professional may be considered. The payoff will be worth it. By becoming more assertive, an individual can begin to express his/her true feelings and needs more easily, and achieve personal growth.

CONCLUSION

Communication is an important component of assertiveness. It can help employees become better leaders, able to articulate exactly what it is they need without being intimidated and in a respectful way. Assertiveness is about believing you're entitled to be somewhere, that you have basic rights as a human being and as an individual employee, and that as much as you give respect to others you deserve the same in return. Becoming more assertive can lead to increased respect and recognition as a person and as an employee. Becoming more assertive is a process, and it's not something that happens overnight, however, small changes can move individuals in the right direction. Acting in a more assertive manner actually will make individuals feel more assertive and lead to increased confidence.
ASSERITIVE VS. AGGRESSIVE BEHAVIOUR
Now consider the flip side. If an individual communicates in an aggressive manner, s/he may come across as a bully who disregards the needs, feelings and opinions of others. This individual may appear self-righteous or superior. Very aggressive people humiliate and intimidate others and may even be physically threatening. An individual with an aggressive communication style may think that being aggressive gets him/her what s/he wants. However, it comes at a cost. Aggression undercuts respect, thus making it difficult for a person to get his/her goals and needs met.

THE BENEFITS OF BEING ASSERTIVE
Being assertive is usually viewed as a healthier communication style, and it offers many benefits. It helps an individual to keep people from walking all over him/her. On the flip side, it can also help an individual from steamrolling others. Assertive communication consists of sharing wants and needs honestly in a safe manner and focuses on the issue, rather than the person. Aggressive and/or passive-aggressive communication, on the other hand, may mark a relationship’s end and reduce self-respect.

BEHAVING ASSERTIVELY CAN HELP YOU:
• Gain self-confidence and self-esteem
• Understand and recognize your feelings
• Earn respect from others
• Improve communication
• Create win-win situations
• Use the “I” statement, and look forward to reach goals
• Improve your decision-making skills
• Create honest relationships
• Gain more job satisfaction
• Work with integrity, looking after yourself without being selfish
• Learning to be more assertive can also help you express your feelings when communicating with others about issues.

LEARNING TO BE MORE ASSERTIVE
People develop different styles of communication based on their life experiences. An individual communication style may be so ingrained in s/he is not even aware of it. People tend to stick to the same communication style over time. But if an individual wants to change his/her communication style, s/he can learn to communicate in healthier and more effective ways. Assertiveness can help people to be more efficient in their own work, act as role models, showing a way of working that supports others to do the same, and promote a fairer distribution of work.

Tips to help an employee become more assertive:
• Assess your style. Do you voice your opinions or remain silent? Do you say yes when in fact, no? Are you quick to judge or blame? Do people seem to dread or fear talking to you? Understand your style before you begin making changes.
• Use “I” statements. Using “I” statements lets others know what you’re thinking without sounding accusatory. These can be used to voice personal feelings and wishes by expressing a judgement about the other person or blaming them. For instance, say, “I disagree,” rather than, “You’re wrong.”

BEING ASSERTIVE CAN HELP YOU:
• Improve communication
• Create win-win situations
• Use the “I” statement, and look forward to reach goals
• Improve your decision-making skills
• Create honest relationships
• Gain more job satisfaction
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10.11.2014 - inewsmlata
Premju għall żewġ inferiori Maltin

Being assertive benefits everyone

by Maria Cutaia, MUMN Vice-President

INTRODUCTION
Being assertive is a core communication skill, where needs or wishes are stated clearly with respect for oneself and the other person in the interaction. Assertive communication is distinguished from passive communication (in which needs or wishes go unstaed) and aggressive communication (in which needs or wishes are stated in a hostile or demanding manner) (Dorland’s Medical Dictionary, 2012). Being assertive means that an individual can effectively express himself/herself stand up for his/her point of view, while also respecting the rights and beliefs of others.

Being assertive can also help boost an individual self-esteem and earn others’ respect. This can help with stress management, especially if a person tends to take on too many responsibilities because s/he has a hard time saying no. In some workplaces, saying “no” is frowned upon. Assertiveness skills are essential, as they will enable each employee to look after himself/herself and thus, work more effectively. Sometimes, it involves finding ways of saying no without having to use the “n” word.

Some people seem to be naturally assertive, while others might not, however they can still learn to be more assertive.

WHY ASSERTIVE COMMUNICATION MAKES SENSE
Assertiveness is based on mutual respect and it’s an effective and diplomatic communication style. When an individual act in an assertive manner, show that s/he respect himself/herself because s/he is willing to stand up for his/her interests and express his/her thoughts and feelings. It also demonstrates that the individual is aware of the rights of others and is willing to work on resolving conflicts.

Of course, it’s not just what a person says—his/her message—but also how s/he say it that’s important. Assertive communication is direct and respectful, meaning s/he gives an individual the best chance of successfully delivering his/her message. If an individual commicate in a way that’s too passive or too aggressive, his/her message may get lost because people are too busy reacting to his/her delivery.

ASSERTIVE VS. PASSIVE BEHAVIOUR
If an individual’s communication style is passive, s/he may seem to be shy or overly agreegoing. An individual with a passive communication style may routinely say things such as, “I’ll just go with whatever the group decides.” S/
Aesthetic Nurses:

Estetika The Cosmetic Clinic, Birkirkara

For the past 12 years, Estetika has operated Malta’s premier and most modern cosmetic dermatology centre, which offers an aesthetic and holistic one-stop-shop service. We offer a full range of Beauty Services, Laser Hair Removal, Dietetics and state of the art technologies for Body Shape Services and Anti Aging treatment.

We are in the process of increasing our existing team of professionals and are currently looking for:

- Aesthetic Nurses:

  - Kindly submit your CV by e-mail to hr@estetika.com.mt
  - Estetika The Cosmetic Clinic, Birkirkara

We are currently looking for a candidate to assist the doctors in our aesthetic procedures.

However there isn't such a thing as a meaningless smile. It plainly does not exist. And, lo and otherwise it occurs because that surely means that one is seriously bridging the pathological silence, for every smile there must be a meaning. The famous Vietnamese Zen Buddhist monk, teacher, author, poet and peace activist, Thich Nhat Hanh, corroborates this thought when he wisely says, "Sometimes your joy is the source of your smile, but sometimes your smile can be the source of your joy." Joy and smile cause each other.

Thich Nhat Hanh’s comment triggers me to ask another pivotal question as a chaplain: Since I am a Christian what is the bedrock of my Christian joy? What singles the latter out from other types of happiness that are to be detected both in the secular world as well as in the different kinds of religions that are around us? The best person to answer this fascinating query is none other than the current charismatic Pope Francis.

When the Holy Father addressed the crowds in St. Peter’s Square on December 15, 2013, prior the recitation of the Regina Coeli prayer of the Angelus, he told them that the Church is a house of joy. Francis also said that the Gospel message is "an announcement of joy for the whole people. Those who are sad find joy in her [the Church], they find true joy in her." When he referred to the first reading of that Third Sunday of Advent taken from the prophet Isaiah (Is 35:1-6a, 10), Pope Francis said to those present that God comes to encourage those who are fearful of heart, or rather, when our life becomes dry and arid.

"And does our life become arid?" he pertinently asked. "This happens when it lacks the water of the Word of God and his Spirit of love. However, great are our limits and our dismay, we are not permitted to be downhearted and vacillating in the face of our infirmities. On the contrary, we are invited to get a grip and straighten our weak knees, to have courage and not be afraid because our God always shows us the greatness of his mercy." In this empowering Angelus address the Pope lovingly encouraged those who feel that they can’t have a fresh start in life due to their sins by assuring them that God always awaits all with mercy and love, ready to forgive. This greatly aids us to conquer sadness and provides us with that much need and true joy when those ferocious trembling waters come upon us.

The Holy Father said that Christian joy, like hope, is essentially founded on God’s fidelity, in the assurance that he always keeps his promises. Futhermore the Pope also said that “the prophet Isaiah exhorts those who have lost their way and are in trouble to trust in the Lord’s fidelity because his salvation will not delay in breaking into their life.”

The Argentinian Pontiff joyfully shouted “Jesus Christ is our joy! His faithful love is inexhaustible!” That is why the Holy Father appropriately emphasized the urgent need of praying for those who are sad and make them "feel the warmth of the community.”

And, just seconds before praying the Angelus with that huge crowd, the Pope appealed to all the faithful to look at the example of Mary during the Advent season, who obtains for all of us the joy of the Gospel. He said: “It is an intimate joy, made of wonder and tenderness. It is what a mother experiences when she looks at her newborn child, and feels that he is a gift of God, a miracle that she can only be grateful for!"

How can I not be grateful when God, in his infinite mercy, overshadows me with his loving mercy? How can I not exclaim with joy at the reality that God forgives my personal sins every time I ask another perspective on life, the Chaplet of the Divine Mercy?

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University of Malta discouraging nursing students to study - with a change in the bye-laws!

We have all seen our billboards in our national roads. Billboards sought to encourage individuals to join the nursing community. A campaign that is supposedly intended to help the Maltese people be given the appropriate care when in need in our hospitals. A campaign that was introduced because the health care community claimed that at this very moment we are in great need of nurses. Undoubtedly the job of a nurse is not a particular type of job in which a child would be dreaming of at an early age. A job not quite popular with the masses, and so the small percentage who do pursue this career should be encouraged to continue their studies. After all these people will be caring for us: The Maltese population.

What exactly is this new change in the bye-laws? Diploma Nursing students need to complete 3 years of studies, and it has been this way for a few years now. Like any other exam in the University of Malta students will undergo exams at the end of their first semester in January and again in June in the end of the second semester. Like any other course in the University of Malta, if a student will fail to receive sufficient marks in any of these exams conducted either in January or June, the student is entitled to undergo a re-sit in September. This is also what the majority of people think is fair.

