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WIN

INMO
Journal of the
Irish **Nurses** and
Midwives Organisation

World of Irish Nursing & Midwifery

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Nurse and Midwife of the Year Awards

On the cover of *WIN* this month:
Anna Wade and Clare Kennedy, INMO nurse and midwife of the year

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LIVING

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WIN – World of Irish Nursing & Midwifery is distributed by controlled circulation to **more than 40,000** members of the INMO. It is published monthly (10 issues a year) and is registered at the GPO as a periodical. Annual Subscription: €155 incl. postage paid. Editorial Statement: *WIN* is produced by professional medical journalists working closely with individual nurses, midwives and officers on behalf of the INMO. Acceptance of an advertisement or article does not imply endorsement by the publishers or the Organisation.

Breastfeeding: The best start

Health benefits for infants

Breast milk is the ideal food for newborns and infants. It gives them all the nutrients they need for healthy development. It is safe and contains antibodies that help protect infants from common childhood illnesses such as diarrhoea and pneumonia, the two primary causes of child mortality worldwide. Breast milk is readily available and affordable, which helps to ensure that infants get adequate nutrition.

Long-term benefits for children

Beyond the immediate benefits for children, breastfeeding contributes to a lifetime of good health. Adolescents and adults who were breastfed as babies are less likely to be overweight or obese. They are less likely to develop type 2 diabetes and perform better in intelligence tests.

Benefits for mothers

Breastfeeding also benefits mothers. It reduces risks of breast and ovarian cancer later in life, helps women return to their pre-pregnancy weight faster, and lowers rates of obesity.

Support for mothers is essential

Breastfeeding has to be learned and many women encounter difficulties at the beginning. Nipple pain, and fear that there is not enough milk to sustain the baby are common. Health facilities that support breastfeeding – by making trained breastfeeding counsellors available to new mothers – encourage higher rates of breastfeeding. To provide this support and improve care for mothers and newborns, there are 'baby-friendly' facilities in about 152 countries thanks to the WHO-UNICEF Baby-friendly Hospital initiative.

Work and breastfeeding

Many mothers who return to work abandon breastfeeding partially or completely because they do not have sufficient time, or a place to breastfeed, express and store their milk. Mothers need a safe, clean and private place in or near their workplace to continue breastfeeding. Enabling conditions at work, such as paid maternity leave, part-time work arrangements, on-site crèches, facilities for expressing and storing breast milk, and breastfeeding breaks, can help.

INMO
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Cumann Altraí agus Ban Cabhrach na hÉireann
Working Together

The Irish Nurses and Midwives Organisation supports breastfeeding

For more information log onto www.breastfeeding.ie

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Looking to 2020

ON BEHALF of our president, Executive Council and all the staff here at the INMO, I wish you and your loved ones a very happy Christmas and every good wish for 2020 – especially to those rostered to work over the Christmas and New Year period.

2019 was a momentous year for our union. In the Organisation's 100th year, we not only celebrated our history, but we took our second-ever national strike action. In doing so, we demonstrated resolve and seriousness to employers, while maintaining high levels of public support and trust.

Through our collective action we won a new pay scale, new allowances, an expert review of pay, more promotion opportunities and the establishment of a safe staffing framework.

However employers have been far too slow to implement this settlement. This is unacceptable. By keeping up the pressure, many members are now in receipt of what they are owed – but this union will not rest until every hard-won line of the agreement is fully implemented as soon as possible.

This, combined with pushing for an end to the recruitment pause and the implementation of Sláintecare, will likely be the key priority of the INMO in 2020.

The union is nothing without its members. I wish to thank each one of you for your contributions throughout the year. You make a major difference every day to our collective strength and our two professions.

2020 is an election year in the INMO. Executive Council elections will take place in February 2020 and our president and vice presidents will be selected at the annual delegate conference in May. We will bid farewell with deep gratitude to many members of the Executive Council and our president, Martina Harkin-Kelly, at the ADC in Sligo.

I encourage all members to consider applying to sit on the Executive Council and be part of the decision-making process on behalf of members. As individuals, it's an opportunity to participate and lead. As a union, a strong and challenging Executive Council is important to our internal democracy and strategy. Don't leave it to somebody else – get involved yourself!

In this issue of *WIN*, we highlight our participation with the Trade Union Friends of Palestine in hosting a conference in November 2019 in Dublin on the rights of Palestinian children *(see page 10)*. This conference coincided with the 30th anniversary of the UN Convention on the Rights of the Child. We were delighted to host Dina Nasser, a nurse and CEO of Augusta Victoria Hospital in east Jerusalem.

We would like to extend our thanks to the directors of nursing of Children's Health Ireland (CHI) at both Crumlin and Temple Street for facilitating site visits, and to the nursing staff at St John's Ward, Crumlin and the dialysis units at Temple Street, all of whom met with Ms Nasser to discuss care pathways and services.

This issue also covers the Minister of Health and Social Welfare of Kerala state, India, Minister KK Shailaja's visit to Dublin *(see page 14)*, where we celebrated the contribution made by nurses and midwives from the Kerala province to healthcare in Ireland.

This issue also records the INMO centenary celebrations *(see pages 22-29)* held at the Richmond Education and Event Centre. I sincerely thank all members who travelled and participated in the celebrations. The centenary tapestry will be on display at HQ for members to view and at the ADC in May. Our thanks to Robert Ballagh, who designed the piece, and to the Irish Patchwork Society and volunteers who made it.

January and early February 2020 will see the annual general meetings of branches. I encourage all members to attend these meetings and participate in the process of proposing motions for debate at our conference in May. I plan to attend as many of these meetings as I can, as well as workplaces throughout December and January. I look forward to meeting you and continuing to work with members in 2020.

Phil Ní Sheaghdha
General Secretary, INMO

INMO ANNUAL DELEGATE CONFERENCE

(CORRECTED PROGRAMME)

RADISSON BLU HOTEL AND SPA,
ROSSES POINT, SLIGO
WEDNESDAY TO SATURDAY, MAY 6-9

INMO
Irish Nurses and Midwives Organisation
Cumann Altraí agus Ban Cabhrach na hÉireann

The INMO's Annual Conference will open on Wednesday afternoon, May 6, 2020 at 2pm, and continue on Thursday, Friday and Saturday, May 7, 8 and 9 in the Radisson Blu Hotel, Sligo

BRANCH/SECTION ANNUAL GENERAL MEETINGS

Each Branch/Section should hold an Annual General Meeting in order:

A) To consider motions in accordance with Rules 5.9, 5.11 and 12.3.2 for submission to the Annual Conference. Motions must be submitted to the General Secretary, on the appropriate form, no later than **5pm on Wednesday, February 5, 2020.**

B) To nominate Branch delegates to attend the Annual Delegate Conference on the following basis:

C) To nominate **TWO** section delegates to attend the Conference.

Please note: Branch and Section delegate nominations must be submitted to the INMO, on the appropriate form, no later than 5pm on Wednesday, February 5, 2020.

All necessary paperwork will issue to Branch/Section Secretaries, by the end of the year, to be available at Branch/Section Annual General Meetings.

NUMBER OF MEMBERSHIPS		NUMBER OF DELEGATES
1- 50	---------	1
50-100	---------	2
101-200	---------	3
201-300	---------	4
301-400	---------	5
401-500	---------	6
501-700	---------	7
701-900	---------	8
901-1,000	---------	9
1,000 +	---------	10

For every 500 members, or part thereof over 1,000, each branch may have one further delegate

MOTIONS AND DELEGATES

- Branches and Sections are asked to note not to send in motions that are already organisational policy.
- Branches are also asked to ensure that all motions and delegate forms are submitted by the due dates.

HOTEL RESERVATIONS FOR ANNUAL DELEGATE CONFERENCE 2020

This year's accommodation will be provided in the **Radisson Blu Hotel and Spa, Rosses Point, Sligo and the Clayton Hotel, Sligo.** Accommodation will be reserved for all nominated delegates, from **Wednesday 6 until Saturday May 9, 2020, inclusive.**

Accommodation is available on a shared basis only. The INMO will not be responsible for any expenses incurred by delegates, other than the agreed package negotiated with the hotels. Delegates who wish to have a single room will be asked to pay the single person supplement.

Delegates who are unable to arrive on Wednesday evening, or who are departing earlier than Saturday, May 9, 2020, must inform the hotel, and Michaela Ruane, ADC co-ordinator, as early as possible, but no later than Monday, April 20, 2020.

Branch and Section Secretaries should reserve the required accommodation for their appointed delegates, clearly indicating the number of nights required by delegates. Please send the official INMO booking form direct to:

Central Reservations, Radisson Blu, Rosses Point, Sligo, prior to Friday, March 13, 2020. All reservations will be made through the Central Reservations Team. All rooms will be allocated on a first-come – first-served basis. Confirmation of hotel bookings will be made direct to the Branch/Section Secretaries, by the Knightsbrook Hotel Reservations Team. *It is highly important that this date is adhered to as demand is high.*

For any enquiries regarding Annual Delegate Conference, please contact
Michaela Ruane, INMO HQ at Tel: 01-6640626 or email: michaela.ruane@inmo.ie

Your priorities with the president

Martina Harkin-Kelly, INMO president

Season's greetings

APPROACHING my final Christmas as president, I would like to wish members and their families a very happy Christmas and new year. In particular I would like to send warm wishes and salutations to the many thousands of members who will be working over Christmas, continuing to care for the sick and vulnerable in overcrowded and understaffed hospitals. In this regard, an INMO delegation, myself included, attended the Oireachtas Health Committee on November 13. General secretary Phil NI Sheaghdha presented a robust submission on workforce planning for nursing and midwifery and noted the devastating impact of the current recruitment pause. At the time of writing, the INMO has recorded 108,364 people without beds in Irish hospitals in 2019 – a figure that breaks all previous records. Although the HSE's €26 million winter plan announces some welcome additional beds, these cannot be staffed until the recruitment pause is lifted.

Women in politics

I RECENTLY attended the launch in the Mansion House of the *Women Beyond the Dáil* report, commissioned by the National Women's Council of Ireland in partnership with NUI Maynooth. The aim of the research is to better understand what helps women access representative democracy at a local level and to set out clear recommendations on how to increase women's representation. The event was chaired by author and former RTÉ political correspondent Martina Fitzgerald. Researchers Dr Pauline Cullen and Claire McGing provided an overview of their findings and recommendations, noting that, unsurprisingly, care and family commitments remain a significant barrier to women's access.

ICTU briefing

MONTHLY ICTU briefings recently recommenced. The topic for November's briefing was 'The Four-Day Week'. The event was presented by Joe O'Connor, director of campaigning at Fórsa, and Laura Bambrick, social policy officer at ICTU. 'The Four-Day Week' is a campaign coalition of trade unions, businesses, women's rights organisations and civil society, advocating for a managed transition to a shorter working week.

OHN conference

ON NOVEMBER 21, I addressed the Occupational Health Nurses Section conference at the Richmond. As one of my final addresses of the year, I took the opportunity to reflect on an eventful 12 months as well as the resilience, courage and resourcefulness that the members of this union have shown. INMO members have much to be proud of.

Centenary celebrations

RTÉ'S *NATIONWIDE* programme aired on November 18, commemorating the INMO's history and many of the gains it has won for its members in the past century. The programme is a perfect complement to Mark Loughrey's history of the union, which will no doubt endure as an invaluable reference for the next 100 years.

On November 28, many members attended an activity-packed day at the Richmond to commemorate the Organisation's 100th anniversary, and later the presentation of the inaugural Nurse and Midwife of the Year Awards. I'm pleased to note the day was a vibrant success and was thoroughly enjoyed by all. See *pages 22-29* for a full report.

As the Year of the Nurse approaches, I encourage all INMO branches to engage with local civic offices to acknowledge the contribution of nurses and midwives in their areas.

Many of you will also have begun receiving *WIN* in electronic flip book format. We welcome your thoughts on the implementation of this 2019 ADC Motion.

For further details on the above and other events see www.inmo.ie/President_s_Corner

Quote of the month

"Cultivate visibility because attention is everything."

– Chris Brogan

Report from the Executive Council

THE National Executive met on November 4 and 5, and December 2 and 3, 2019. It was noted that our colleague Bernadette Stenson has departed the Executive to become one of four new INMO industrial relations executives. Ms Stenson was wished every success and I'm sure she will work tirelessly for all of you in her new role. We also welcomed Anne Harney, who will take Ms Stenson's seat on the Executive.

INMO deputy general secretary Dave Hughes was congratulated on his recent election as ICTU nominee to the Health and Safety Authority, and the Executive also wished Elizabeth Adams every success on her re-election as president of the European Federation of Nurses (EFN). General secretary Phil NI Sheaghdha was also elected to the executive board of EFN; we are fortunate to have such experience representing us in Europe.

First-vice president Catherine Sheridan gave an overview of the Paediatric Nursing Association of Europe Conference in Croatia, where she presented on Ireland's experience of the paediatric early warning system.

The first National Executive meeting of 2020 is scheduled for January 13 and 14.

Get in touch

You can contact me at INMO HQ at Tel: 01 6640 600, through the president's blog on www.inmo.ie or by email to: president@inmo.ie

INMO calls for HIQA to intervene amid extreme hospital overcrowding

THE INMO has called on the health and safety authorities to intervene and force employers to take serious steps to address the consistent record-breaking overcrowding in Irish hospitals.

Amid revelations that 2019 has had the highest number of admitted patients on trolleys in any year since records began, the union wrote to the Health and Safety Authority (HSA) and the Health Information and Quality Authority (HIQA), seeking their intervention.

As of November 29, 2019, with a full month of the year yet to go, 108,364 patients were left without beds, breaking 2018's record of 108,227 and prompting the INMO to invoke health and safety laws for staff. The union called yet again for extra staffing and an increase in hospital, homecare and community capacity to address the problem.

University Hospital Limerick was the worst-affected hospital in 2019 with 12,810 patients on trolleys as at November 29. This was followed by Cork University Hospital (10,136), University Hospital Galway (7,409), South Tipperary General Hospital (6,383), University Hospital Waterford (5,875) and Mater Hospital (5,572).

INMO general secretary Phil Ní Sheaghdha said: "Winter has only just begun and the record is already broken. These statistics are the hallmark of a wildly bureaucratic health service, which is failing staff and patients alike.

"We take no pleasure in having to record these figures for a decade and a half. We know the problem, but we also know the solutions: extra beds in hospitals, safe staffing levels and more step-down and community care outside hospital.

"Five years ago, hospitals like Beaumont consistently faced the most extreme overcrowding problems in the country. They reduced that problem by adding beds and growing community care. Other services can do the same and must be allowed to do so. No other developed country faces anything close to this trolley problem. It can be solved but a strong political agenda to drive change is needed.

"The INMO has written to the HSA and HIQA to force a change from the employers. Hospitals should be a place of safety and care – not danger."

Table 1. INMO trolley and ward watch analysis (2006 – 2019)

Hospital	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019 *(at Nov 29)*
Beaumont Hospital	4,304	6,164	8,065	8,748	8,195	7,410	6,327	7,062	6,565	8,243	6,130	3,609	2,968	3,096
Connolly Hospital, Blanchardstown	2,418	2,709	2,706	2,667	3,562	4,207	3,937	5,852	5,062	5,165	2,698	2,499	3,569	2,684
Mater Hospital	4,248	5,083	5,984	4,910	5,425	3,936	4,213	2,854	3,576	4,704	4,473	5,238	4,967	5,572
Naas General Hospital	3,025	1,323	2,268	3,797	3,282	4,409	2,116	1,836	2,951	3,210	3,054	3,361	3,754	3,864
St Colmcille's Hospital	1,267	751	1,104	2,589	2,231	2,208	2,201	1,130	n/a	n/a	n/a	n/a	n/a	n/a
St James's Hospital	2,008	1,022	2,471	2,441	1,366	1,590	1,288	1,706	2,220	2,654	1,851	2,178	2,025	2,137
St Vincent's University Hospital	4,190	6,093	5,694	5,427	6,063	6,403	4,735	2,872	2,478	5,150	4,836	2,497	3,773	3,737
Tallaght Hospital	4,941	3,962	5,782	6,044	7,011	4,784	1,906	3,943	3,717	4,718	4,166	4,847	5,432	4,900
National Children's Hospital, Tallaght	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	85	75
Our Lady's Children's Hospital, Crumlin	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	579	489
Temple Street Children's University Hospital	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	749	552
Eastern total (including Children's Hospitals)	**26,401**	**27,107**	**34,070**	**36,623**	**37,135**	**34,947**	**26,723**	**27,255**	**26,569**	**33,844**	**27,208**	**24,229**	**27,901**	**27,106**
Bantry General Hospital	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	147	233	627	779	731	932
Cavan General Hospital	2,816	2,779	2,189	1,975	3,291	4,572	2,569	1,954	460	1,000	771	482	619	1,948
Cork University Hospital	3,867	3,615	4,516	4,539	7,021	6,649	4,230	4,102	3,574	4,670	6,032	6,815	9,135	10,136
Letterkenny General Hospital	3,059	1,253	388	378	474	592	539	1,277	2,755	2,814	2,047	4,889	5,174	5,363
Louth County Hospital	200	88	152	146	25	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mayo University Hospital	2,285	1,391	1,207	1,454	1,760	599	1,525	1,145	1,908	1,868	2,241	1,663	1,998	2,205
Mercy University Hospital, Cork	1,431	1,270	1,534	1,270	1,910	1,943	1,922	2,491	2,196	2,227	2,859	3,145	2,681	2,843
Midland Regional Hospital, Mullingar	169	91	183	528	1,921	3,204	2,398	2,845	3,908	4,366	4,849	4,844	4,344	2,417
Midland Regional Hospital, Portlaoise	469	283	425	297	426	1,926	539	824	1,589	2,162	3,364	3,203	2,815	1,769
Midland Regional Hospital, Tullamore	64	34	95	77	766	1,857	1,303	1,156	3,746	2,758	4,748	4,774	5,831	3,118
Mid Western Regional Hospital, Ennis	867	961	252	368	431	411	324	333	7	125	330	175	214	183
Monaghan General Hospital	106	287	293	119	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Nenagh General Hospital	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	59	103	93	81	434
Our Lady of Lourdes Hospital, Drogheda	3,444	2,811	2,927	3,415	3,484	7,449	6,761	3,349	6,249	7,783	5,608	2,791	2,233	1,782
Our Lady's Hospital, Navan	520	847	851	1,084	453	1,469	745	1,029	1,059	1,000	595	2,435	1,265	739
Portiuncula Hospital	403	281	306	605	840	941	821	813	912	1,100	892	1,569	1,302	1,261
Roscommon County Hospital	589	764	725	755	1,036	719	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Sligo University Hospital	784	732	667	955	1,754	1,505	2,086	963	2,017	2,478	2,308	2,406	4,183	4,618
South Tipperary General Hospital	727	784	881	500	666	768	2,138	2,762	1,959	2,028	5,399	5,249	5,201	6,383
St Luke's Hospital, Kilkenny	n/a	n/a	n/a	n/a	140	1,034	695	1,817	1,921	3,514	3,144	4,505	4,052	3,733
University Hospital Galway	1,654	2,414	3,470	3,444	4,103	6,544	4,193	3,907	5,312	6,514	5,807	6,563	7,452	7,409
University Hospital Kerry	1,144	507	763	337	623	672	606	694	1,005	1,389	1,664	2,215	3,396	3,295
University Hospital Limerick	1,814	1,367	1,735	2,422	3,715	3,658	3,626	5,504	6,150	7,288	8,090	8,869	11,437	12,810
University Hospital Waterford	n/a	n/a	496	589	1,349	1,165	1,590	2,269	2,249	2,445	3,835	5,525	4,319	5,875
Wexford General Hospital	2,907	736	1,306	1,833	2,536	3,857	975	1,374	1,399	1,333	1,100	1,763	1,863	2,005
Country total	**29,319**	**23,295**	**25,361**	**27,090**	**38,724**	**51,534**	**39,585**	**40,608**	**50,522**	**59,154**	**66,413**	**74,752**	**80,326**	**81,258**
NATIONAL TOTAL	**55,720**	**50,402**	**59,435**	**63,713**	**75,859**	**86,481**	**66,308**	**67,863**	**77,091**	**92,998**	**93,621**	**98,981**	**108,227**	**108,364**

Winter plan without more staff will not address overcrowding crisis

THE HSE's plan for the expected increased demands on the health service this winter will have little or no impact without more staff, the INMO has warned.

The Organisation said that while extra funds were welcome, the ongoing recruitment pause meant that it would be impossible to staff any additional services.

In particular, the INMO pointed to extra community services as vital to reducing hospital admissions, but questioned where the staffing for such services would come from.

The HSE's plan predicts that nearly 4% more patients will attend emergency departments this winter compared with last winter. Yet despite this projected growth, HSE figures show that there are 400 fewer staff nurses and midwives working in the HSE than there were in December last year.

At an Oireachtas Health Committee hearing after the announcement of the HSE winter plan, the INMO called for:

INMO general secretary Phil Ní Sheaghdha: *"The only hope for a safe winter is a properly staffed health service"*

- An end to the recruitment pause
- An accelerated rollout of the Safe Staffing Framework
- Funded workforce plans for nurses and midwives
- An increase in undergraduate and postgraduate nursing and midwifery places.

INMO general secretary Phil Ní Sheaghdha said: "It's a simple case of too little, too late. The winter plan provides some welcome extra funding, but it is impossible to expand services with a contracting workforce.

"Even setting aside winter, the health service is severely understaffed. That's leading to dangerous workplaces for our members, and unsafe conditions for our patients.

"The annual winter surge is entirely predictable, yet once again the HSE was scrambling to plug the gaps in mid-November. It simply isn't good enough.

"The HSE needs to drop its recruitment pause and ensure safe staffing levels across the health service. The only hope for a safe winter is a properly staffed health service."

HSE Winter Plan 2019/20

The HSE winter plan, published on November 14, 2019, is supported by the allocation of an additional €26 million to year end. The document sets out the current and projected demand and activity expected during winter 2019-20 and outlines the HSE's proposed approach within the system to deal with same.

According to the HSE, the plan seeks to "support improved patient care in hospitals and community healthcare organisations and prioritises: helping patients to avoid hospital admission; providing care for patients in the community; minimising the length of time patients need to stay in hospital; providing improved access to diagnostics; and supporting the transfer of care of older patients from acute hospitals to the community as quickly as possible."

Two extra weeks' leave on offer for new parents

ENHANCED leave entitlements for new parents came into effect from November 1, 2019. The new 'parent's benefit' will ensure that parents with a child born or adopted from November 1, 2019 onwards can qualify for two weeks' paid leave each within their child's first year. This is in addition to existing maternity and paternity benefits.

According to the Department of Employment Affairs and Social Protection, the parent's benefit scheme is family-friendly and flexible, allowing parents to take one or two weeks off at a time. Each parent will be able to take the new paid leave any time during their child's first year.

When a parent chooses to avail of this new leave to spend additional time with their child, they will be entitled to a payment of €245 a week from the Department – the same rate paid for maternity and paternity benefit. Employees are not entitled to transfer any of their paid parent's leave entitlement from one parent to the other.

The new measures were introduced under the Parent's Leave and Benefit Act 2019, which was signed into law in October, and builds on a set of statutory entitlements to leave which parents are already entitled to, including:

- A minimum of 26 weeks' maternity leave and a further 16 weeks' unpaid maternity leave
- Two weeks of paid paternity leave available to fathers since September 2016 within the first six months after their child's birth or adoption
- 22 weeks of unpaid parental leave is also available to both parents of children up to the age of 12, or 16 years in the case of a child with a serious illness or disability. (A further four weeks is due to be added to this in September 2020).

More information on the new parent's benefit can be accessed on the Department's website **www.welfare.ie**

Children's health adversely affected by war and occupation

PALESTINIAN health professionals, children and activists spoke out about the conditions they are forced to live under at a Trade Union Friends of Palestine conference in Dublin recently.

The INMO used the visit to build practical contacts for Palestinian health workers with the Irish health service. INMO general secretary Phil Ní Sheaghdha met with registered nurse Dina Nasser, the chief operating officer at Augusta Victoria Hospital in East Jerusalem. This hospital provides oncology and haematology services for paediatric patients and is the only centre providing paediatric haemodialysis.

They toured both Crumlin and Temple Street children's hospitals, where Ms Nasser met with nursing staff to discuss common challenges and practical ways to support each other's work.

The conference itself focused on conditions for Palestinian children under occupation. The first day was chaired by Ms Ní Sheaghdha and also featured a screening of *'Beyond the Frontlines'*, a documentary focusing on "resistance and resilience" in Palestine.

Attendees heard directly from a child who spoke of his experience of being detained and locked in a cage by the Israeli Defence Forces in his early teens.

Ms Nasser explained that this was a daily fact of life for children in Palestine, saying that "what is happening is not just wrong, but goes against every international standard for how children should be treated".