In 2013 the University of Malta decided that in the second year of this course, students are to sit for their exams in January, but if they fail from any of these, they will not be allowed to continue their studies. They will then have to wait until September to sit for their re-sit exam and if they pass they will have to wait until next January so they can continue their second year of studies exactly where they left off (starting the second semester). This basically means a student will lose an entire year of studies because of this change in the bye-laws.

Numerous complaints emerged as soon as students enrolled in this course heard of this change in the bye-laws, and most of the nurses, doctors, midwives and other health care professionals as well as other health science students were concerned. If this change in the bye-laws is practiced, most of the hospital staff fears that this will drastically decrease the number of new nurses appointed as staff nurses each year, as well as discourage potential applicants to apply for the course. This will ultimately mean that Malta’s problem in the shortage of nurses will only get worse. The Diploma Nursing course employs approximately 90 new nurses each year (which are still not enough to meet the needs of our hospitals and clinics). The Degree Nursing course is also another course intended to qualify individuals with a nursing degree. It employs about 45 new nurses each year, a number which, when combined with that of the diploma course is still insufficient to serve the Maltese Health Care Community. So why introduce these changes?

We should be improving our educational courses in such a manner to improve our country as a whole. This should not be the solution if we ought to encourage more people to enter the nursing community. This should not be the way to improve Health Care in our country. However it may be the solution to increase the constant stress our doctors, nurses, specialists and other health care professionals already suffer from in an average day of work.

Matthew DeBattista
The new SMA H.A.
An easy to digest formula, designed to reduce the risk of developing cows’ milk protein allergy.

Allergy arises due to the inappropriate reaction towards otherwise harmless antigens such as cow’s milk protein. Several studies have shown a significant increase in allergies in the last 30 years.14 Atopic dermatitis effects 20% of children under two years in many countries, and it is the first manifestation of allergic sensitization.15 Additionally, 50% of the paediatric population suffering from atopic dermatitis in their first two years of life have shown later development of asthma.16 This increase in allergies has led to the research of hypoallergenic formulae, which help to reduce the risk of development of atopic dermatitis till 10 years of life.17

**Clinical proven to reduce the risk of developing eczema by up to 50% in first year of life for susceptible babies**

- The partially hydrolysed, 100% whey protein in SMA H.A. reduces the risk of eliciting an allergic response towards cows’ milk protein.
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- Contains Omega 3 and 6 LCPU
- Contains lactose as the only carbohydrate
- Early growth, adipogenic activity and adipocyte differentiation19
- Reduced protein levels, similar to values found in breastmilk.
- Studies have shown increased levels of Bifidobacteria in stools, due to its fermentation by colonic microflora20

**TO BE USED FROM THE FIRST FORMULA FEED.**

**IMPORTANT NOTICE:** Breastfeeding is best for babies. Good maternal nutrition is important for the preparation and maintenance of breastfeeding. Introducing partial bottle-feeding may have a negative effect on breastfeeding and reversing a decision not to breastfeed is difficult. You should always seek the advice of a doctor, midwife, health visitor.

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WHAT IS ECZEMA?

Eczema is commonly seen in babies and children of all ages, as their skin barrier function is still very immature and easily affected by many skin aggressors such as cold weather, sun, perfume and also soap. Redness, dryness and itching are common complaints, typically affecting different parts of the body such as the face (cheeks), behind the ears, elbows, knees, neck fold and hands.

STELATOPIA

It's simple and easy. Choose between:

DAILY CARE

Cleansing Cream
to wash with (face, hair & body)

Emollient Cream
applied after washing (face & body)

FLARE UPS

Milky Bath Oil
add 3 cups full to water (face & body)

Emollient Cream
applied after washing (face & body)

mustela

Why STELATOPIA?

Stelatopia has been specially formulated for dry and eczema-prone skin in babies and young children. Like all other very well known brands, Stelatopia moisturises and rehydrates the skin. Furthermore, it has a unique and patented natural ingredient - Sunflower Oil Distillate (SOD) - which makes it different to all other treatments.

SOD has been scientifically proven to actually stop the inflammatory process and helps rebuild the missing lipids of the babies’ skin. So whilst it hydrates and moisturises, like all other treatments, it is the only proven product to rebuild the protective skin barrier and reduce redness and itching. Even the driest of skins is intensely nourished, getting back its softness and suppleness.

Efficacy tests carried out by dermatologists on 80 children with light to moderate eczema over a period of 21 days showed:

• Less itching and a reduction in redness - 65% 
• Reduction in skin dryness - 81%
• Reduction in the frequency of flares - 30%
• Improvement in quality of life - 73%

Many parents are switching to Stelatopia for better control of their child’s eczema.

Safe to be used in newborns, from birth onwards.

Stelatopia products are found in all leading pharmacies.

For more information, kindly contact Cherubino Ltd.
2134 3270
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**Simethicone + Active Carbon**

Relieves Bloating, Cramping & Pain

**Effective Relief**

**Works in 15 Minutes**

Dual Action Combination

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**TAKING BLOAT EZE**

Take 2 tablets twice a day after a main meal, up to 4 tablets a day.

---

The product is a bi-layered tablet containing simethicone 20mg and activated carbon 200mg. Simethicone acts as a surfactant, breaking down gas and wind in the gut, and the very fine particles of carbon act as an absorbent, thus reducing gas and toxins in the gut. Neither of these ingredients is absorbed systemically, which means that Bloat Eze can be used safely.

Bloat Eze is available over the counter from your local pharmacy.

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Bank of Valletta
In memory of World War One Nurses

Whilste the World is commemorating a grim anniversary of the start of WWI we cannot forget the exhausting and often dangerous work of nurses who worked in the horrors of war. Obviously Malta is no exception, although not at the home front, local and foreign nurses who worked on the island were almost the busiest in Europe. These great events of courage in floors, and often dangerous work of nurses who worked in the battlegrounds paid a price. Unqualified women working as midwives or nurses in ‘Nurse of the Mediterranean’.

Apart from them there were thousands of middle-class homes with professional nurses, the backbone of the wartime service, failed to get legal recognition of registered status until 1943. Some drifted into the expelling service. VADs nurses, the backbone of the wartime service, failed to get legal recognition of registered status until 1943.

So far as we know nurses were mainly employed by the Ministry of Health and the Malta Neurological Institute. In Malta, 27 hospitals and camps were set up and the first batch of 660 casualties from the Gallipoli landings arrived on 4th May 1915. The number of sick and wounded treated in Malta from May 1915 to February 1919 was approx 58,000 from the Mediterranean Expeditionary Force, and 78,000, from the Salonika Expeditionary Force. Nursing staff and doctors often died in Malta from diseases while nursing patients. WWI Nurses must always be remembered and cherished for their acts of gallantry and devotion to duty under fire. They are an example to all of us.

Joe Camilleri
Charge Nurse

Resource OptiFibre®

Resource OptiFibre® is a soluble dietary fibre that helps maintain normal bowel function. The difference between insoluble and soluble fibre is that insoluble fibre is completely insoluble in water and minimally fermented in the colon, thus serving primarily as bulking agents, in contrast, soluble fibre dissolves in water and may be fermented by intestinal bacteria. Additional beneficial effects of fibre are associated with their fermentability. Partially hydrolysed guar gum (PHGG), the active component of Resource OptiFibre® is fermented by colonic bacteria liberating short chain fatty acids (SCFAs) which accelerate colonic absorption of salt and water. SCFAs are used as an energy source by the intestinal mucosa and are absorbed through the colonic wall, where they are metabolized to produce energy or transported into the general circulation. SCFAs also promote a healthy gut environment by stimulating the growth of beneficial bacteria such as bifidobacteria and lactobacilli, and inhibit the growth of harmful bacterial strains. Beneficial bacteria promote intestinal health by stimulating a positive immune response and out-competing the growth of harmful bacteria.

Resource OptiFibre® helps maintain normal bowel functions in patients suffering from constipation, diarrhoea and irritable bowel syndrome. Besides a regulatory effect on gastrointestinal function, Resource OptiFibre® has shown positive effects on lipid metabolism and mineral absorption. The main clinical benefits of Resource OptiFibre® are listed below:


Resource OptiFibre® has the advantage of improving patient compliance, given that it does not alter taste, texture or colour when added to food. Unlike other dietary fibres, Resource OptiFibre® mixes easily into hot and cold meals and beverages without impacting texture or flavour, thus assuring maximum acceptance by patients. Consequently, Resource OptiFibre® may be added to both hot and cold meals such as soups, pasta and other hot dishes or to liquids such as tea, coffee or juices.

Resource OptiFibre® is non gelling, making the product also suitable for patients that use a PEG tube and require a fibre rich diet. This product may be recommended for both short and long term use.

Resource OptiFibre® should be introduced gradually by simply adding 1 scoop (equivalent to 1/2 a sachet) to foods or liquids for the first 3 days. This dose may be gradually increased by adding another scoop every 3 day interval until the desired effect is achieved. The maximum amount administered should not exceed 4 sachets/8 scoops per day.

Reference:
Risk-reducing mastectomy for women with an increased risk of developing breast cancer: awareness and choice

PART 1

The French surgeon BrCa, who lived in the 19th century, had hypothesised over 140 years ago that some cases of breast cancer may be due to a genetic susceptibility. Since then, it has become known that some women carry a high-risk predisposition gene, namely BRCA1 and/or BRCA2. It is a fact that breast cancer is the most commonly occurring cancer in women. More than one million women are diagnosed with breast cancer every year worldwide. As stated by Mr G Curran Dingli, Consultant Surgeon at Mater Dei Hospital, Malta, the incidence of breast cancer in Malta is on the increase, although fortunately, mortality has declined.