Common challenges and practical support: *Dina Nasser, chief operating officer at Augusta Victoria Hospital in East Jerusalem (left), on a tour of Irish children's hospitals with INMO general secretary Phil Ní Sheaghdha*

Dina Nasser, chief operating officer at Augusta Victoria Hospital in East Jerusalem, addressing the Trade Union Friends of Palestine conference in Dublin recently

Israeli journalist Gideon Levy called on the conference to support a policy of boycott, divestment and sanctions to force Israel to comply with international law and respect human rights

One panel discussion drew on the parallels between the trauma inflicted on children in Palestine today and in Northern Ireland during the Troubles.

A Palestinian kindergarten worker and trade union activist spoke of multiple checkpoints and daily delays on her way to work each day, sometimes meaning she arrives several hours late – a problem with obvious impact on care and health workers who need to be present for specific shifts.

Dr Samah Jabr, a psychiatrist in Jerusalem, spoke of the mental health impacts of occupation, brutalisation and violence on Palestinian children, describing ongoing issues with trauma, stress and coping with loss.

Israeli journalist Gideon Levy addressed the conference on its second day. His focus was on the international response to the Israeli government's actions in Palestine. He pointed to "hundreds" of international resolutions condemning Israel's actions, but criticised their ineffectiveness.

"Israel has learned the trick," he said, "just ignore resolutions in international institutions." He called for support for a policy of 'Boycott, Divestment and Sanctions' (BDS), particularly economic, as a peaceful tactic to force Israel to comply with international law and respect the human rights of Palestinians.

Palestinians and Israelis who attended the conference later met with Ireland's Department of Foreign Affairs and Trade to discuss repeated breaches of international law and political responses to the occupation.

Tony Fitzpatrick, INMO director of industrial relations, reports on global nursing action

INMO strike inspires industrial action around the world

NURSES, labour leaders and activists from across the globe, including representatives from 25 countries including Ireland, gathered for the Global Nurses Solidarity Assembly from September 12-15 in San Francisco, California.

In my address to the conference as the INMO representative on Global Nurses United, I told the story of the nurses and midwives of Ireland who took on the government, the employer and the commentariat, and told them all that enough was enough. We put the interest of the professions of nursing and midwifery and the patients above all else.

They heard about how this resulted in the nurses and midwives of Ireland organising one of the most efficient and effective strike actions that was ever seen.

At the Global Nurses Solidarity Assembly I outlined how nurses and midwives in the Republic of Ireland organised an extremely efficient and effective strike that forced the government and the HSE to face up to the realities caused by the recruitment and retention crisis, inadequate pay and poor staffing.

The fact that nurses in Ireland organised an effective strike that delivered increases to pay and allowances, a roll-out of the Framework on Safe Staffing and Skill Mix, and the establishment of an expert group, has inspired their counterparts in other nursing and midwifery unions around the world to take up the fight.

Global nursing organisations noted that throughout the attempts by the INMO on behalf of nurses and midwives to have these matters addressed, the Irish government consistently stated that no additional monies would be available to address the union's claims and also it clearly outlined that it would not engage with the INMO to discuss money.

Despite that, after three days of industrial action, the INMO and its members forced the government and the HSE to the negotiation table where money and pay was firmly on the agenda.

Global Nurses United is a federation of 31 nurse and healthcare worker unions in 28 nations, coming together to step up the fight against austerity, privatisation and attacks on public health. It strives for nurses and workers' rights and improved patient care for all.

At the solidarity assembly the GNU also paid special attention to the crises facing our planet. Key sessions emphasised themes such as:

- Workplace democracy and rights
- The future of democracy
- Health care justice
- Racial justice
- Gender equity
- Environmental justice.

Northern Ireland nurses take action

Nurse members of the Royal College of Nursing in Northern Ireland began their first ever strike action on December 3, 2019, as we were going to press.

This is the first time in the RCN's 103 years of existence that members have engaged in industrial action.

RCN members began their action, following a recent ballot, with a work to rule and plans for an escalating programme of industrial action in their ongoing dispute over safe staffing and pay. Their first day of strike action is planned for Wednesday December 18.

The INMO wishes our colleagues in Northern Ireland well in their endeavours to achieve pay equality with their counterparts in Wales, Scotland and England, and in their attempts to get safe staffing implemented.

Nurses taking action across the globe

In addition, and buoyed by the successful INMO strike, nurses across the US, Korea, Japan, India and the Philippines are also engaging in action in the pursuit of their legitimate claims.

This is another example of how Irish nurses and midwives, in collaboration and in tandem with their union, the INMO, set a precedent for the progression of nursing and midwifery across the world.

World news

Nurses and midwives in action around the world

Australia
- Nurses' union urges Labor to block free trade deals that hurt working conditions

Canada
- Super nurses: salary must climb with responsibilities, according to FIQ

India
- AIIMS nurses' strike emerges victorious

Kenya
- Tharaka-Nithi nurses threaten strike over pay, promotions

New Zealand
- Almost half of CCDHB's shifts insufficiently staffed as nurses cope with 'stressful' job

Philippines
- PGH calls for more permanent positions for nurses
- Nurses' group happy as SC upholds validity of law on higher minimum pay

Portugal
- Portuguese Nurses Union acknowledges possibility of protests against government of the Azores
- Nurses' union expects national health system priority to translate into health budget reinforcement

UK
- Nursing vacancies in Wales at critical level, Royal College of Nursing warns
- Too many people in hospital due to lack of community services, warns CQC
- Northern Ireland health trusts face deficit of £20m while strike action threat looms

US
- Nurses in four states strike to push for better patient care

Galway PHN services facing closure

PUBLIC health nursing services in Galway are facing emergency closure due to the HSE's refusal to fill two-thirds of PHN posts, the INMO has warned.

Ballinasloe and Portumna PHN services typically have six nurses, but are now facing four vacancies (due to maternity leave, resignation and reassignment) which the employer is refusing to fill.

Local PHNs, their managers and the INMO notified their employers that the service will be forced to shut from mid November, unless the vacant posts are filled.

As the public health nursing service is to provide care in the community, in patients' homes, schools and health centres, the alternative will be for patients to seek care in hospitals, which are also understaffed.

In a formal warning to management, staff and local management listed the patients who the service will no longer be able to accept, which includes:

- Oncology/chemotherapy patients
- Acute hospital discharges
- New mothers, including post-natal care
- Child protection/health referrals.

Many existing patients, such as those in need of wound care, palliative care and those with disabilities, will be referred back to GPs and hospitals.

INMO IRO in Galway, Anne Burke, said: "No health service can function with only a third of the usual staff. Local management and frontline staff have tried their best to keep the show on the road, but it's clearly reached a tipping point.

INMO IRO Anne Burke: "Services are closing because of bureaucratic blindness"

"Services are closing unnecessarily because of bureaucratic blindness. Senior managers in the HSE and the regional community health organisation need to replace these staff urgently to ensure patients do not suffer.

"Our hospitals are not in a position to take on these extra patients. They are overcrowded with patients lining corridors without beds in University Hospital Galway. Patients will not simply go away: they will be driven into already stretched hospitals and GP services."

INMO general secretary Phil Ní Sheaghdha said: "This is an extreme symptom of what is happening across the country. The HSE's refusal to fill vital, frontline posts is weakening services. Cuts have consequences and exceptionally vulnerable patients are being forced to pay the price in Galway.

"It's yet another example of the damaging role the HSE's recruitment freeze is having."

Location allowance sought in Cavan/Louth disability services

A DISPUTE around the application of a location allowance in Annalee View Respite Centre in Cootehill, Co Cavan is due to be heard at the Workplace Relations Commission.

Arising from the settlement of the national nurses dispute in 1999, a location allowance was established in a number of specialist areas, including the disability services. It is contended that Annalee View Respite Centre meets the relevant criteria and accordingly the allowance should apply.

INMO IRO David Miskell said: "Regrettably, to date little progress on this matter has been made and referral to the WRC was necessary. It is hoped that constructive engagement will take place that can bring this issue to a definitive conclusion."

Meanwhile, engagement has been sought with management in Louth Disability Services on the application of the location allowance in two locations, Ravensdale and Point Road Dundalk.

According to Mr Miskell, an allowance has never been paid in these locations, a situation that is incorrect when the relevant criteria are applied. It is expected that a meeting will take place with management in the near future to progress this matter.

Premium pay in addiction services

A MEETING has been sought with the HSE addiction services to discuss issues around annual leave and unsocial hours premiums.

The issue in respect of annual leave relates to the payment of annual leave premiums to those who meet the criteria of having worked a minimum of 70% of available weekend hours. Agreement has been reached on this matter for other grades but has not been applied to the nursing profession.

In addition, discussions have been sought on the application of the unsocial hours premium in the context of the Transfer of Tasks agreement. INMO IRO David Miskell said it is imperative that INMO members employed in the addiction services are treated equitably and progress on these issues is legitimately expected.

Plans progress for St Mary's Drogheda

Planning permission has been granted for the development of a new building on the grounds of St Mary's Community Hospital, Drogheda. The building, which is part of a three-phase development plan for the site, will replace Boyne View House and facilities for people living with dementia. The new 30-place facility will be arranged into three households for 10 people.

INMO IRO David Miskell welcomed this as a positive step in supporting people living with dementia. He also noted the central importance of the role of the nurse in the provision of high-quality care to people living with dementia and has sought appropriate engagement with heath service management in the near future.

Safe staffing at CUH under spotlight

THE INMO is continuing at national level to ensure priority of recruitment and approval of posts for Cork University Hospital. In addition, the union is engaging locally and is working with management to ensure all frontline posts are streamlined.

The hospital is currently recruiting to fill permanent positions and walk-in interviews will be held during the Christmas period, in an effort to attract those back for the holidays. The positions have been advertised online and through local agencies.

The INMO is also continuing to liaise with management in both CUH and the South/Southwest Hospital Group to ensure adequate resources are provided for the local implementation of the HSE winter plan. However, the INMO has pointed out that the government has failed to provide for additional staffing or bed capacity in this region.

The INMO has held numerous information meetings in this region in recent months, both in the acute hospitals and at local community and intellectual services level. In addition, the union continues to provide information clinics for members at their local sites. Members are urged to contact INMO Cork Office with any queries, particularly in relation to safety concerns due to understaffing. INMO Cork Office can be contacted on Tel: 021 4703000 or Email: inmocork@inmo.ie

– Liam Conway, INMO IRO

Upgrading of daycare co-ordinators proposed

An INMO conciliation conference at the Workplace Relations Commission on November 14, 2019 secured a positive proposal on the upgrading of daycare co-ordinator posts from CNM1 to CNM2 in the Cork/Kerry region.

The proposal, which is being put to a ballot of members who are daycare co-ordinators working in Cork and Kerry, gives due recognition to their role. It is hoped it will resolve this long-standing issue.

Tony Fitzpatrick, INMO director of industrial relations, said: "Acceptance of the proposal would conclude the INMO's long-held claim on behalf of these members to be upgraded to CNM2 grade. It would ensure the upgrading of all CNM1s to CNM2 and that all future advertisements for daycare coordinators in the Cork and Kerry area would be at CNM2 level."

Liam Conway, INMO IRO for the region, said: "We would like to extend our heartfelt thanks to the INMO reps in the area for their long-standing and continuing assistance on this matter."

Irish nurse receives prestigious award

Florence Nightingale Medal:
Medal recipient Vivien Lusted addressing members at the recent INMO centenary event about the challenges of nursing in conflict zones

THE INMO has extended its congratulations to Irish nurse Vivien Lusted on being awarded the prestigious Florence Nightingale Medal in honour of her work with the International Red Cross in Mosul, Iraq.

Ms Lusted, who is originally from Galway and is a graduate of Beaumont Hospital, Dublin, has been working in overseas conflict zones since her first posting to Cambodia in 1995. Since then she has worked on 13 further international placements in war-torn areas including Somalia, Sudan, Myanmar, Palestine and Liberia.

Mosul, where much of Ms Lusted's work took place, is an Iraqi town which was ravaged and in the control of ISIS. It was later regained by brave Kurdish fighters who imprisoned many of the ISIS militants in detention centres.

Ms Lusted embodies bravery and compassion and was honoured for her work by President Michael D Higgins in October when he presented her with the award. Ms Lusted is only the fifth Irish nurse to receive this prestigious international medal since its instigation in 1912.

Speaking of her work in detention centres in Mosul in a recent *Irish Times* interview, Ms Lusted said: "Iraq has suffered different conflicts over a long, long time. I think it will take years for them to heal. You can't just go in straight after [a conflict], do a job and then come out, you have to be there for years. I think that is where the Red Cross needs to be for the next while."

The INMO paid tribute to Ms Lusted's brave and selfless work during the recent centenary event, at which she addressed members and talked about her extensive experience of nursing in conflict zones. *WIN* will feature a full interview with her in 2020.

Indian health workers in Ireland celebrated

INDIAN health workers' contribution to Ireland was celebrated at a recent event, attended by the health minister of the Indian state of Kerala, the Indian Ambassador and the INMO.

Kranthi, a cultural and political association for Indians in Ireland, organised the event to mark the visit of Minister KK Shailaja visit to Ireland was to improve connections between Irish and Indian health services and to try ease visa restrictions on nurses and midwives coming from India to Ireland.

INMO general secretary Phil Ní Sheaghdha spoke of the daily contribution made by Indian nurses and midwives in Ireland – and in the recent INMO strike in particular.

Pictured (l-r) are: KK Shailaja, health minister of the Indian state of Kerala; Sandeep Kumar, Indian ambassador to Ireland; and INMO general secretary at a recent Kranthi event in Ireland in recognition of Indian health workers' contribution to Ireland

In her speech, Minister Shailaja praised Indian health workers in Ireland, presenting several with tokens of appreciation.

Irish Nurses and Midwives Organisation
Cumann Altraí agus Ban Cabhrach na hÉireann
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EXECUTIVE COUNCIL ELECTION 2020

All members are asked to note that 2020 is an election year for election, to the Executive Council, for a two year period (2020-2022). Elections will be conducted under the revised new Rule Book (Rule 8) adopted at the ADC in May 2016.

ELIGIBILITY FOR NOMINATION TO EXECUTIVE COUNCIL (RULE 8)

Nominations for the Executive Council shall be submitted, on the appropriate form, to the General Secretary, on, or before, 5pm on Wednesday, February 5, 2020. To be eligible for membership of the Executive Council a member must:

i) have been a paid-up member of the Organisation, for not less than two years prior to the date of her/his nomination, and be on the Live Register of the Nursing and Midwifery Board of Ireland (NMBI); and

ii) be proposed and seconded by Officers of their Branch or Section following endorsement of the candidate by that Branch or Section.

To be eligible for election as an undergraduate student nurse/midwife member of the Executive Council an undergraduate student must:

i) have been a member of the Organisation for not less than six months prior to the date of her/his nomination; and

ii) be proposed and seconded by undergraduate student nurses/midwives who have themselves been members of the Organisation for not less than six months or be proposed and seconded by Officers from their Branch.

COMPOSITION OF THE EXECUTIVE COUNCIL

Clinical: 16 seats

Includes all grades of Registered Nurse and Midwife (other than those eligible to go forward under the Education and Management Categories below), to be filled as follows:

i) Registered General Nurse - at least two seats
Registered Midwife - at least one seat
Registered Nurse Intellectual Disability - at least one seat
Registered Sick Children's Nurse - at least one seat
Registered Public Health Nurse - at least one seat;

Please note persons elected, to these reserved seats, must be on that register and engaged in clinical practice in that discipline.

ii) If these reserved seats are not filled, via the 16 candidates with the most votes, then they must be filled with reference to the next highest candidate, from that discipline, who is engaged in clinical practice in that discipline.

iii) If there are no candidates meeting any of the six reserved seats (clinical) then the seats shall be filled by the candidate with the highest vote in the clinical category.

Education: 2 seats

i) One seat to be filled by members from all grades of Nurse/Midwifery Teachers, Clinical Teacher, and/or others with a Nurse/Midwifery Teaching qualification who are actively engaged in nurse/midwifery education.

ii) One seat to be filled from members who are working in the wider field of nurse/ midwife education and its management including Clinical Placement Co-Ordinators/ Clinical Placement Facilitators/Specialist Co-Ordinators and Nurse/Midwife Practice Development Co-Ordinators.

Management: 3 seats

Includes all members at, or above, Clinical Nurse Midwife Manager 3 who are actively engaged in management.

Undergraduate Student Nurses/Midwives: 1 reserved seat

Open to all members undertaking the four year undergraduate degree programme.

- Provided always that only those grades for whom the Organisation has negotiation rights shall be a member of the Executive Council
- In the event of any of the seats allocated to the Education and Management categories not being contested, then those seats shall be filled by the candidates, in the **Clinical Category,** who receive the next highest vote, or votes, after the initial filling of the 16 seats taking into account the six reserved clinical seats.
- In the event of any dispute, as to the category for which a member may be eligible for election, then the Executive Council shall determine the category under which a member is eligible to contest the election.

ELIGIBILITY FOR OFFICE OF PRESIDENT AND VICE PRESIDENTS (RULE 9)

9.1.1 The President, first Vice-President (Honorary Treasurer) and second Vice-President shall be elected at the 2018 Annual Delegate Conference at which elections are scheduled.

9.1.2 A separate election shall be held for President, first Vice-President and second Vice-President, and such elections shall be by secret ballot of all voting delegates at the Annual Delegate Conference.

9.1.3 The elected candidate must secure an overall majority by exceeding 50% of the eligible votes cast. If no candidate has achieved an overall majority, as aforesaid, then the candidate, or candidates, receiving the lowest vote or votes, if their combined vote is less than the total vote of the highest candidate, shall be eliminated and a further ballot shall take place immediately.

9.1.4 If there shall be a tie, another vote shall be taken, and if the result is still a tie, the outcome shall be decided by lot (drawing the name of the successful candidate) by the chairperson of the Standing Orders Committee.

9.2 To be eligible for election to the office of President or Vice-Presidents she/he shall have been an elected member of the incoming Executive Council and shall have been a member of the outgoing Executive Council for the term immediately preceding her/his election.

9.3 Nominations for the office of President, first and second Vice Presidents, together with their written consent must be submitted in writing to the General Secretary not later than 21 clear days before the Annual Delegate Conference for notification to delegates to that meeting at which the election will take place. (Closing date for nominations is 5pm on Friday, April 3, 2020).

9.4 The President shall preside at the Annual Delegate Conference and Special Delegate Conferences held during the year and at all Executive Council Meetings. In the absence of the President the first Vice-President shall take the Chair; in the absence of the first Vice-President the second Vice-President shall take the Chair.

9.5 The office of President shall not be held by the same person for more than two consecutive terms.

The return of a low-lying day bed to the Richmond evokes historical connections that might otherwise have been forgotten, writes **Dave Hughes**

The Richmond's Stoker connection

ON THE occasion of the INMO's centenary celebrations held recently at the Organisation's own Richmond Education and Event Centre, it is timely to reflect on the building's rich history.

Most of furniture now in the restored Richmond was sourced and can be dated back to the period 1897-1901, the time when the beautiful red brick hospital was built and opened. However, only one piece of furniture in the entire building actually dates back to 1892 and was definitely located in the Richmond Hospital when its doors first opened. That piece of furniture has an interesting history and creates an important link between The Richmond and the Stoker Family, of whom Bram is the most famous.

The piece of furniture in question is a low day bed with an adjustable back. A brass plate at the end of the bed declares that it was donated to the Richmond Hospital by Sir Henry Irving on receipt of his honorary doctorate from Trinity College Dublin in 1892. Apparently Sir Henry had stayed with William Thornley Stoker, chief surgeon at the Richmond Hospital, when he was in Dublin to receive the doctorate. But more of that later.

The Richmond Hospital operated as a pioneering surgical hospital from 1901 until its closure in 1987. It was part of a group of hospitals which included the Whitworth Hospital and the Hardwick Hospital, and in later years it was known as St Lawrence's. It replaced an earlier surgical hospital and in 1901 was a state-of-the-art facility comparable with anything in the British Isles. Many pioneering medical procedures took place at the hospital in those years. In 1987, both the Richmond Hospital and Jervis Street Hospital closed their doors and all business conducted in them relocated to the new Beaumont Hospital. Indeed Beaumont still has a Richmond Ward to this day.

When the Richmond closed in 1987, most of the remaining original furniture in the building was either in poor repair or was sold off. The most-desired pieces travelled out to Beaumont Hospital for the board rooms and the like.

However, that was not the fate of the low-lying day bed. While it's unclear where it went immediately after the closure, it ended up in an antique shop in south Dublin in 2003. Deirdre and Flan Cleary spotted this unique piece of furniture and purchased it at the time. They were so fond of the bed that they took it with them when they moved to Sydney, Australia in 2005. Flan recalls: "There it sat on our front porch and for a few years it was the favoured spot under which the blue-tongued lizards would hide". Deirdre and Flan moved to Brisbane and around 2014 Deirdre saw an online *WIN* article stating that the Richmond Hospital was to be refurbished by the INMO. The couple thought it would be appropriate to offer the bed for the building because of its significant link to Sir Henry Irving and the plaque on the bed about its donation to the original hospital.

However, at the time the INMO had just purchased the building and was discovering the amount of work and investment needed for its restoration. Hence, the offer which involved transporting the bed back from Australia was not taken up at the time.

The clock moved on and in 2016 Deirdre and Flan returned to Ireland to live in Co Wicklow, and among the furniture they brought back from Australia was the day bed which they stored at their Wicklow home. They again made contact with the INMO, which by that time was in the process of totally renovating the old hospital.

The project manager of the Richmond project, Elizabeth Adams, was delighted at the offer and thus Deirdre and Flan generously donated the bed back to the Education and Event Centre where it's now on display in the appropriately named "Writers' Room".

So, who was Sir Henry Irving? He was a renowned English actor at the time and in 1895 was the first of his profession to be knighted for services to the stage. William Thornley Stoker, along with his brother-in-law Sir William Thompson, were the chief campaigners who ensured that the old Richmond Surgical Hospital was replaced with what we now see as The Richmond. The British authorities at the time were seeking to move the then 'houses of industry' to north Co Dublin as they tried to push the poor of Dublin out of the city. Stoker and Thompson were not having it and successfully lobbied the British Parliament of the day to invest in the Richmond Hospital.

William Thornley Stoker was a remarkable man by any standard with many achievements. He was a gifted surgeon, a professor of anatomy, president of the Royal College of Surgeons in Ireland, visiting surgeon and governor to Swift's St Patrick's Hospital, as well as to the Richmond itself. Outside

of medicine, he had a keen interest in art and was a senior figure in the Royal Hibernian Academy. He was the first surgeon in Ireland to successfully perform brain surgery using a method known as trephination and, with Sir William Thompson, he performed Ireland's first prostatectomy. He was also the governor of the National Gallery of Ireland and his magnificent house at Ely Place had wonderful works of art.

The eldest of seven children, he was a brother of Bram Stoker the famous author of *Dracula*. Their father Abraham Stoker came from Dublin and their mother Charlotte Mathilda Blake Thornley was from Ballyshannon, Co Donegal via Sligo, where she lived her early life. In her childhood she witnessed a devastating outbreak of cholera, which took many lives and caused her family to flee by coach to Ballyshannon. A feminist and a writer, she wrote extensively about the horrific sights she had seen in Sligo. Bram, believed to be her youngest child, was heavily influenced by her writings and much of the imagery developed in *Dracula* is said to be inspired by them. To round things off, Bram had a lifelong friendship with Sir Henry Irving, for whom he managed the Lyceum Theatre in London's West End, which Irving owned.

Dave Hughes is INMO deputy general secretary

Irish Nurses and Midwives Organisation

Working Together

"You insure your car, you insure your house; Why not insure your profession?"

Nurses and Midwives; Together we are Stronger

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- Advocating for safe quality care delivered by registered nurses and midwives
- Representing nurses and midwives individually and collectively in the workplace
- The leading voice for nurses and midwives in Irish health care
- Campaigning for restoration of Nurse and Midwife pay and hours
- Providing expert representation in workplace relations
- Full support in NMBI fitness to practice public hearings with expert professional and legal representation
- Professional development offering career development and professional education
- Professional library service
- Employment information service – law – conditions of employment – your rights and entitlements
- Access to income continuance protection plan (supplementary to the sick leave scheme)
- Discount shopping with INMO group scheme with major savings
- Free legal aid for occupational or bodily injury claims
- Legal and counselling helplines

Union membership costs €5.75 per week

Join today by visiting www.inmo.ie/joininmo

Highlights from the All-Ireland Midwifery Conference in Armagh

THE INMO/RCM All-Ireland Midwifery conference took place in Armagh in October.

The conference was attended by more than 150 midwives from north and south. The feedback from the day was positive.

Melanie McMechan, who works for the South Eastern Health and Social Care Trust, won the poster competition at the conference. Her poster was entitled 'Fulfilling the dream – supporting your staff to love midwifery'.

The poster provides information on the role of the clinical skills facilitator and the preceptor/induction pack that Ms McMechan and colleagues have developed for new staff members and those returning to midwifery.