For women with BRCA1 or BRCA2 mutation, or a strong family history of breast cancer, prophylactic mastectomy offers the greatest protection against the development of breast cancer. In this regard, the aim of this study is to determine whether prophylactic mastectomy would be considered as an option by women to reduce their risk of developing breast cancer. To this end, questionnaires were handed out to female health care workers at Mater Dei Hospital in an attempt to find out what they think about the surgery. It is also intended to raise awareness about the fact that, so far, only prophylactic mastectomy can significantly reduce the risk of developing breast cancer.

WHO IS MORE LIKELY TO DEVELOP BREAST CANCER?

All cancer is genetic. However, not all cancer is inherited. Breast cancer develops because of mutations in certain genes. Some women, and men, inherit these mutations. A woman is likely to develop breast cancer if her mother, sister or offspring has had breast cancer. However, for this woman the lifetime risk of developing breast cancer is 7% to 49%. This depends upon which relative is involved and the age at which breast cancer developed. On the other hand, if a woman tests positive in genetic screening for BRCA1 her lifetime risk for developing breast cancer is 85% to 90%.

ANTIMICROBIAL EFFECTS AND TOXICITY

Silver compounds in various wound products differ in the manner and speed with which they release the bactericidal silver ions. With enhanced bacterial killing effects, there is also concern clinically that too much silver could be delivered into the tissue, resulting in adverse effects on wound healing. Three in-vitro studies have shown that the release of nanocrystalline silver from dressings is toxic to keratinocytes and fibroblasts. A comparative study of 5 different Silver dressings showed a strong inhibition of wound re-epithelialisation occurring when using 2 of the dressings. Another comparative study of 3 different silver dressings showed that nanocrystalline silver results in a fast and strong silver release, associated with significant cytotoxicity.

The Way Forward

Indiscriminate use of any material is inappropriate and product choice should be based on published scientific evidence. Although some silver product companies will boast about how much silver their dressing contains, it has still not been shown that a larger amount of silver in a dressing necessarily results in better clinical outcomes. Cytotoxic effects of silver should also be considered when deciding on wound care dressings. The choice of an appropriate antibacterial dressing should be based on the wound type and condition and on clinically applicable measures and not on any single laboratory parameter. Cost is also an important factor to guide dressing choice, considering that NMS (UK) expenditure on silver dressings in 2008/7 amounted to £25million.

CONCLUSION

Selection of the right dressing is vital for successfully managing infected wounds and those prone to infection. Besides balancing the antimicrobial action with toxicity, the ideal dressing should also minimize trauma on application and removal and conform well to the wound bed. Clinical evidence and laboratory tests have shown the beneficial profile of action, of low toxicity and potential antimicrobial action, of sustained release silver dressings.

References:

Table 1 – Major markers of increased breast cancer risk in women

<table>
<thead>
<tr>
<th>Relative risk increased more than 4 times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence of susceptibility gene BRCA1</td>
</tr>
<tr>
<td>Pre-menopausal breast cancer in mother and sister</td>
</tr>
<tr>
<td>Atypical hyperplasia in breast biopsy or aspirate</td>
</tr>
<tr>
<td>In situ cancer – ductal or lobular</td>
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</tbody>
</table>

Table 2 – Minor markers of increased breast cancer risk associated with up to 2-fold increase

<table>
<thead>
<tr>
<th>General markers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post-menopausal breast cancer in first degree relative</td>
</tr>
<tr>
<td>Previous cancer of the ovary or endometrium</td>
</tr>
<tr>
<td>Nodular densities in mammogram are prevalent</td>
</tr>
<tr>
<td>Obesity in women over 50</td>
</tr>
<tr>
<td>Tallness in adult life</td>
</tr>
<tr>
<td>Excess ionizing radiation to chest wall or breasts</td>
</tr>
<tr>
<td>Increased alcohol consumption</td>
</tr>
<tr>
<td>High socio-economic status</td>
</tr>
</tbody>
</table>

Hormone-related markers

| Non childbearing (in women under 40) |
| Delayed first child |
| Short duration of breast-feeding |
| Onset of menstruation before age 12 |
| Prolonged use of oral contraceptives |
| Prolonged HRT |

In recent years, knowledge about inherited and/or familial breast cancer has increased considerably. However, management options have remained relatively the same, namely surveillance with mammography and MRI scans, risk-reducing mastectomy, and a “wait and see” approach. In the case of two of these options there is no possibility of cancer prevention; only to start full cancer treatment once cancer has been diagnosed. It is important to point out that screening for breast cancer at the current stage of knowledge serves only to detect breast cancer and reduce the risk of mortality. It does not reduce the risk of developing breast cancer.

Andrew D. Baildam: Risk-reducing mastectomy for women at high personal risk of breast cancer. Advances in Breast Cancer March 2009 vol 6 Issue 1

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Silver in Wound Care - the delicate balance!

BACKGROUND
Treatment of antibiotic-resistant bacterial infected wounds poses a major problem in wound care. The development of silver-containing wound dressings has improved the local management of critically colonised and infected wounds. Silver is a broad-spectrum agent effective against a large number of Gram-positive and Gram-negative microorganisms, many aerobic and anaerobes, and several antibiotic-resistant strains such as methicillin-resistant staphylococcus aureus and vancomycin-resistant enterococci. Unfortunately, released silver ions are cytotoxic to human cells, and there is an inherent problem balancing antimicrobial activity against cytotoxicity. Technically, this issue can be addressed by controlling silver ion release by varying the amount of available silver in the dressing, the surface area of the silver particles and the chemical composition of the silver preparation. Although all silver dressings are assumed to be safe and effective, it is important to note the ways in which silver acts physically and chemically.

HOW IT WORKS
Silver ions absorbed into the wound site, bind to bacterial cell membranes and are transported into the cell. Interfering with the membrane transport system, silver ions impede the bacterial cell’s energy source and disrupt peptidoglycan within the wall, causing structural damage. Inside the cell they bind to DNA, impairing cell replication; they also bind to and inactivate intracellular enzymes. The bacterial cell is then prevented from growing or replicating, and often dies as vital components leak through a weakened cell wall.

PHYSICAL AND CHEMICAL PROPERTIES
Different isotopes of the same element behave the same chemically but have different physical properties, which can affect their clinical effect. The total amount of silver in a clinical setting, as well as its crystalline structure, contributes to how much and how quickly silver is dispersed from the dressing onto the wound surface. If a given amount of silver is divided among a large number of smaller crystals, its chemically active surface area will be greater than when the same amount is divided among fewer, larger crystals.

BREAST CANCER SUSCEPTIBILITY GENES
The last decade of the twentieth century saw a major breakthrough in understanding breast cancer. Extensive studies led to a search for high-risk genes that predispose to the development of breast cancer. Scientists have identified three classes of breast cancer susceptibility genes. For the purpose of this paper, only two will be mentioned, since it is these two that confer a risk that is greater than 40%, hence considered as high-risk susceptibility genes.

The identification of BRCA1 in 1994 and BRCA2 in 1995 led to a greater understanding of the development of the disease. BRCA1 is found on the long arm of chromosome 17 and BRCA2 is found on the long arm of chromosome 13. Mutations in these genes are rare. This phenotype is inherited in an autosomal dominant manner. This means that a mutated gene from one parent can cause the disease even though the matching gene from the other parent is normal. BRCA1 and BRCA2 belong to a class of genes known as tumour suppressor genes. This means that one of their functions is to prevent cells from growing and dividing too rapidly and/or in an uncontrolled way. Mutations to these genes would cause the gene to "malfunction" thus allowing cells to grow and divide uncontrollably and form a tumour.

Genetic testing for BRCA mutations is expanding worldwide. It is a medical test that identifies carriers of the mutated gene so that more accurate risk quantification can be given. In this respect, the test can help doctors in the management of women who are at high risk of developing breast cancer. Genetic testing is offered to women with a strong family history of breast cancer. Genetic testing is voluntary. The decision to be tested is a personal and complex one. Counselling is very important both before the test and after the test if it results to be positive.

RISK-REDUCING MASTECTOMY: THE EARLY DAYS
Just over a decade ago, risk-reducing mastectomy was a historic study. The results of which were also published in 2004, 483 women who were identified as BRCA1 and BRCA2 mutation carriers were followed up. Of the 483 women, 105 underwent prophylactic mastectomy and 378 were the control group whose breasts were intact. This study showed that prophylactic mastectomy reduces the risk of developing breast cancer by about 95%.

Although these studies showed a dramatic reduction in the incidence of breast cancer after prophylactic mastectomy, the real question is whether women would consider it to reduce their risk.

Silver in Wound Care - the delicate balance!

IL. MUESSNER
nr. 65 - December 2014

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prophylactic mastectomy.
Another study published in 2001 in the Netherlands followed up 139 women with BRCA1 or BRCA2 mutations who had had bilateral prophylactic mastectomy. After about 3 years of follow-up none of these women had developed breast cancer. Although the follow-up period was short, an updated study published in 2004 confirmed the preliminary results.

In a historic study, the results of which were also published in 2004, 483 women who were identified as BRCA1 and BRCA2 mutation carriers were followed up. Of the 483 women, 105 underwent prophylactic mastectomy and 378 were the control group whose breasts were intact. This study showed that prophylactic mastectomy reduces the risk of developing breast cancer by about 95%.

Although these studies showed a dramatic reduction in the incidence of breast cancer after prophylactic mastectomy, the real question is whether women would consider it to reduce their risk.

To be continued
Parent Craft Services

Parentcraft Services is also working with various NGOs regarding asylum seekers, mainly KOPIN, INTEGRAS, JRS and AWAS. An initial seminar was organized whereby information was clarified to managers and staff of the obstetric units. Presently, KOPIN has been approved funds for a project regarding Sexual and Reproductive health under the Julia Taft Fund which is managed by the US State department.

Parentcraft Services will be actively involved in this project.