In the box to the right, first-year midwifery student from Dundalk Institute of Technology, Chloe Gilsenan reflects on her conference experience.

Pictured at the conference were (above, l-r): Dale Spence, RCM all Ireland committee; Sasha-Wells Munro, speaker; Naomi O'Donovan, Midwives Section; Suzanne Tyler, RCM staff member; Kathryn Gutteridge, RCM president; Eilish Fitzgerald, INMO first-vice president; Mary Caddell, RCM all Ireland committee; Luke Feeney, speaker; Maeve Gaynor, INMO executive council; Karen Murray, RCM director; Steve Pitman, INMO head of professional development; Mary Brosnan, speaker and Rhona O'Connell, Midwives Section

Reflection on a first visit to the All-Ireland Midwifery Conference

I AM a first-year midwifery student at Dundalk IT. I have been passionate about midwifery since school but I received 390 points in my Leaving Certificate which was not enough to secure a place in university. I completed a pre-nursing course and a midwifery-care support course and received distinctions in both. Four years later I got an offer to study midwifery at Dundalk IT. I was delighted. Having got in contact with the INMO student officer Neal Donohue, I got the opportunity to attend the All-Ireland Midwifery Conference in October. The theme was, 'Being a midwife in our maternity services – love it or leave it'. The conference looked at professional challenges faced by midwives both in Northern Ireland and the Republic of Ireland with a strong focus on safety within maternity services. As a first-year student it was really interesting to hear many midwives reflect on their experiences throughout the years. I had a chance to talk to Mary Brosnan, director of nursing and midwifery at the National Maternity Hospital, which was really interesting. Ms Brosnan's speech was motivating and really reflected on the great role of midwives and what we do. I also spoke to a midwife from Kilkenny. She explained that she enjoys conferences as they help her to reflect and motivate her in her role as a midwife. As a student midwife there are many challenges for me, including the long commute from Dublin to Dundalk every day, lengthy placement hours and little or no funding. Overall though, I am so motivated and excited to start my career. I feel lucky that I'm finally on the road to becoming a midwife and attending this conference was a wonderful chance to network and benefit from the experiences of others within the profession.

– Chloe Gilsenan

Third-Level Student Health Section recognises stalwart members at recent meeting

The Third-Level Student Health Nurses Section met recently and the group presented Michelle Cresswell and Orlagh Fleming, both outgoing national section officers, with beautiful bouquets of flowers to thank them for the years of commitment they have brought to the Section. They have both served as officers in a variety of roles with the Section for a number of terms. The INMO and all the members of the Third Level Student Health Nurses Section are extremely grateful to both members for their continued support.

Pictured above: Ms Cresswell (centre left) and Ms Fleming (centre right) being presented with the flowers by Deirdre Adamson, section chair (centre)

Retired Section trip to Berlin

Members of the Retired Section enjoyed a trip to Berlin in October, taking in sights such as the city's poignant street art, the TV tower and the awe-inspiring architecture. The trip would not have been complete without a visit to the Brandenburg Gate (pictured below) ,Checkpoint Charlie, the Berlin Wall Memorial, Museum Island and a boat trip down the River Spree. Members stayed in Hotel Leonardo, situated in the city's Mitte district. Members also found time to do some shopping and eat out at local restaurants

Upcoming section AGMs

Keep an eye out for details of your section's AGM, which will take place between mid-January and mid-February. Confirmed dates/times will be shared by email, at **www.inmo.ie** and on the Diary page of *WIN (page 68)*. We hope you will be available to attend.

INMO
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Help us to update your INMO membership contact details

IMPORTANT: PLEASE PRINT YOUR DETAILS IN ALL FIELDS IN BLOCK CAPITALS
**You will find your INMO number on the postage label of your copy of *WIN*

** INMO number: NMBI number:

First name:

Surname:

Date of birth:

Home address:

Work location address:

Study address:

Employment grade (eg. CNM1, etc)

If you are PHN or Community RGN
Name of Local Health Office:
Name of Community Care area:
INMO Section:

INMO Branch:

Student: (Please tick appropriate) Yes No

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Irish Nurses and Midwives Organisation,
The Whitworth Building, North Brunswick Street, Dublin 7, Ireland
Tel: 01 6640600 **Fax:** 016610466 **Email:** inmo@inmo.ie

Q and A Bulletin Board

With INMO director of industrial relations Tony Fitzpatrick

Query from member

I'm currently contracted to work 30 hours per week but work 39 hours per week due to service needs. I'm due to move onto the senior staff nurse increment but I'm wondering about the new enhanced salary for senior staff nurses. Will the Enhanced Practice Contract be based on original contracted hours of 30 hours per week or is it only for full-time hours?

Reply

The Enhanced Practice Contract is based on your contracted hours. You do not have to work 39 hours per week to access this contract. Most of the terms and conditions contained in the new Enhanced Nurse/Midwifery Practice Contract remain essentially the same as those contained in the Staff Nurse/Midwife Contract. This includes hours of work, annual leave, sick leave and pension entitlements. Also, your pension will be improved as you earn a higher salary.

Query from member

My colleagues and I are looking at signing the Enhanced Practice Contract and we are concerned that our pension will be affected by doing this as we are all paying Class D PRSI. We have heard that if we sign this contract, we may break our service and will be transferred over to the Single Public Service Pension Scheme or change to Class A PRSI.

Reply

Signing the Enhanced Practice Contract is not regarded as a promotional post for pension purposes nor is it a break in service. Therefore, your pension and your Class D PRSI will not be affected by signing this contract. The only way your pension will be affected is if you break your service for more than six months.

Query from member

I am a staff nurse who works in a job share in OPD. I am required to work every Monday in a specialist clinic, and I am wondering about my public holiday entitlement, as the employer gives me four and a half days every year.

Reply

As you work in a location that is Monday to Friday, the following public holiday entitlements apply to nurses who work part time or job share. Job sharing nurses and midwives who work Monday to Friday and who are not scheduled to work on the day on which the public holiday falls are entitled to one-tenth of their normal fortnightly pay for the public holiday. Part-time nurses and midwives who work Monday to Friday and who are not scheduled to work on the day on which the public holiday falls are entitled to one-fifth of their normal weekly pay for the public holiday. Nurses and midwives employed in the public health service who work a five over seven (seven-day week) roster receive additional annual leave in lieu of their liability to work on public holidays, ie. nine days in the case of a full-time nurse and 1.5 days in the case of part-time nurses. In addition, they also receive double pay in respect of any public holiday on which they are required to work. This, in effect, gives them treble time in respect of a public holiday worked, while the legal minimum is double time.

Know your rights and entitlements

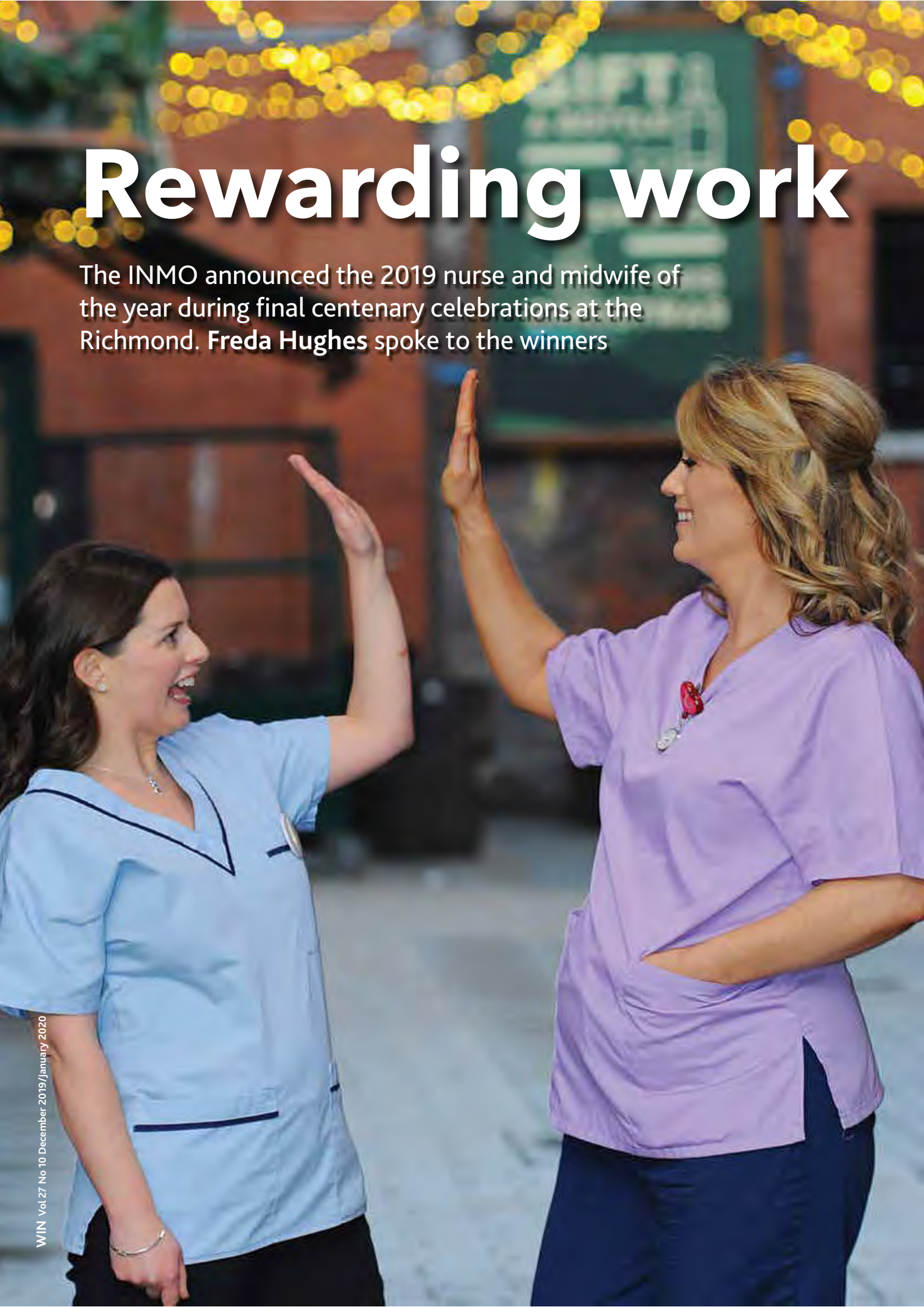
The INMO Information Office offers same-day responses to all questions

Contact Information Officers Catherine Hopkins and Karen McCann at
Tel: 01 664 0610/19 or **Email:** catherine.hopkins@inmo.ie, karen.mccann@inmo.ie
Mon to Thur 8.30am-5pm; Fri 8.30am-4.30pm

- Annual leave
- Sick leave
- Maternity leave
- Parental leave
- Pregnancy-related sick leave
- Pay and pensions
- Flexible working
- Public holidays
- Career breaks
- Injury at work
- Agency workers
- Incremental credit

Rewarding work

The INMO announced the 2019 nurse and midwife of the year during final centenary celebrations at the Richmond. **Freda Hughes** spoke to the winners



"THERE is no shortage of talent, skill and dedication among Ireland's nurses and midwives. Our panel had an incredibly difficult choice, but it is an honour to consider Anna Wade and Clare Kennedy as colleagues and fellow INMO members."

This was how INMO general secretary Phil Ní Sheaghdha began her speech at the Nurse and Midwife of the Year Awards 2019. The ceremony was hosted by the INMO at the Richmond Education and Event Centre as part of the union's centenary celebrations. The awards are part of the INMO's commitment to Nursing Now, a global campaign run in collaboration with the International Council of Nurses and the World Health Organization, which aims to raise the profile of nurses and midwives and highlight the essential contributions they make to healthcare worldwide.

The awards were won by Anna Wade, a Dublin nurse who specialises in paediatric limb reconstruction at Cappagh National Orthopaedic Hospital, and Clare Kennedy, a midwife from Laois who works at St Luke's General Hospital, Kilkenny, providing holistic care to women, their families and their babies.

The awards were relaunched this year to celebrate the incredible work of INMO members. Candidates were nominated by colleagues and the winners chosen by a panel of nurses and midwives. Each was awarded €5,000 thanks to sponsorship from Cornmarket.

Midwife of the year

On receipt of her award, Clare Kennedy said: "There is a whole team here that works really diligently to make the service run so well. It's a really innovative and evidence-based service. I was nominated by my colleagues so I am taking them for afternoon tea in Kilkee Castle so we can celebrate together."

Ms Kennedy was nominated for the award by her team at the Integrated Community Midwifery Service at St Luke's. They nominated her because she goes above and beyond in her role on a daily basis, acting not only as a caring, reassuring presence for the women who use the maternity services at St Luke's, but also as a support to the team around her and an advocate for the future of research-based clinical practice in the maternity sector nationally.

Having completed her nursing degree and higher diploma in midwifery at UCD, Ms Kennedy went on to train both clinically and academically in health assessment, midwife prescribing, obstetric ultrasound and examination of the newborn at TCD. She registered as an advanced midwife practitioner in 2018 and is the clinical lead for all aspects of physiological childbirth at St Luke's. Her unit empowers women and midwives in their decision-making process and offers alternative choices in the type of care and birthing options available.

Nurse of the year

Anna Wade, winner of the Nurse of the Year Award said: "I work with children and their parents before and after surgeries. I see them several times a week so we build up a great relationship with them. Parents love it here as it is out of the city and there is space to work without as much stress.

"We have a super team here and we try to foster a community atmosphere between the patients, their families and the staff. It all makes for a great service for our clients. I am so passionate about my role and I always want to learn more to benefit the children. It's a challenging but rewarding role."

Ms Wade enrolled in a diploma programme in psychiatric nursing in 2001 and continued studying to achieve a higher diploma at UCD before undertaking a bachelor of science degree in nursing at the Royal College of Surgeons Ireland, graduating in 2006. After becoming a member of the British Orthopaedic Practitioner Association, Ms Wade continued to complete several orthopaedic courses to keep her skills and knowledge up to date while earning workplace experience.

Having been inspired by her mother, who is due to retire as a diabetes nurse specialist in December, and the personal connection she shares with her own children, Ms Wade directed her focus towards becoming a paediatric orthopaedic nurse specialist. She achieved this goal at Temple Street Children's University Hospital in 2017 and later became involved with paediatric limb reconstruction, joining the team at Cappagh National Orthopaedic Hospital in 2018 as a paediatric orthopaedic nurse specialist.

From her experience at Temple Street, Ms Wade learned that educating parents and guardians in relation to treatments, constantly tracking the progress of patients and remaining contactable are all crucial aspects of the service.

Alongside Elizabeth Meleady, specialist limb reconstruction physiotherapist, and Mr Connor Green, consultant orthopaedic surgeon, Ms Wade began working to build the service and provide pre- and post-operative education and treatments. Now a fully streamlined process, a community of patients have the opportunity to directly link up with and receive full expert knowledge from one team at Cappagh Kids, the new home for paediatric care at Cappagh National Orthopaedic Hospital.

Nurse and Midwife of the Year Award winners 2019: Anna Wade and Clare Kennedy

Ms Wade is also involved with a research team based in Texas that deals with the treatment of Perthes disease. The treatment involves stem cell therapy along with a hip distraction frame. Perthes disease is poorly understood even 100 years after it was first diagnosed. This research aims to allow for early diagnosis, gain a better understanding of the condition and design treatment pathways for patients in the future.

Public recognition

The centenary celebrations on November 29 culminated with the presentation of the awards. Addressing staff and members, as well as family and friends of the winners, INMO general secretary Ms Ní Sheaghdha closed the ceremony by saying: "Throughout the nomination process, one thing we heard over and over from patients was that all nurses and midwives deserve awards for the work they do. Our professions are often undervalued by the government and employers, but it's heartening to know that the public holds us in high esteem."

The passion and the pain

Members and panellists shared their views on nursing and midwifery as part of the INMO's final centenary celebrations. **Alison Moore** reports

AS PART of a final day of events held last month in the Richmond Education and Event Centre to mark the INMO's centenary, there was a discussion where members as well as panellists were encouraged by the chair, business woman and former nurse, Norah Casey to share their 'passions and pain points' in regard to their professions.

One member pointed out that circumstances can make it difficult to remain passionate. "Having just left the profession because of the pain, I would term it a moral injury. I would love for those who make the decisions to see the impact that the cutbacks and staffing shortages have on the service providers and users," she said.

Another speaker commented: "I hate to see the pain on the faces of newly qualified nurses and to see them being just beaten down. They come out of college very enthusiastic and they have fantastic training, but then over a short period of time you see them lose all that because of the volume of work that they're expected to do, it is unmanageable really."

Eliciting a round of applause, one nurse member said that her passion was being part of care that made a difference. "Yesterday a 37-year-old woman came in with a massive stroke and six hours later she was up having tea and cuddling her two-year-old daughter. The pain is being short staffed but we have to keep the passion going," she said.

Echoing this sentiment, another member spoke of her confidence for the future: "I'm so delighted with the results from our strike last year and for student nurses. I can see that they have more of an interest now that they're going to get paid properly. I'm a student advocate and I like to make things very positive for the students. I think, how we precept them is vital. Our attitude is so important as it impresses on them. I know that it is a busy environment and I'm hearing what everybody is saying here and I am acknowledging it, but going forward, I think positivity is very important," she said.

Speaking from the floor, INMO president Martina Harkin-Kelly said that her passion was the pride she felt in the two professions and she urged others to feel the same. "I think we need to remind ourselves of what we do on a day-to-day basis. The devaluing of the nurse and the midwife is something we must eradicate from within ourselves as well as society. We have to step up to the plate. We're there at the forefront, doing everything and we need to be heard," she said.

On what can be done to improve the services for those who work in them as well as patients, Ms Harkin-Kelly said that much of the work had been done but that the strategies needed to be implemented in order to see change.

"We don't need to reinvent the wheel. Sláintecare is there, the Framework on Safe Staffing is there, we also have Labour Court recommendation 21900. We need to implement them and not have them sitting on shelves. If we implement them,the system will automatically lift," she said.

Artist Robert Ballagh who took part in the panel, spoke of the failings of the health service while praising the support he and his wife received from nurses struggling within the system. He said that the HSE was a "drastically over-bureaucratised institute" and questioned why it was not led by those who understood more about the needs of the service.

Prof Anne Matthews of the DCU School of Nursing spoke of the importance of mentoring for students, a system that has endured from pre-university training days. "Every time students are in the clinical setting they seek out those role models. The clinical setting is still the most important determinant of who that student will become as a nurse, so it is vital for them to have strong mentoring," she said.

Panellist Franka Kadee, president of the International Confederation of Midwives, told members that her greatest passion was leadership and that she felt there was a great deal of leadership in the room. She also underlined the need to address the gender pay gap and said the professions should not shy away from feminism as nursing and midwifery pay issues have "everything to do with feminism".

"I think that we really need to go towards women's rights, but remember that women's rights are human rights. We need to have a human rights perspective for women as well. I think we all need to be more radical. We shouldn't be shy. I believe a woman's perspective, or feminist perspective, at this moment is very important," she added.

Elizabeth Adams, EFN president, said it was galling to see the admin in healthcare that had to be "battled through" and that it was frustrating that plans such as Sláintecare and the Safe Staffing Framework had not been implemented. She said she would like to see individual nurses and midwives having the power at ground level and having more autonomy.

"There's a whole administrative burden that actually prevents care every single day. I think it's really a sticking point that we are not evolving and moving on. We know more and we've far more education than ever before. We have a greater voice than we ever had. What's happening is strategic and to do with how everything is operationalised and set up. Until we can change that I don't think we will see a radical change," said Ms Adams.

Norah Casey urged nurses and midwives to join social media and talk about their circumstances at the workplace.

"What you said in this room is not often heard elsewhere. All of you have a voice you just need to use it and let people know what's going on. Share with people how you feel at the end of the day, nothing is tougher than being a nurse or midwife, nothing is as dispiriting as going home after shifts knowing you didn't do everything you could. You do your job because you have passion for it, because it means so much to you. It's a movement, outside of who employs you. You have a voice and if you keep talking and speaking out maybe people will hear it."

Tapestry to mark INMO centenary unveiled

Tapestry celebrating the groundbreaking vision of the INMO's founders in setting up the first union for nurses and midwives in the world is unveiled. **Alison Moore** reports

The people behind the centenary tapestry: *Pictured at The Richmond were the team of stitchers and planners (l-r): Tapestry designer Robert Ballagh, Mary O'Reilly, Sarah Nix, Siobhán Lydon, Ina Stephens, Mary Canning, Caoimhe Dunniece, INMO president Martina Harkin-Kelly, Marilyn Roantree, Brendan Byrne, Irish Labour History Society, Christine McComish, Padraig Yates, Mary Hunter and INMO general secretary Phil Ní Sheaghdha*

THE famous quote that 'well-behaved women seldom make history' was apt when it came to INMO president Martina Harkin-Kelly's description of the INMO's founding members in 1919.

"Our founders did not behave as women should in that period of history. Their radical vision gave the professions of nursing and midwifery a place in society and they espoused an ethos of representation, which prevails to this day," she said in her speech to mark the unveiling of the tapestry.

"What they did was ground-breaking as they operated in a timeframe in society, when, men held sway and had a track record and tenure in the area of trade unionism," added Ms Harkin-Kelly.

The unveiling was part of a day-long event in The Richmond last month that saw the culmination of the INMO's centenary celebrations.

Ms Harkin-Kelly said that the tapestry had grown from the "seed of an idea, to a truly remarkable commemorative piece of art" that would stand the test of time as the Organisation entered its next 100 years.

Ms Harkin-Kelly thanked artist Robert Ballagh who designed the tapestry and the dedicated team of stitchers who oversaw the project, many of whom were INMO members as well as members of the Irish Patchwork Society. These included Mary Maguire, Mary O'Reilly, Christine McComish, Bryd Glynn, Sarah Nix, Anne Fortune, Sandra Breheny, Ina Stephens, Joan Geraghty, Siobhan Lydon, Marilyn Raontree,

Caoimhe Dunniece, Mary Canning and Mary Hunter.

Ms Harkin-Kelly stressed that the style of leadership of the Organisation from its outset has been a driving force for success.

"We all know that leadership is critical to the survival of all organisations and the ideals espoused by our founding general secretary, Marie Mortished, has permeated through the various leaders that the union has had at the helm over the past 100 years. We are lucky to have Phil Ní Sheaghdha and Liam Doran here with us today. They have shown true leadership and grit in times of strike and strife. They never wavered and for that we, as dual professions, owe them a debt of gratitude. So, thank you for your steadfast leadership and vision as you have not forgotten the values on which this union was founded."

Looking to the future, Ms Harkin-Kelly said the INMO was focused on "unfinished business" and was ready to tackle ongoing industrial relations issues as well as moving forward with professional development resources.

Reminding those present about good behaviour rarely making history or forcing change, Ms Harkin-Kelly said that in the 21st century, nurses and midwives "must shout loudly and create a global reach that will put the professions at the helm of healthcare development and policy".

She said she believed that the Nursing Now campaign, to which the INMO is affiliated, will progress society's recognition for nurses, who – when empowered in their roles – improve lives, societies and economies.

"The future of health will be well served by truly acknowledging the worth and value of nursing and midwifery as dual professions," she said.

Finally, speaking about the immediate focus of the INMO Ms Harkin-Kelly said: "This nursing and midwifery representative organisation is focused on ensuring that nursing and midwifery in this country are at the table of healthcare reform, policy development and implementation. We are the frontline, the eyes and ears of the service and we are crucial when developing healthcare policy.

"The next 100 years are ours for the taking. Our present situation is not our final destination.

"This Organisation was founded on a desire for better conditions and greater dignity in the workplace. Today we continue to fight for those rights for our patients and our peers in an rapidly changing healthcare system."

THE RICHMOND

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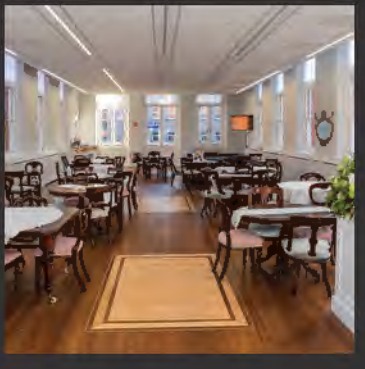


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Pictured at The Richmond were (l-r): Anna Perry, WRC; Padraig Yeates, retired journalist and IR historian; Kevin Callinan, ICTU public services committee; and Patricia King, ICTU general secretary

Pay inequality must end

Centenary IR debate points to the predominance of women in nursing and midwifery as the reason for low pay. **Tara Horan** reports

THE practice of paying women less than men is something that has to stop, the panellists agreed at the discussion on the history of industrial relations chaired by broadcaster Eamon Dunphy at the recent INMO centenary event.

The discussion centred on four key areas of Irish industrial relations in the nursing and midwifery context:

- Whether the concentration of women in the professions has kept nursing and midwifery pay low
- Whether there is a need for more reform in employment law, given Ireland's voluntary system of industrial relations
- The objectivity of the media when public sector workers take industrial action
- Public service agreements – whether they help or hinder trade unions.