New projects include: Sessions for Dads only while Parentcraft Services is presently involved in an innovative and challenging project – the creation of DVD modules on a large variety of subjects. This visual material is also intended to be available online.

Support is mainly maintained through a very popular Support Tel. Helpline – 2545 5124, where clients can call in, to ask help for any problem, both during pregnancy or after birth. The telephone helpline is open to all, including those who have never attended, relatives, and anyone wishing to make use of this service. Calls vary from brief ones enquiring about the courses or about their applications, to complicated and intense ones, sometimes requiring referral to other Departments/Units.

In addition, there has also been a significant increase in one-to-one counselling sessions, presenting mostly with pregnancy-related, emotional, or social issues. If need be, referral will be done to other Units/Departments, such as Parentcraft Services.

Parentcraft Services is a free-standing Unit, forming part of the Obstetric Department and situated at Mater Dei Hospital.

The Mission of Parentcraft Services is “Education and Support”. Therefore, every effort is made to keep up to date, and to present the latest knowledge and research to the clients, whose feedback has always been very favourable.

Education is mainly carried out through courses offered to expectant clients/couples, but also to new parents, as Baby Groups (aka Reunions). The latter serve both as a social and an educational tool, as many queries are answered and information straightened out during these meetings. Sessions complete childbirth course on and an educational group.

Furthermore, there is a considerable increase in one-to-one sessions. These include clients with special needs, including physical, psychological or social needs.

Other sessions are also held regularly, in response to client-demand, and to the perceived client-need, and in agreement with other Units/Departments. These include sessions about Dental Care, Standards of Childcare Centres, Stem Cell Collection, Speech and Language Development, Healthy Eating Habits in Infants/ Toddlers, etc.

Although hospital-based, Parentcraft Services is clearly very much oriented towards Primary Health Care, although it is also a bridge to hospital care should a client present with any complaint or health problem. Close liaison is continuously maintained with hospital practices and policies, to ensure that accurate and updated information is passed on to our clients.

Besides lectures at MDH, Parentcraft Education is also offered extensively through the Media, by participating in various TV and radio programmes. Parentcraft Services will also be having its own programme “Familij ta’ Ghada” on Radio Malta 2, every Tuesday at 11.30am, repeated on Saturdays at 8pm.

Other information is offered, through various professional handouts and booklets, sometimes in collaboration with other Departments, such as Department of Social Welfare Standards (DSWS), Social Work Unit, Ghozza, Richmond Foundation, Institute of Family Therapy (IFT), etc.

Parentcraft Services is a dynamic service, ever-changing with the needs of its clients. Besides being very Customer Friendly, Parentcraft Services aims towards the “Positive Parenting Policy”, offering a family-friendly environment where clients feel safe to visit over and over again, and to share their worries and joys with the midwives they have learnt to trust.

M’Louise Bugaj
Change Midwifery - Parentcraft Co-ordinator
Parentcraft Services (Mater Dei Hospital)

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Leonard Schembri
Mob: 79459111
(Co-founder of the Tissue Viability Unit)
Blocked Nose? Cold?
Your nose can breathe again!
from our diary...

Paul Pace attended for an ETUC meeting in Brussels, representing FOR.U.M.

MUMN Council would like to congratulate Bernadette for her achievement as the Worker of the Year in Gozo General Hospital.

The Pensioners’ Group Committee organised a brilliant outing for their members.

The Delegates from Malta who attended the CNF Conference in London.

Nurses working at the Admitting & Emergency Department assisting illegal immigrants and their children on their arrival in Malta. (photo from the Times of Malta).

Maria Cutajar and Antoinette Saliba representing MUMN at the European Midwives Association (EMA) Annual Meeting. MUMN’s Vice-President is addressing the delegates at the same meeting. During this meeting Maria Cutajar was elected as a member on the EMA’s Executive Council.

The Annual MUMN Activists’ Seminar.

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Parentcraft Services

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Education is mainly carried out through courses offered to expectant clients/couples, but also to new parents, as Baby Groups (aka Reunions). The latter serve both as a social and an educational tool, as many queries are answered and information shared out during these meetings. Sessions about Childcare Centres are also offered postnatally, as is dental support and information regarding nutrition.

In late 2011, we also introduced the sessions for Grandparents, which are in great demand, and even increasing in popularity. Furthermore, a number of ad hoc sessions are also offered, while Education also includes sessions for student nurses/ student midwives, secondary, post-secondary, and even tertiary students.

Parentcraft Courses Include: Early Pregnancy Courses (starting from 10 weeks pregnancy) and Childbirth Courses (usually starting from 28 – 30 weeks pregnancy). Specific Childbirth Courses cater for Clients expecting multiples, Parents with other children (Refresher), English Speaking Clients. Sessions are also now being offered to Pre-adoptive parents.

Parentcraft Services works closely with GHODZA (formerly School Girl Mothers' Unit) to offer pertinent information to School-age and Teenage clients, regarding pregnancy, childbirth and child rearing. Parentcraft Services is further reaching out to these young mothers-to-be by offering a complete childbirth course on Sundays, where the partner, and both sets of grandparents can also attend. This, in order to provide more Understanding, Support, and Attachment.

Childbirth Courses are offered in the morning, afternoon and evening. This includes weekdays, Saturdays, Sundays and even Public Holidays. Most times, 2 or more concurrent sessions are held. As can be expected, the most popular lectures are those held in the evenings, weekends, and on Sunday mornings, with the latter having 4 or even 5 concurrent sessions. Evening, weekend, and Sunday groups are considerably large, with an average of 18-22 couples per group.

Furthermore, there has been a considerable increase in one-to-one sessions. These include clients with special needs, including physical, psychological or social needs. Other sessions are also held regularly, in response to client-demand, and to the perceived client-need, and in liaison with other Units/Departments. These include sessions about Dental Care, Standards of Childcare Centres, Stem Cell Collection, Speech and Language Development, Healthy Eating Habits in Infants/Toddlers, etc.

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Silver in Wound Care - the delicate balance!

BACKGROUND

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Different isotopes of the same element behave the same chemically but have different physical properties, which can affect their clinical effect. The total amount of silver in a clinical situation, as well as its crystalline structure, contributes to how much and how quickly silver is dispersed from the dressing onto the wound surface. If a given amount of silver is divided among a large number of smaller crystals, its chemically active surface area will be greater than when the same amount is divided among fewer, larger crystals.

BREAST CANCER SUSCEPTIBILITY GENES

The last decade of the twentieth century saw a major breakthrough in understanding breast cancer. Extensive studies led to a search for high-risk genes that predispose to the development of breast cancer. Scientists have identified three classes of breast cancer susceptibility genes. For the purpose of this paper, only two will be mentioned, since it is these two that confer a risk that is greater than 40%, hence considered as high-risk susceptibility genes. The identification of BRCA1 in 1994 and BRCA2 in 1995 led to a greater understanding of the development of the disease. BRCA1 is found on the long arm of chromosome 17 and BRCA2 is found on the long arm of chromosome 13. Mutations in these genes are rare. This phenotype is inherited in an autosomal dominant manner. This means that a mutated gene from one parent can cause the disease even though the matching gene from the other parent is normal. BRCA1 and BRCA2 belong to a class of genes known as tumour suppressor genes. This means that one of their functions is to prevent cells from growing and dividing too rapidly and/or an uncontrolled way. Mutations to these genes would cause the gene to "malfunction" thus allowing cells to grow and divide uncontrollably and form a tumour.

Genetic testing for BRCA1 mutations is expanding worldwide. It is a medical test that identifies carriers of the mutated gene so that more accurate risk quantification can be given. In this respect, the test can help doctors in the management of women who are at high risk of developing breast cancer. Genetic testing is offered to women with a strong family history of breast cancer. Genetic testing is voluntary. The decision to be tested is a personal and complex one. Counselling is very important both before the test and after the test if it results to be positive.

RISK-REDUCING MASTECTOMY, THE EARLY DAYS

Just over a decade ago, risk-reducing mastectomy was highly controversial. Since there was no evidence base, the efficacy of the surgery was unknown and it was regarded as an extreme and drastic option. Pioneering women who wanted to do something about their increased risk enrolled in research studies that showed the effectiveness of prophylactic mastectomy in preventing breast cancer. Early studies conducted by Hartmann and his team at the Mayo Clinic in 1999 and again in 2001 estimated that the risk of breast cancer was reduced by 30% - 95% with bilateral prophylactic mastectomy. Another study published in 2001 in the Netherlands followed up 139 women with BRCA1 or BRCA2 mutations who had had bilateral prophylactic mastectomy. After about 3 years of follow-up none of these women had developed breast cancer. Although the follow-up period was short, an updated study published in 2004 confirmed the preliminary results.

In a historic study, the results of which were also published in 2004, 438 women who were identified as BRCA1 and BRCA2 mutation carriers were followed up. Of the 483 women, 105 underwent prophylactic mastectomy and 378 were the control group whose breasts were intact. This study showed that prophylactic mastectomy reduces the risk of developing breast cancer by about 95%.

Although these studies showed a dramatic reduction in the incidence of breast cancer after prophylactic mastectomy, the real question is whether women would consider it to reduce their risk.

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Risk-reducing mastectomy for women with an increased risk of developing breast cancer: awareness and choice

PART 1

The French surgeon Brca, who lived in the 19th century, had hypothesized over 140 years ago that some cases of breast cancer may be due to a genetic susceptibility. Since then, it has become known that some women carry a high-risk predisposition gene, namely BRCA1 and/or BRCA2. It is a fact that breast cancer is the most commonly occurring cancer in women. More than one million women are diagnosed with breast cancer every year worldwide. As stated by Mr G Curzana Dingli, Consultant Surgeon at Mater Dei Hospital, the incidence of breast cancer in Malta is on the increase, although fortunately, mortality has declined.