On the first question on the negative effect of the predominance of women on pay rates, the panellists were in unswerving agreement.

Patricia King, general secretary of the Irish Congress of Trade Unions, pointed to low pay rates throughout female-dominated areas of work, compared to those dominated by males. Quoting the rates in numerous sectors, her final "shocking statistic" was that "26% of women earn €300 or less a week".

So, how do we get the change that is required if women are discriminated against in terms of pay, asked Mr Dunphy.

Kevin Callinan, chair of the ICTU public services committee, said: "We have to ask the question of society, how do we value care? If we don't tackle that question, it's going to compound the gender discrimination that already exists. That's just part of the discourse that the trade union movement needs to lead."

Anna Perry, director of conciliation services at the Workplace Relations Commission, said: "In the nursing profession it's about cultural gender roles providing caring and nurturing of people. It's provided in our homes, which is valued without having any pay attached to it. Consequently, it's a devaluation of the actual work that is provided by the nursing profession, the majority of whom are women. We have to call it what it is – it is a devaluation of women's work that has taken place and continues to take place."

Turning the discussion to Ireland's voluntary IR system, Mr Dunphy asked if there was a need for reform in employment law.

Ms Perry said: "I cherish the voluntarist approach. While the system needs to change, it needs to evolve and allow for continuation of flexibility. Everyone here knows the benefits of having the union, the voice, in workplaces. In my institution (the WRC) we love that there are union people who are articulate and who know how to negotiate and how to deliver things."

Mr Callinan said: "Trade unions have been victims of our own success in that many of the things we've campaigned on for years have now been converted into statutory employment rights. We now have a situation where we have lawyers turning up at the WRC to prosecute claims on behalf of workers on issues that we would have been the go-to organisation for 20 to 30 years ago."

Padraig Yeates, retired *Irish Times* journalist and historian of trade unionism, said: "Historically, if you want to get equality, you get it by levelling down. For example, after the two world wars, when governments had to deal with serious situations, they introduced compulsory arbitration. They said to employers and trade unions 'look you can negotiate to the best of your ability and if you can't agree something, we'll come in and we'll knock heads together'."

Broadcaster Eamon Dunphy chaired the panel discussion on industrial relations in the context of nursing and midwifery

Mr Dunphy turned to the audience on the question of media objectivity, asking if they felt they get a fair shot with the media. The answer was a resounding 'no'. One member said she felt the press seemed to be sanitising what's happening, pointing to glib reporting of the scandal of more than 600 people on trolleys in a day.

"The significance of the question is that people form their opinions about strike action from what they listen to and see on television and read in the papers. That is why the media can be so damaging to even the most just cause," she said.

On whether national public service agreements will last, Ms King said: "They will last as long as both parties want them – the unions on one side and the employer, who is the government, on the other.

"I see no major indicators at the moment that the parties don't want them. The agreements during the recession (Croke Park and Haddington Road) were very painful for public sector workers. Nobody should be under any illusion but that it was ordinary public sector workers who saved this economy," she said.

Reeling in the years at the Richmond

The Richmond Education and Event Centre proved the perfect venue for a look back at the past 100 years of the INMO

Photos by Lisa Moyles

A short play was put on for attendees by a group from the Smock Alley Theatre. Pictured above are actors Molly McHugh and Fiona Coughlan

The jury of peers session was well attended by members, including INMO student and new graduate officer Neal Donohue, pictured above centre

Pictured above: Ann T Winters, chairperson of the INMO Retired Nurses Section

Cornmarket sponsored the €5,000 prize awarded to both the INMO nurse and midwife of the year. Pictured at the cheque presentation above were (l-r): Anthony Richardson, Cornmarket; Steve Pitman, INMO head of professional development; Alison Brereton, Cornmarket; Martina Harkin-Kelly, INMO president; Phil Ní Sheaghdha, INMO general secretary; and Anna Wade, INMO nurse of the year

INMO members (l-r) Monica Uzah; Grace Oduwole, vice-chairperson of the INMO International Nurses Section; and Adenike Olorunfemi

In recognition of its centenary anniversary, the INMO launched the Nurse and Midwife Awards, celebrating the contribution made by members of both professions to healthcare in Ireland. Pictured at the awards, which took place on the evening of the centenary celebrations, were (l-r): Phil Ní Sheaghdha, INMO general secretary; Sr Stanislaus Kennedy, national patron, Nursing Now; Clare Kennedy, INMO midwife of the year; Martina Harkin-Kelly, INMO president; Anna Wade, INMO nurse of the year; Steve Pitman, INMO head of professional development; and Vivien Lusted, Florence Nightingale Medal recipient

INMO president Martina Harkin-Kelly addressing attendees at the unveiling of the centenary tapestry

The halcyon days: INMO members reminiscing in the 'Room of Stories' at the Richmond

INMO member Eileen P Melia with Mylo, the companion robot designed to help people with dementia retain their independence

Elizabeth Adenola, staff nurse at Cherry Orchard Hospital and INMO member, signing the INMO's 100th birthday card

A rapt audience of INMO members taking in a presentation by Mark Loughrey, author of 'A Century of Service: A History of the Irish Nurses and Midwives Organisation, 1919-2019'

INMO Professional

RCM i-learn

FOCUS THE ROYAL COLLEGE OF MIDWIVES

Obesity in pregnancy

It is important for midwives to avoid judgment and stigma when interacting with patients who may be overweight in pregnancy

THIS course has been designed to provide midwives and midwifery support workers with information, practical tips and helpful guides to enable them to effectively support overweight pregnant women in their care. Supporting women at this crucial time can not only have positive implications during the pregnancy but also for the longer term health of the mother and child.

This module will take 1.5 hours to complete. The aim of this course is to provide midwives, student midwives with an increased understanding of the issues of weight, women's feelings, considerations during pregnancy and practical skills to enable an effective and supportive conversation about a woman's weight and supporting women to follow a healthy lifestyle.

Objectives

- To increase awareness and understanding of the effect society and stigma around weight has on a woman's self-esteem during pregnancy and postnatally
- To explore personal barriers to discussing weight management with women
- To be aware of pregnancy as a particular opportunity for positive behaviour change
- To be able to confidently and supportively raise the issue of weight with women during pregnancy and postnatally
- To be aware of how own personal style in communications with women can affect relationship with women and also their confidence and ability to make changes
- To be able to effectively and supportively discuss healthy lifestyle advice with women and their families
- To be able to identify suitable support for individual women and signpost on to suitable services where appropriate.

Weight: the woman's perspective

In an ideal world all pregnancies would be planned and all women would embark on a pregnancy at a healthy weight. However, in reality we know that this isn't always the case with surveys showing around 40% of pregnancies may be unplanned and data showing around one in five women have a raised BMI at the start of their pregnancy. Ultimately all women in all weight ranges need effective support and guidance around healthy lifestyles during pregnancy. Pregnancy is an extremely sensitive time for women, with a variety of different attitudes, feelings and insecurities during pregnancy to deal with.

Women and weight – do we prejudge?

It is well documented that people who are overweight experience weight-related stigma. This stigma has been shown to start as early as age three in children and spans many areas such as the workplace, education, healthcare settings, the media, personal relationships and society as a whole. There has been research specifically looking at stigma towards overweight patients among healthcare professionals and some research specifically with midwives.

Stigma can come in many forms including verbal bias (such as teasing, criticism, stereotypes, insults) and also physical barriers and obstacles due to weight (medical equipment not being large enough for overweight patients, chairs or seats in venues that do not accommodate someone's weight). Research has shown that individuals who experience weight stigma have higher rates of depression, low self-esteem, anxiety and many other negative consequences. Stigma may have negative consequences for eating behaviours by interfering with weight loss efforts as some people may eat more in response to stigmatising encounters.

Raising the issue and discussing weight

Here are some practical tips which can be useful when raising the issue of weight:

- Using a weight range chart which doesn't have medicalised terms can be useful
- Asking for permission to weigh a patient can help to open a discussion, eg. 'I see from my records that I haven't checked your weight recently, would you mind if I weighed you today?'
- Using open questions that avoid blame or judgement, can also help start a discussion around weight – for instance 'How do you feel about your weight?', 'Tell me your story,' 'What would you find useful?'
- Consider the use of the term 'obesity' and if used explain that this is a medical term and the reasons why it might be used in someone's notes – avoid adding to notes without asking the woman. They shouldn't just read it when they get home
- Rather than telling the woman about their risks and what they should do, which may well make them feel criticised, and prevent an open conversation, explore their understanding of the relationship between weight and possible health risks. Instead ask: 'What do you already know about weight and pregnancy?' or 'Has anyone discussed the links between weight and possible complications in pregnancy with you before?' Use these to find out what the patient already knows and seek permission to add to this if necessary. Research shows that if you seek the person's permission to give advice they are more likely to be receptive.

Supporting the woman

It's important to bear in mind how the woman may be feeling and ask them how they feel about their weight and what they want to achieve before giving advice. Remind them that pregnancy isn't a time for drastic weight loss or extreme diets but that eating well and keeping active will reduce the risks for them and also reduce the amount of excess weight gain during the pregnancy – meaning there will be less to lose postnatally. It's important to find out if the woman wants to make changes and what their motivators are – don't assume – as these can be varied.

RCM i-learn access for INMO midwife members

If you are interested in learning more about obesity in pregnancy and completing the module, visit **www.ilearn.rcm.org.uk** Free access is available to all midwife members of the INMO. Email: library@inmo.ie for further information

www.inmoprofessional.ie/RCMAccess

Spotlight on: Caitriona Faherty

Nursing now Ireland

CAITRIONA Faherty works at Craddock House in Naas. She has a special interest in dementia care and works in an 18-bed dementia unit at an 89-bed facility. The unit is designed to be homely and staff don't wear uniforms. Residents are encouraged to get involved with day-to-day activities at the centre.

Ms Faherty has wanted to be a nurse since she was four years old. Her father was involved with a charity that cared for the elderly so she spent much of her childhood around somewhat vulnerable older people. This ignited her desire to pursue a career in a caring profession and she commenced her training in 1993 at the Adelaide Hospital in Dublin. Although she is the first nurse in her extended family, she has always had an affinity for interacting with people and caring for others.

"I am absolutely passionate about seeing residents with a diagnosis of dementia live well and delivering a care service which recognises the uniqueness and individuality of each person. My role in this regard incorporates the hands-on clinical care which I enjoy tremendously and the contact with elderly people which I have always loved. While the job does entail administrative work, rostering, auditing and policy development, I am happiest when I am with the residents.

"I believe that every single person on the team has an important role to play in the delivery of quality dementia care and so a representative from each department in the home is involved on the dementia committee, which I lead."

Ms Faherty feels that many people living with dementia benefit greatly from familiar faces and surroundings. "We get to know our residents extremely well which is incredibly rewarding. The knowledge of a person's life story greatly aids the provision of care and helps us to alleviate any distressed behaviour that can arise when a person is confused or disorientated."

Ms Faherty feels that because nurses are often the link between patients and many different health professionals, they have a unique role and can be extremely valuable in the development of new policies and procedures. For her, the nurse's role is essential in planning the provision of care, examining how care can be delivered more efficiently and, ultimately, in delivering optimum patient care.

> *"Nurses should have as much input as possible… we are at the coalface of the service"*

"Our goal is to deliver excellent patient care. Nurses are often the link between members of the multidisciplinary team and are well placed to advocate for patients. Nurses should have as much input as possible into policy development and implementation as well as clinical governance, because we are at the coalface of the service."

Ms Faherty sees the untapped potential of nurses and their in-depth knowledge when it comes to leadership.

"We can draw on lots of situations we have found ourselves in. Once you have nursed for a while you know what good patient care looks and feels like. Coupled with our academic knowledge and wealth of experience, this puts us in a good position to facilitate good patient care and should naturally move us into leadership roles."

Ms Faherty feels that nurses are an integral part of the healthcare team and are well placed as patient advocates to give the nuanced feedback that comes from working in such a hands-on role. She believes that nurses are well-placed to become leaders in the workplace, but is less certain that management and often nurses themselves recognise this potential.

For Ms Faherty, being a member of a union is essential. She is aware that nursing is evolving at an incredibly fast pace and feels that a union provides the support and information needed to stay abreast.

"Medicine and nursing are constantly evolving and it can be challenging to keep abreast of changing practices. A union is a vital source of information and support. Being in a union is really advantageous for all workers and particularly for those of us working in the health service."