For women with a BRCA1 or BRCA2 mutation, or a strong family history of breast cancer, prophylactic mastectomy offers the greatest protection against the development of breast cancer. In this regard, the aim of this study is to determine whether prophylactic mastectomy would be considered as an option by women to reduce their risk of developing breast cancer. To this end, questionnaires were handed out to female health care workers at Mater Dei Hospital in an attempt to find out what they think about the surgery. It is also intended to raise awareness about the fact that, so far, only prophylactic mastectomy can significantly reduce the risk of developing breast cancer.

WHO IS MORE LIKELY TO DEVELOP BREAST CANCER?

All cancer is genetic. However, not all cancer is inherited. Breast cancer develops because of mutations in certain genes. Some women, and men, inherit these mutations. A woman is likely to develop breast cancer if her mother, sister or offspring has had breast cancer. However, for this woman the lifetime risk of developing breast cancer is 7% to 49%. This depends upon which relative is involved and the age at which breast cancer developed. On the other hand, if a woman tests positive in genetic screening for BRCA1 her lifetime risk for developing breast cancer is 85% to 90%.

In recent years, knowledge about inherited and/or familial breast cancer has increased considerably. However, management options have remained relatively the same, namely surveillance with mammography and MR scans, risk-reducing mastectomy, and a “wait and see” approach. In the case of two of these options there is no possibility of cancer prevention, only to start full cancer treatment once cancer has been diagnosed. It is important to point out that screening for breast cancer at the current stage of knowledge serves only to detect breast cancer and reduce the risk of mortality. It does not reduce the risk of developing breast cancer.

Table 1 – Major markers of increased breast cancer risk in women

<table>
<thead>
<tr>
<th>Relative risk increased more than 4 times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence of susceptibility gene BRCA1</td>
</tr>
<tr>
<td>PreMenopausal breast cancer in mother and sister</td>
</tr>
<tr>
<td>Atypical hyperplasia in breast biopsy or aspirate</td>
</tr>
<tr>
<td>In situ cancer - ductal or lobular</td>
</tr>
</tbody>
</table>

Relative risk increased 2 to 4 times

| PreMenopausal breast cancer in mother or sister |
| Atypical hyperplasia without atypia in breast biopsy or aspirate |
| History of previous cancer in one breast |
| Age Caucasian women |

Table 2 – Minor markers of increased breast cancer risk associated with up to 2-fold increase

<table>
<thead>
<tr>
<th>General markers</th>
</tr>
</thead>
<tbody>
<tr>
<td>PostMenopausal breast cancer in first degree relative</td>
</tr>
<tr>
<td>Previous cancer of the ovary or endometrium</td>
</tr>
<tr>
<td>Nodular densities in mammogram are predominant</td>
</tr>
<tr>
<td>Obesity in women over 50</td>
</tr>
<tr>
<td>Tallness in adult life</td>
</tr>
<tr>
<td>Excess ionizing radiation to chest wall or breasts</td>
</tr>
<tr>
<td>Increased alcohol consumption</td>
</tr>
<tr>
<td>High socio-economic status</td>
</tr>
</tbody>
</table>

Hormone-related markers

| Non childbirth (in women under 40) |
| Delayed first child |
| Short duration of breast-feeding |
| Onset of menstruation before age 12 |
| Prolonged use of oral contraceptives |
| Prolonged HRT |

ANTIMICROBIAL EFFECTS AND TOXICITY

Silver compounds in various wound products differ in the manner and speed with which they release the bactericidal silver ions. With enhanced bacterial killing effects, there is also concern clinically that too much silver could be delivered into the tissue, resulting in adverse effects on wound healing. Three in-vitro studies have shown that the release of nanocrystalline silver from dressings is toxic to keratinocytes and fibroblasts. A comparative study of 5 different Silver dressings showed a strong inhibition of wound re-epithelialisation occurring when using 2 of the dressings. Another comparative study of 3 different silver dressings showed that nanocrystalline silver results in a fast and strong silver release, associated with significant cytotoxicity.

The WAY FORWARD

Indiscriminate use of any material is inappropriate and product choice should be based on published scientific evidence. Although some silver product companies will boast about how much silver their dressing contains, it has still not been shown that a larger amount of silver in a dressing necessarily results in better clinical outcomes. Cytotoxic effects of silver should also be considered when deciding on wound care dressings. The choice of an appropriate antibacterial dressing should be based on the wound type and condition and on clinically applicable measures and not on any single laboratory parameter. Cost is also an important factor to guide dressing choice, considering that NHS (UK) expenditure on silver dressings in 2006/7 amounted to £25million.

CONCLUSION

Selection of the right dressing is vital for successfully managing infected wounds and those prone to infection. Besides balancing the antimicrobial action with toxicity, the ideal dressing should also minimize trauma on application and removal and conform well to the wound bed. Clinical evidence and laboratory tests have shown the beneficial profile of action, of low toxicity and potent antimicrobial action, of sustained release silver dressings.

Table 3 – Hormone-related markers of increased breast cancer risk in women

References:


Helps healing

Tanya Cararbat, P.Dip.HSc (Mgmt)
Whilst the World is commemorating agrim anniversary since the start of WWI we cannot forget the exhausting and often dangerous work of nurses who worked in the horrors of war. Obviously Malta is no exception, although not at the home front, local and foreign nurses who working on the island were almost the busiest in Europe. These great events of courage in

They wore starched and

than that of domestic servants. Thousands of young women

from

and often dangerous work of nurses who worked in the

domestic hospitals.

was no big

were

untrained, such as the

of nurses as

sometimes disgusting.

Apart from them there were thousands of

male

life,

little

untrained women working as midwives or nurses in

bereavement. Conspicuous uniforms

'Nurse of the Mediterranean'.

Wartime nurses dominated nursing history. Acceptance

middle-class

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volunteered

in an attempt to ease the pain of

itself

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in Malta,

27

from May 1915 up to February 1919 was

Malta

27

male

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Malta

78,000,

58,000

from diseases

and foreign nurses who working

dubbed our nation as the

Poily

 cherished for their acts of

gallantry and devotion to duty under fire. They are an example to all of us.

Joe Camilleri

Charge Nurse

Resource OptiFibre®

Resource OptiFibre® is a soluble dietary fibre

that helps maintain normal bowel function. The difference between insoluble and soluble fibre is

that insoluble fibre is completely insoluble in water and minimally fermented in the colon, thus serving primarily as bulking agents, in contrast, soluble fibre dissolves in water and may be fermented by intestinal bacteria. Additional beneficial effects of

are associated with their fermentability. Partially hydrolysed guar gum (PHGG), the active component of Resource OptiFibre® is fermented by colonic bacteria liberating short chain fatty acids (SCFA's) which accelerate colonic absorption of salt and water. SCFA's are used as an energy source by the intestinal mucosa and are absorbed through the colonic wall, where they are metabolized to produce energy or transported into the general circulation. SCFA's also promote a healthy gut environment by stimulating the growth of beneficial bacteria such as bifidobacteria and lactobacilli, and inhibit the growth of harmful bacterial strains. Beneficial bacteria promote intestinal health by stimulating a positive immune response and out-

normal bowel functions in patients suffering from constipation, diarrhoea and irritable bowel syndrome. Besides a regulatory effect on gastrointestinal function, Resource OptiFibre® has shown positive effects on lipid metabolism and mineral absorption. The main clinical benefits of Resource OptiFibre® are listed below:


Resource OptiFibre® has the advantage of improving patient compliance, given that it does not alter taste, texture or colour when added to food. Unlike other dietary fibres, Resource OptiFibre® mixes easily into hot and cold meals and beverages without impacting texture or flavour, thus assuring maximum acceptance by patients. Consequently, Resource OptiFibre® may be added to both hot and cold meals such as soups, pasta and other hot dishes or to liquids such as tea, coffee or juices. Resource OptiFibre® is non gelling, making the product also suitable for patients that use a PEG tube and require a fibre rich diet. This product may be recommended for both short and long term use.

Resource OptiFibre® should be introduced gradually by simply adding 1 scoop (equivalent to 1/2 a sachet) to foods or liquids for the first 3 days. This dose may be gradually increased by adding another scoop every 3 day interval until the desired effect is achieved. The maximum amount administered should not exceed 4 sachets/8 scoops per day.

Reference:

Resource® OptiFibre®
A soluble powdered dietary fibre that helps maintain normal bowel functions in patients suffering from constipation, diarrhoea or Irritable Bowel Syndrome. May be added to hot and cold liquids and foods without affecting texture or taste.

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**Effective Relief**

**Works in 15 Minutes**

Dual Action Combination

**TAKING BLOATEZE**

Take 2 tablets twice a day after a main meal, up to 4 tablets a day.

**THE PRODUCT IS A BI-LAYERED TABLET CONTAINING SIMETHIONE 50MG AND ACTIVATED CARBON, 300MG. Simethicone acts as a surfactant, breaking down gas and wind in the gut, and the very fine particles of carbon act as an absorbent, thus reducing gas and toxins in the gut. Neither of these ingredients is absorbed systemically, which means that Bloateze can be used safely.**

Bloateze is available over the counter from your local pharmacy.

---

**ONE, TWO, UNIFLU**

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**COMPLETE COLD & FLU SOLUTION**

This is a medicinal product. Always read the leaflet and consult your pharmacist or doctor for advice.

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WHAT IS ECZEMA?

Eczema is commonly seen in babies and children of all ages, as their skin barrier function is still very immature and easily affected by many skin aggressors such as cold weather, sun, perfume and skin soap. Redness, dryness and itching are common complaints, typically affecting different parts of the body such as the face (cheeks), behind the ears, elbows, knees, neck fold and hands.

How to use STELATOPiA

IT'S SIMPLE AND EASY. CHOOSE BETWEEN:

DAILY CARE

Cleansing Cream
to wash with (face, hair & body)

Emollient Cream
applied after washing (face & body)

FLARE UPS

Milky Bath Oil
add 3 cups full to water (face & body)

Emollient Cream
applied after washing (face & body)

WHY STELATOPiA?

Stelatopia has been specially formulated for dry and eczema-prone skin in babies and young children. Like all other very well known brands, Stelatopia moisturises and rehydrates the skin. Furthermore, it has a unique and patented natural ingredient: Soybean Oil Distillate (SOD) - which makes it different from all other treatments.

SOD has been scientifically proven to actually stop the inflammatory process and helps rebuild the missing lipids of the babies’ skin. So whilst it hydrates and moisturises, like all other treatments, it is the only proven product to rebuild the protective skin barrier and reduce redness and itching. Even the skin of skin is intensely counteracted, getting back is softness and suppleness.

Efficacy tests carried out by dermatologists on 60 children with mild-to-moderate eczema over a period of 21 days showed:

• Less itching and a reduction in redness - 95%
• Reduction in skin dryness - 81%
• Reduction in the frequency of flare-ups - 93%
• Improvement in quality of life - 73%

Many parents are switching to Stelatopia for better control of their child’s eczema.

Safe to be used in newborns, from birth onwards.

Stelatopia products are found in all leading pharmacies.

For more information, kindly contact Cherubino Ltd.
2134 3270

No More Eczema
The new SMA H.A.

An easy to digest formula, designed to reduce the risk of developing cows’ milk protein allergy.

Allergy arises due to the inappropriate reaction towards otherwise harmless antigens such as cow's milk protein. Several studies have shown a significant increase in allergies in the last 30 years. 15 Atopic dermatitis effects 20% of children under two years in many countries, and it is the first manifestation of allergic sensitisation. 15 Additionally, 50% of the paediatric population suffering from atopic dermatitis in their first two years of life have shown later development of asthma. 15 This increase in allergies has led to the research of hypoallergenic formulae, which help to reduce the risk of development of atopic dermatitis till 10 years of life. 15


Reduced protein levels, similar to those found in breastfeeding.

Contains Omega 3 and 6 LCOp.

Contains lactose as the only carbohydrate.

Studies have shown increased levels of Bifidobacteria in stools, due to its fermentation by colonic microflora. 15

The partially hydrolysed, 100% whey protein in SMA H.A. reduces the risk of eliciting an allergic response towards cow’s milk protein.

It is also easier to digest, improving gastric transit times, making them similar to breastfed babies 15.

Early growth, adipogenic activity and adipoocyte differentiation have been thought to be linked with excessive infant protein intake 15.

Supporting eye and brain development 15.


to be used from the first formula feed.

IMPORTANT NOTICE: Breastfeeding is best for babies. Good maternal nutrition is important for the preparation and maintenance of breastfeeding. Introducing partial breastfeeding may have a negative effect on breastfeeding and reduce the decision not to be breastfed. You should always seek the advice of a doctor, midwife, health visitor, public health nurse, dietitian or pharmacist on the need for and proper method of use of infant milks and all matters of infant feeding. Social and financial implications should be considered when selecting a method of infant feeding. Infant milk should always be prepared and used as directed. Inappropriate foods or feeding methods, or inappropriate use of infant formula, may present a health hazard.


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University of Malta discouraging nursing students to study — with a change in the bye-laws!

We have all seen our billboards in our national roads. Billboards sought to encourage individuals to join the nursing community. A campaign that was supposedly intended to help the Maltese people be given the appropriate care when in need in our hospitals. A campaign that was introduced because the health care community claimed that at this very moment we are in great need of nurses. Undoubtedly the job of a nurse is not a particular type of job in which a child would be dreaming of at an early age. A job not quite popular with the masses, and so the small percentage who do pursue this career should be encouraged to continue their studies. After all these people will be caring for us: The Maltese population.

What exactly is this new change in the bye-laws? Diploma Nursing students need to complete 3 years of studies, and it has been this way for a few years now. Like any other exam in the University of Malta students will undergo exams at the end of their first semester in January and again in June in the end of the second semester. Like any other course in the University of Malta, if a student will fail to receive sufficient marks in any of these exams conducted either in January or June, the student is entitled to undergo a re-sit in September. This is also what the majority of people think is fair.

In 2013 the University of Malta decided that in the second year of this course, students are to sit for their exams in January, but if they fail from any of these, they will not be allowed to continue their studies. They will then have to wait until September to sit for their re-sit exam and if they pass they will have to wait until next January so they can continue their second year of studies exactly where they left off (starting the second semester). This basically means a student will lose an entire year of studies because of this change in the bye-laws.

Numerous complaints emerged as soon as students enrolled in this course heard of this change in the bye-laws, and most of the nurses, doctors, midwives and other health care professionals as well as other health science students were concerned. If this change in the bye-laws is practiced, most of the hospital staff fears that this will drastically decrease the number of new nurses appointed as staff nurses each year, as well as discourage potential applicants to apply for the course. This will ultimately mean that Malta’s problem in the shortage of nurses will only get worse. The Diploma Nursing course employs approximately 90 new nurses each year (which is still not enough to meet the needs of our hospitals and clinics). The Degree Nursing course is another course intended to qualify individuals with a nursing degree. It employs about 45 new nurses each year, a number which, when combined with that of the diploma course is still insufficient to serve the Maltese Health Care Community. So why introduce these changes?

We should be improving our educational courses in such a manner to improve our country as a whole. This should not be the solution if we ought to encourage more people to enter the nursing community. This should not be the way to improve Health Care in our country. However it may be the solution to increase the constant stress our doctors, nurses, specialists and other health care professionals already suffer from in an average day of work.

Matthew DeBattista
For the past 12 years, Estetika has operated Malta’s premiere and most modern cosmetic dermatology centre, which offers an aesthetic and holistic one-stop service. We offer a full range of Beauty Services, Laser Hair Removal, Dietetics and state of the art technologies for Body Shape Services and Anti Ageing treatment.

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As one of our nurses, your duties will include Laser Hair Removal as well as assisting the doctors in our aesthetic procedures. You must be fully qualified. All necessary training will be given to the chosen candidate.

We currently need both part time and full time positions. The part time positions will perfectly suit working parents as the hours are flexible.

Kindly submit your CV by e-mail to hr@estetika.com.mt

Estetika The Cosmetic Clinic, Birkirkara

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TL-MOSBIEH

nrw. 60 - December 2014

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The argument that Angelus addresses the Pope has recently been clarified by Pope Francis when he addressed the crowds in St. Peter’s Square on December 15, 2013, prior the recitation of the Marian prayer of the Angelus, he told them that the Church is a house of joy. Francis also said that the Gospel message is “an announcement of joy for the whole people: those who are sad find joy in her (Church); they find true joy in her.” When he referred to the first reading of that Third Sunday of Advent taken from the prophet Isaiah (Is 35:1-6a, 10), Pope Francis said to those present that God comes to encourage those who are fearful of heart, or rather, when our life becomes dry and arid. And when does our life become arid?” he persistently asked. “This happens when it lacks the water of the Word of God and his Spirit of love. However, great are our limits and our dismay, we are not permitted to be discouraged and vacillating in the face of our infirmities. On the contrary, we are invited to get a grip and strengthen our weak knees, to have courage and not be afraid because our God always shows us the greatness of his mercy.” In this empowering Angelus address the Pope lovingly encouraged those who feel that they can’t have a fresh start in life due to their sins by assuring them that God awaits all with mercy and love, ready to forgive. This greatly aids us to conquer sadness and provides us with that much need and true joy when those herculean troubles come upon us. The Holy Father said that Christian joy, like hope, is essentially founded on God’s fidelity, in the assurance that he always keeps his promises. Furthermore the Pope also said that “the prophet Isaiah exhorts those who have lost their way and are in trouble to trust in the Lord’s fidelity because his salvation will not delay in breaking into their life.” The Argentinian Pontiff joyfully should: “Jesus Christ is our joy! His faithful love is inexhaustible! That is why the Holy Father appropriately emphasized the urgent need of praying for those who are sad and make them “feel the warmth of the community.” And, just seconds before praying the Angelus with that huge crowd, the Pope appealed to all the faithful to look at the example of Mary during the Advent season, who obtains for all of us the joy of the Gospel. He said: “It is an intimate joy, made of wonder and tenderness. It is what a mother experiences when she looks at her newborn child, and feels that he is a gift of God, a miracle that she can only be grateful for!”

How can I not be grateful when God, in his infinite mercy, overshadows me with his loving mercy? How can I not exclaim with joy at the reality that God forgives my personal sins every time I approach Him with a childlike trust? How can I not lavishly offer to Mater Dei’s patients, relatives and staff his redeeming smile as well as that fabulous prayer that entirely changes one’s perspective on life, the Chaplet of the Divine Mercy?

This precisely what is hidden in that smile, which for many it seems to be enough for them to believe that God’s loving presence is warming them up to offer their lives to him, to submit their entire being to his redeeming guidance especially and starting from that time of their great need!

Fr Mario Attard OFM Cap
that smile is enough!

Over the years since my involvement within the Mater Dei Chaplaincy Team a number of people have thrown at me what I would frankly dub as a "familiar remark": "Father I like your smile!" Others have encouraged me with the following words: "Keep smiling Father!" Whereas others have assured me by this life-giving observation: "Your smile made my day Father!" and so forth. Upon hearing these constant positive comments, be they offered to me from patients, their loved ones as well as the working staff of the hospital I have lately decided to sit down quietly at my desk and prayerfully engage myself in a reflective exercise on this life-giving subject. I purposely qualify smiles as "life-giving" because for certain people that is exactly the enabling effect it leaves on them.

At the beginning of this intriguing exercise I want to simply declare that the smile I joyously carry on my lips is certainly not mine. It is definitely a free God-given gift to me for other people! Thus, with the Psalmist, I have every reason to declare humbly: "Praise the Lord! O give thanks to the Lord, for he is good; for his steadfast love endures for ever!" (Ps 100:1). The more I think the Lord the more I realise how essential it is for me to smile freely and generously at the patients I daily serve.

Why? At the kick-off of the simple forthcoming reflections at Blessed Teresa of Calcutta's hands. Once, this extraordinary nun exhorted an audience with these undying words: "Let us make one point, that we meet each other with a smile, when it is difficult to smile. Smile at each other, make time for each other in your family." Mother Teresa is actually saying that if we really want to live happily we should be smiling at one another, especially in moments when it is so difficult to do so! For the Missionaries of Charity's founder smiling is

Being assertive benefits everyone

by Maria Cutajar, MUMN Vice-President

INTRODUCTION

Being assertive is a core communication skill where needs or wishes are stated clearly with respect for oneself and the other person in the interaction. Assertive communication is distinguished from passive communication (in which needs or wishes go unspoken) and aggressive communication (in which needs or wishes are stated in a hostile or demanding manner) (orland's Medical Dictionary, 2012). Being assertive means that an individual can effectively express himself/herself stand up for his/her point of view, while also respecting the rights and beliefs of others.

Being assertive can also help boost an individual's self-esteem and earn others' respect. This can help with stress management, especially if a person tends to take on too many responsibilities because s/he has a hard time saying no. In some workplaces, saying "no" is frowned upon. Assertiveness skills are essential, as they will enable each employee to be their own self/herself and thus, work more effectively. Sometimes, it involves finding ways of saying no without having to use the "n" word.

Some people seem to be naturally assertive, whereas others might not, however they can still learn to be more assertive.

WHY ASSERTIVE COMMUNICATION MAKES SENSE

Assertiveness is based on mutual respect and it's an effective and diplomatic communication style. When an individual acts in an assertive manner, show that s/he respect himself/herself because s/he is willing to stand up for his/her interests and express his/her thoughts and feelings. It also demonstrates that the individual is aware of the rights of others and is willing to work on resolving conflicts.

Of course, it's not just what a person says — his/her message — but also how s/he say it that's important. Assertive communication is direct and respectful. Being assertive gives an individual the best chance of successfully delivering his/her message. If an individual communicate in a way that's too passive or too aggressive, his/her message may get lost because people are too busy reacting to his/her delivery.

ASSERTIVE VS. PASSIVE BEHAVIOUR

If an individual's communication style is passive, s/he may seem to be shy or overly acquiescent. An individual with a passive communication style may routinely say things such as, "I'll just go with whatever the group decides." S/

he tends to avoid conflict. Why is that a problem? Because the message this individual send is that his/her thoughts and feelings aren't as important as those of other people. In essence, when an individual is too passive, s/he gives others the license to disregard his/her wants and needs.

Consider this example: An employee says yes when a colleague asks him/her to take over a project, even though his/her plate is full, and the extra work means that s/he has to work overtime and miss his/her daughter's netball game. The employee intention may be to keep the peace. But always saying yes can poison relationships. And worse, it may cause internal conflict because an individual needs will come second.

The internal conflict that can be created by passive behavior can lead to:

- Stress
- Resentment
- Seething anger
- Feelings of victimization
- Desire to exact revenge
Being assertive benefits everyone

**ASSERTIVE VS. AGGRESSIVE BEHAVIOUR**

Now consider the flip side. If an individual communicates in a passive-aggressive manner, s/he may come across as a bully who disregards the needs, feelings, and opinions of others. This individual may appear self-righteous or superior. Very aggressive people humiliate and intimidate others and may even be physically threatening. An individual with an aggressive communication style may think that being aggressive gets him/her what s/he wants. However, it comes at a cost. Aggression undercuts trust and mutual respect. Others may come to resent an aggressive person, leading them to avoidance and/or opposition.

**ASSERTIVE VS. PASSIVE-AGGRESSIVE BEHAVIOUR**

Now consider passive-aggressive behaviour. If an individual communicates in a passive-aggressive manner, s/he may say yes when in actual fact s/he want to say no. An individual may be sarcastic or complain about others behind their backs. Rather than confront an issue directly, an individual with passive-aggressive style may be uncomfortable being direct about his/her needs and feelings.

What are the drawbacks of a passive-aggressive communication style? Over time, passive-aggressive behaviour damages relationships and undercuts mutual trust. Others may have developed a passive-aggressive style because s/he is uncomfortable being direct about his/her needs and feelings.

**LEARNING TO BE MORE ASSERTIVE**

People develop different styles of communication based on their life experiences. An individual communication may be so ingrained that s/he is not even aware of what it is. People tend to stick to the same communication style over time. But if an individual wants to change his/her communication style, s/he can learn to communicate in healthier and more effective ways. Assertiveness can help people to be more efficient in their own work, act as role models, showing a way of working that supports others to do the same, and promote a fairer distribution of work.

**Tips to help an employee become more assertive:**

**Assess your style.** Do you voice your opinions or remain silent? Do you say yes to additional work even when your plate is full? Are you quick to judge or blame? Do people seem to dread or fear talking to you? Understand your style before you begin making changes.

**Use “I” statements.** Using “I” statements lets others know what you’re thinking without sounding accusatory. These can be used to voice personal feelings and wishes without expressing a judgment about the other person or blaming them. For instance, say, “I disagree,” rather than, “You’re wrong.”

**Be Confident but Not Pushy.** When you approach people, you need to have confidence in yourself. Whether it is a relative, client or colleague, you need to have confidence in your ability to speak your mind. You can’t sink from confrontation. You have to be able to get your opinion across and let the other person know what you want. The problem with this side of assertiveness is when you become a know-it-all bully. When you are constantly pushing your thoughts and opinions on others, you are more of a steam-roller than a team player. Assertiveness does not mean you dominate. It means you speak your mind.

**BEHAVING ASSERTIVELY CAN HELP YOU:**

- Gain self-confidence and self-esteem
- Understand and recognize your feelings
- Earn respect from others
- Improve communication
- Create win-win situations
- Use the “I” statement, and look forward to reach goals
- Improve your decision-making skills
- Create honest relationships
- Gain more job satisfaction
- Work with integrity, looking after yourself without being selfish
- Learning to be more assertive can also help you effectively express your feelings when communicating with others about issues.

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**Nurses Caring for Ebola Patients - Zero Tolerance**

**EFN & ICN Press Release**

28 November 2014

B**ussels, Belgium. Geneva, Switzerland, 28 November 2014 - The European Federation of Nurses Associations (EFN) and the International Council of Nurses (ICN) call for full protection of the nursing workforce and zero tolerance towards circumstances that result in staff infection.**

The International Summit on “Nursing and Ebola Virus” (27-28 October), along with DG Sanco* meetings with the National Coordinators for Ebola (7 November) and with the health professionals (13 November), expressed the need for different levels of preparedness – general preparation, dealing with suspected cases and caring for known cases – in which “zero tolerance” of staff infection is key for concrete actions. Such preparedness should also include an escalating response scenario should a wider breakout occur in Europe.

In order to ensure health services providers are well organised and prepared for Ebola, the EFN and ICN call on the European Health Council, the Health Security Committee and the European Ministers of Health to take concrete actions by:

- Identifying an EU list of reference centres for Ebola and making sure a cost-effective network supports patients and staff safety.
- Setting up an agreed team composition related to patient needs but balancing the risks of burnout with the risks of exposing an unacceptably high number of staff. It is important to look at patient-nurse ratios and outcomes.
- Making ECDC’s protocols “fit for practice” by bringing the nursing workforce together with Ebola patients.
- Combating “stigmatisation” of those who care for Ebola patients. A Commission working group with the people concerned should develop a roadmap to immediately combat stigma in care, including provision for psychological support for healthcare workers and their families. We need to take care of those who care for Ebola patients.
- Transposing existing EU legislation on Biological Safety and Security at Work into the daily practice of frontline staff and therefore using the available social cohesion funds (2014-2020) for skilling-up the nursing workforce.

The ECDC and DG Sanco should plan concrete actions throughout, and with the nursing community to prepare nurses for the safe and adequate care of Ebola patients. Without appropriate resources and investments, and without a highly qualified, motivated and competent nursing workforce in the right numbers, no protective measures can sufficiently safeguard those who provide care for those who need care.

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**Premju ghal żewġ infirmiera Maltin**

Premju ghal żewġ infirmiera Maltin 10.11.2014 - inewsma`ta

Żewġ infirmiera Maltin li riċetta biex jaffajżaw il-haja tal-pazjenti tal-kancer tal-Isptar Boffa jew jipremjati għal din iżżajżta mir-Royal Marsden School tal-Ingilterra.


Dan is-żewġ jinkludi tat-ill-pazjenti dwar ir-bprapport li jikku se jiczew, jifli biex il-pazjenti jagħmlu karaj b’dexun, appożi lill-graba tal-pazjenti, li ukoll servizz ta’ stuzzija għal-pazjenti mifsudom.


L-MUMN għandha pjanjet konkrit sabiex dawn l-istigi jigu rdisezzu u nista' nbbabbr li l-Ġvern irid jilqet' magna fil-bodu tas-sena d-għada sabiex impnuna inistra situazzjonijiet dejjema għal dawn iż-żewġ sfdi li issa lilm magnażżew għal sirn twal.


Colin Galea
Segretarju Generali

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IL-MUSBEKH
nr. 65 - December 2014

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**Personalised elderly clothing - a hidden issue**

In 1998, the Maltese population included 63,000 persons aged 60 and over, an increase of 27.4% over the 1985 census figures. In 2012 persons aged over 60 amounted to 100,000 or 24.2% of the total population. The planned projections for 2020 were that the number of elderly people will increase to around 95,000, or 24.2% of the population, (Tronc 2003). The projected 95,000 that was supposed to be reached by 2020 was already reached and over by 7,000 in 2012. This increase could be attributed mostly to improved sanitation, greater availability of food and shelter, and other public health measures that primarily reduced infant and childhood mortality. The advent of antibiotics in the mid-twentieth century reduced mortality among younger individuals.

**THE ART OF DRESSING**

This elderly cohort of Maltese society needs to be helped so that it can live to its utmost level of independence. In their declining years elderly people may have an increasing difficulty to manage some of the physical activities of daily living, even with dressing. The much under-rated activity offers the opportunity to the individual of making decisions, which, in turn, helps develop and maintain a feeling of self-direction. This, in itself, is an important part of self-fulfillment.

Clothes are the medium of non-verbal communications. The person’s mood is shown according to what types of clothes are worn and also how they are worn. When in a good mood, the person tends to keep his clothes tidy. When depressed, however, he frequently does not seem to notice things like stains on his clothes and down-to-heel shoes (Roper et al., 1996).

It is important to understand that physical changes that occur during the normal process of aging can influence either directly or indirectly, the dressing activity is carried out. Dressing can be found to be even more difficult when the person has to cope with some illness or disabling condition.

Everyday tasks such as buttoning, zipping, snapping or tying may be difficult or require assistance. Normal dressing skills can pose difficulties owing to arthritis, Parkinson’s disease, stroke, Alzheimer’s disease and multiple sclerosis just to name a few. Failing eyesight and shaking hands may also make it increasingly difficult for elderly person to retain his independence when it comes to dealing with complicated clothing. Complications such as incontinence, edema or fragile skin can make the traditional clothing impracticable and difficult to put on.

Problems that can make independent dressing difficult can include:

- Inadequate function of the nervous system, which not only controls movements of the body, but also the rationale of the skill involved in dressing.
- Limited mobility - crippled hands cannot hold or fasten small buttons or zips.
- Involuntary movements of the limbs. As the person ages, involuntary movements caused by neurological conditions, such as Parkinson’s disease, are more common. The person may experience uncontrollable hand movements that will make simple tasks difficult.
- Blindness caused by disease prevalent in old age can cause problems in dressing – although many people achieve the necessary skills to attend to all aspects of their personal dressing, while others would require some help.
- Arthritis and stroke are the most common conditions that can cause difficulty in dressing. Arthritis is a disease that affects many, both young and old. Typically, arthritis affects the primary joint in the hands, feet, knees, hips and shoulders.

Thus the process of dressing needs to be considered when selecting clothes to help overcome dressing difficulties caused by these problems. However, with the help of the instruction from the health carers the dressing activity needs, as much as possible, be carried out independently by the person who has been affected by any form of disability.

**CHANGE OF STATUS**

Elderly people and their carers need to be advised, through appropriate information, about what is available to make assisted dressing easier. Modified clothing could be designed to help independent dressing possible again to elderly people in rehabilitation programs or to those who are finding this task difficult simply through the normal change of old age.

The use of Velcro tapes on garments can eliminate the use of small buttons and hooks which the elderly people find to apply to the registers through the Specialization Accreditation Committee. Nurses and Midwives will apply through a established criteria which still needs to be issued.

Next year will be also be an election year for a new MUMN Council. This year we are moving away from the ballot boxes and all members of MUMN will be receiving their respective voting document with a self addressed envelope according to the address which will be given to MUMN. Emails will be send on this regard but please inform MUMN and update your home address by sending an email on administrator@mumnm.org.

The situation developing in this country is that although the number of nurses is increasing, the new services and the extensions being planned will allow the shortage of nurses to persist. As every nurse is already aware the number of foreign nurses in this country is on a steep increase with a record number of recruitment of foreign nurses being present in every ward and in every hospital. Every hospital has a threshold on how many foreign nurses it can take without jeopardizing patient safety. Certain hospitals such as St. Carmel, such a threshold has already been reached.

At least, MUMN managed to resolve its ongoing persistent issues this year besides other issues. The issue of the Covering letter and the issue of lack of carers in Gozo general hospital and Mater Dei Hospital has turned to be a success story. The success of MUMN always depends on you as members and that is the secret of MUMN’s success... because of your trust in your union.

Festive season has arrived. How quick time is passing. It is a family time and festive season. The Council of MUMN with all the Group Committee wish you a Merry Christmas and a Happy New Year and are looking forward to continue serving you next year.

Paul Pace
MUMN President
Foreign Nurses working in Maltese hospitals

The Nursing and Midwifery Council’s decision to recruit new foreign nurses is most welcomed, but what are the criteria’s of employment? Are we in line with other countries with regards implementing tougher entry requirements for international nurses wishing to bring their skills to our shores? Is induction strong enough and is ongoing support for overseas nurses offered? Are we addressing their social and cultural issues?

On the face of it, the requirements do not look too tough. It is of no use to Skype nurses or visit them abroad as part of the interview process. Foreign nurses’ clinical skills must be tested and assessed before being employed. At present this is not done with our foreign nurses. Supervising nurses or mentoring nurses on the job for a set period of time is not enough.

Of course there is no perfect method to protect the public (our patients) and ensure nurses are safe to care for patients. Our employer must take responsibility for ensuring that their nursing staff are competent and display the right values. It is not about just checking they can pass a few tests. Employers need to hire people with the right skills and behaviours, and then continue to train and enthuse them to care for patients in the right and safe way.

We have no objection to the recruitment of foreign nurses in the short term but the issue needs to be tackled from an educational point of view. On the other hand the employment of foreign nurses as a long-term solution poses a number of problems.

Some countries, especially developing ones, do not have training standards as required by the EU. The language issue is a headache: Apart that not all patients speak English some of the English spoken is terrible. Nurses arriving from the European Union to take up jobs in Malta admit they may not have the “right” language skills to work effectively, and often have difficulty slotting into the healthcare system. Being generally competent in English does not mean one has the ‘right’ language skills. Job contracts are another problem. Foreign nurses can just leave their job overnight, leaving a vacuum or havoc at a clinical level.

We have great respect for our foreign colleagues, but most of them sustain a whole family abroad, that means that they work almost 80 to 100 hours per week. Obviously, working 30 hours of overtime per week is at their own free will, but no one can perform such hours in nursing without being drained or burned out.

Unless Government acts to address the root causes of the shortage of staff, there will be a growing demand for nurses from abroad. With Malta’s ageing population likely to increase, demand for foreigners to work in our hospitals and residential homes will surely increase. Eventually, will one day foreign nurses working in our hospitals outnumber Maltese nurses?

Warm Christmas wishes to everybody!

To enhance the activity of dressing clients need to be motivated by a provision of a reason to dress. This can be done by organising and involving clients in social activities related to their backgrounds. In an institutional setting, this can include attending Day Centers as that in Ghaxellum and other social activities, so that they can be integrated with their counterparts in the community.

RECOMMENDATIONS

1. Skin care, especially hand and feet, is important and this should be kept soft and supple.
2. The person needs to be given enough time to dress.
3. Praising their efforts are a means of providing psychological support which enables the person to retain optimal independence.
4. Assessing the client with sensory deficit is essential as he may require modified aids.

Nurses, together with the physiotherapist and the occupational therapist, can enable the frail elderly to continue dressing independently or with as little help as possible. This can be made easier by modified clothing, which includes:

- Stretch fabrics and wide sleeves and trouser legs, whether in fashion or not, for easier management.
- Zips and Velcro tapes are easier to manage than small buttons or hooks and eyes.
- Simple fastening garments (large buttons etc.)
- Suitable stockings.
- Easy-to-wear underwear, especially when finger movements are limited and fastening needs further adaptation.
- Velcro fastening on footwear.

Empathy is necessary so that any person who has to wear modified clothing can be helped to regain confidence and continue to use dressing as a source of self-esteem and a means of communication (Roper et al., 1996).

Until the day comes that any older person can go into hospital, secure in the knowledge that he will not be sharing underwear, we must acknowledge that we are providing an unacceptable level of care (Anonymous 1994).

Note: This article is part of my work done during the EN to SN Conversion Course first intake 1998 – 2000. After fourteen years some changes were done. Others, in my opinion, needs to be introduced so that the concept of the fundamental care setting of clothing will be met to help elderly to live a dignified life.
Urology nursing: the road map ahead

Every healthcare professional knows the reality of having "to know more about less." With the rapid developments in technology, treatment options and outcome results, healthcare professionals are expected to acquire a wide range of competencies, and urology nursing is not exempted from these challenges.

Recent experience and studies have shown that, where nursing specialisations have been accepted and nurtured to grow, the service provided has improved considerably. This has not gone unnoticed and in the EU Directive 2013/55 we find the following statement: "The nursing profession has significantly evolved in the last three decades: community-based healthcare, the use of more complex therapies and constantly developing technology presuppose a capacity for higher responsibilities for nurses..."

Nursing specialisations have now gained some ground and are well-established in a number of European Union (EU) states. Yet, unfortunately, there is still no harmonious formal EU-wide regulation or standard. The situation is such that when the above-mentioned EU directive 2013/55 was published, it omitted to directly address these specialisations.

In other words, unless work has started in earnest, by the time the directive comes into force nursing specialisation cannot be automatically recognised in the EU. This is by all means a straightforward statement but it is not an easy task by any standard. Contrary to other nursing specialisations that are confined to a specific unit or service, urology nursing is spread over a large spectrum of services, thus making our task somewhat harder to reach within the established timeframe of less than two years.

The EUN Board is now fully engaged in this quest and we also have good representation in the ESNO board as well. The goal ahead is not unreachable but it can only be surpassed through a collective effort from clinicians, hand in hand with members of the academe. This bumpy road to reach our set objectives cannot be made overnight nor can we accomplish them all by ourselves. We will get there, one small step at a time.

Simon J. Borg
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EAUN Representative for ESNO
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References