This article is part of our Nursing Now series. Nursing Now is a worldwide campaign that aims to achieve recognition of nurses' contribution to healthcare, gender equality, the economy and wider society. The aim of the campaign is to improve health globally by raising the profile of nurses worldwide and influencing policymakers and supporting nurses to lead, learn and build a global movement. For more information visit ***www.nursingnowireland.ie***

INMO Professional

New Programme

Training, Delivery and Evaluation

March / May 2020

NOW TAKING BOOKINGS FOR 2020

5 Days

Tues	24 March
Wed	25 March
Thurs	26 March
Tues	12 May
Wed	13 May 2020

34 NMBI CEU's

Module 6N3326 - QQI Level 6
Category 1 Approved by NMBI

9.30am to 5.00pm each day

INMO Members
€550
before Friday, 20 February 2020

EARLY BIRD DISCOUNT

after this date
€625 INMO members
€875 non members

www.inmoprofessional.ie

This five-day course "Training Delivery and Evaluation" 6N3326 award will equip the nurse/midwife with the knowledge, skills and confidence to plan, deliver and assess learning and evaluate training provision. This course would suit every nurse/midwife working with student nurses in a clinical learning environment and also in centres of nurse education.

A wide range of training methods, including role-play, small group work, case studies, action learning and forums will be used to enhance the learning process. The course aims to foster and share the rich and diverse knowledge and skills of participants whilst providing them with the expertise and confidence to impart their knowledge effectively.

The course is delivered over five days from 9.30am to 5.00pm each day.

This training will lead to QQI Level 6 component certificate in Training Delivery and Evaluation (formally Train the Trainer FETAC 6) and it carries 15 ECTs (European Credit Transfer and Accumulation System).
Fee covers refreshments (light lunch of tea/coffee and sandwiches), course materials plus QQI administration and examination fee. Throughout the programme, trainer support is also available for each nurse/midwife attending the course.

This programme is also Category 1 approved by the Nursing and Midwifery Board of Ireland (NMBI) and awarded 34 Continuing Education Units (CEUs).

HOW TO BOOK

A non-refundable deposit of **€100*** must be made to reserve a place.
*Payment in full must be made prior to **Friday, 16 March 2020.**

For more information and bookings contact:
01 6640642 | pdc@inmoprofessional.ie

INMO EDUCATION PROGRAMMES

Continuing professional development for nurses and midwives

INMO Professional

Book your place on this issue's highlighted courses

Introduction to Oncology

Day 1: From Symptom to Specialist – April 28, 2020
€90 INMO members; €145 non-members
This day is a learning experience and a worthwhile course for any nurse interested in oncology. The aim of this programme is to explore the cancer patient's journey from diagnosis through treatment planning and outcome. Whether it is survivorship or palliative care, this programme teaches cancer terminology as well as the treatment of and communication with cancer patients.

Day 2: Solid Tumours and Treatments – April 28, 2020
€90 INMO members; €145 non-members
The day will have a focus on solid tumours and treatments. It will provide education on the major tumours and how these are treated collectively and specifically.

Decision Making and Restraint Use in Residential Care Settings for Older People

Are you ready for thematic inspections on restrictive practice?

This course is for nurses working in residential care settings for older people. It outlines the HIQA 2019 guidance on restrictive practices and its application at both organisational and individual resident care levels. It encourages participants to appraise every situation where an intervention is being considered. It promotes the use of a person-centred approach to assessment and care planning when making decisions regarding the use of restraint. While best practice advocates the use of alternatives to restraint, some of these have inherent risks and would not be suitable for all situations or all residents. The course encourages participants to take a person-centred approach to the use of appropriate alternatives.

Date: February 12, 2020
Fee: €90 INMO members; €145 non-members
Category 1 approved by NMBI with 6 CEUs

On-site Education

Bringing professional development education programmes to your workplace

We have an extensive range of quality education programmes provided by expert facilitators that can be delivered to you directly on-site. All programmes are category 1 approved by the NMBI with CEUs. On-site education is a more cost and time effective solution for your educational needs. Contact Marian Godley, course co-ordinator at Tel: 01 6640642 with your education needs.

Maintaining your competency, Maintaining your registration

December 2019
January 2020

PULL OUT

Steve Pitman
Head of Education and Professional Development

THE team at INMO Professional would like to wish members a merry Christmas and a happy 2020. As we come to the end of the year, it is timely to reflect on the past 12 months and look forward to what the new year will present. Collectively, the industrial dispute was probably the key event for nurses and midwives in Ireland in 2019. The past year also included centenary celebrations for the INMO and the NMBI along with the 60th anniversary of the establishment of the RNID as a division on the professional register. There can be no doubting the long tradition of professionalism within nursing and midwifery that is underpinned by strong regulation and continuing professional development. As we move into the next decade, the challenges presented by the global non-communicable disease epidemic and the roll-out of Sláintecare will provide opportunities for nurses and midwives to evolve and expand to meet the changing needs of individuals and society.

The new year will see the launch of the World Health Organization's International Year of the Nurse and Midwife. This is the first time the WHO has dedicated an entire year in recognition of a professional group. Along with the Nursing Now campaign, the International Year of the Nurse and Midwife will be an opportunity to showcase the contribution that nurses and midwives make locally, nationally and globally to improving healthcare.

Events will be organised throughout the year to celebrate nurses and midwives, including activities centred around the International Days of the Midwife (May 5) and Nurse (May 12). All nurses and midwives are invited to participate in the celebrations and campaign. All hospitals and organisations are encouraged to set up local groups and organise local and regional activities and events. Updates are available on the Nursing Now Ireland website and social media pages – Twitter, Facebook, Instagram and Pinterest. Please get in touch to share information, photos and videos from your events at **www.nursingnowireland.ie**

The WHO, along with the ICN and ICM, will be publishing the *State of the World's Nursing* report in April 2020 and the *State of the World's Midwifery* report in May. These reports will provide valuable information about the nursing and midwifery workforce and will inform national and global policy development over the next three to five years. The midwifery report will focus on the progress and future challenges to delivering effective coverage and quality midwifery services.

The NMBI announced at its centenary conference in November that it will review the Code of Professional Conduct and Ethics in 2020. The INMO will be making a submission as part of the public consultation, but individuals and groups are also encouraged to participate in the process. It is also expected that the NMBI 'Nightingale' system will be launched in the second half of 2020 and will be in use for the payment of registration fees for 2021. It is not expected that the re-validation and competency scheme will be detailed or operational in 2020. It is also anticipated that an update of the Guidance for Registered Nurses and Midwives on Medication Administration will be available in 2020.

Nurse and midwife of the year

We would like to congratulate Anna Wade for winning INMO Nurse of the Year 2019 and Clare Kennedy, AMP for winning INMO Midwife of the Year 2019. Ms Wade is a CNS in paediatric limb reconstruction at Cappagh Kids Hospital and Ms Kennedy works at St Luke's Hospital, Kilkenny and has led the development of the Integrated Community Midwifery Services Kilkenny.

Sections and conferences

The OHN Section held a conference on November 21 at the Richmond, with an attendance of more than 90 members. The keynote speaker was Dame Carol Black, principal of Newham University, Cambridge. Dame Black spoke on 'Improving Health Outcomes in Our Workplaces'.

The ODN Section conference on November 30 was attended by 90 members at the Richmond. The keynote speaker at this conference was Dr Michael Farquhar, consultant in sleep medicine at Evelina London Children's Hospital.

The Nurses and Midwives for Inclusion Health (NMIH) group was launched on November 29 at the Richmond. The NMIH is a professional group of nurse and midwife practitioners, supported by the INMO, working in contexts where access to and uptake of health services is limited as a result of marginalisation, discrimination or lack of awareness. Examples of such areas of practice include: homeless health, migrant/refugee health, Traveller health, mental health, disability health, forensic and prisoner health, addiction health and sexual health. Further details can be found at **www.nmih.ie**

RCM resources available to INMO members

Don't forget to sign up for free access to the full range of updated RCM professional development resources at **https://inmoprofessional.com/RCMAccess**

On-site education

INMO Professional offers a wide range of onsite quality programmes facilitated by expert practitioners. If you are interested in booking CPD courses for your organisation, contact marian.godley@inmo.ie or at Tel: 01 6640642.

Delivering courses and writing for *WIN*

If you have expertise in clinical or management practice, we would be interested in hearing from you about working with us to develop and deliver education courses – email marian.godley@inmo.ie or call at Tel: 01 6640642. We would also like to hear from members interested in writing professional or clinical articles for *WIN* – to register your interest, email me at steve.pitman@inmo.ie

Education Programmes

All programmes have Category 1 approval from the Nursing and Midwifery Board of Ireland (NMBI) with Continuing Education Units (CEUs).

Venue: INMO Professional,
The Richmond Education and Event Centre,
North Brunswick Street, DO7 TH76
Dublin 7
Tel: 01 664 0618
Email: pdc@inmoprofessional.ie

Season's Greetings and Best Wishes for 2020 from INMO Professional

Check out our new courses by logging onto www.inmoprofessional.ie or calling Tel: 01 664 0618

Date	Programme	Fee	CEUs
Jan 21	**Management Skills for Clinical Nurse Managers and Staff Nurses**	**€90 members; €145 non-members**	**5.5**

This programme outlines the key competencies required for ward managers to be effective in their roles as leaders and managers in healthcare delivery. It will explore both management and leadership functions and how these are applied in practice so as to promote quality and safety of care. Key topics covered include: management principles and competencies, team building, delegation and clinical supervision. Participants will gain effective management competencies that can be applied in the workplace to promote quality and safety in healthcare delivery.

Jan 22	**Introduction to Clinical Audit**	**€90 members; €145 non-members**	**5**

This programme equips participants with the necessary skills to implement clinical audit in their practice and enable them to deliver evidence of improved performance for safer and better care for patients. Participants will be provided with an overview of clinical audit and be informed about each stage in the clinical audit cycle: topic selection, standards development, data collection, data analysis, reporting, implementing changes and re-audit. A detailed overview will be given on the characteristics and dimensions of quality as well as how best to measure and monitor quality in the workplace. There will be an emphasis on continuous quality and safety improvement in healthcare.

Jan 29	**Nursing and Midwifery Documentation**	**€90 members; €145 non-members**	**5**

This programme will offer nurses and midwives the chance to avail of the most up-to-date approach to appropriate documentation and record keeping. The programme will explore a range of topics pertinent to documentation such as accountability and duty of care, and will offer guidance on best practice in documentation. The programme will illustrate the importance of documentation as a basis for assessment, planning and evaluation of care, and its role as credible evidence in the event of legal proceedings. There will be a practical session where participants will be given the opportunity to apply what they have learned by working through some examples.

Jan 30	**Management of Adult Tracheostomy**	**€90 members; €145 non-members**	**6**

This programme is for nurses caring for adult patients with tracheostomy in hospitals, nursing homes and in the community. This programme will teach nurses who encounter tracheostomies in their workplace how to care for their patients safely and provide evidence-based care. It will give nurses confidence in managing all aspects of tracheostomy care. The first part of the day will cover an introduction to tracheostomy, including its indicators and a brief introduction to anatomy and physiology. Included in this are two workshops: suction, humidification and cuff pressure, and cleaning the tracheostomy and changing tapes. The programme will also cover emergency care. This programme will be suitable for all levels of nursing with an emphasis on safety.

Feb 12	**Decision Making and Restraint Use in Residential Care Settings for Older People**	**€90 members; €145 non-members**	**6**

This is a one-day education programme that outlines the requirements of the national policy, national standards and professional requirements for the use of restraint. Against this backdrop, the workshop outlines the decision-making process for consideration of the use of restraint as a therapeutic intervention for individual residents.

Date	Programme	Fee	CEUs
Feb 18	**Best Practice in Medication Management**	**€90 members; €145 non-members**	**5**
	This education programme supports nurses and midwives in providing safe, evidence-based practice in the area of medication management. The programme will cover key topics such as: the key principles of medication management, the medication management cycle, management of controlled drugs and medication safety. Furthermore, it will explore relevant policy and legislation and will present scenarios in order to illustrate the various principles.		
Feb 19	**Getting the Most From Your Library: Advanced Library Searching Techniques**	**€90 members; €145 non-members**	**5.5**
	This programme is specifically aimed at nurses and midwives who would like to develop their information-seeking skills in order to avail of the most up-to-date information for clinical practice, personal reflection and policy development. This programme will assist participants who are undertaking academic programmes and will provide them with valuable lifelong skills in the area of information literacy. Guidance will also be provided on the use of keywords, Boolean logic and limiting and broadening of search results. The programme will involve a practical element whereby participating nurses and midwives will have the opportunity to develop a search strategy and use it to search a database. Strategies for the evaluation and critique of online resources will also be discussed during the course of the day.		
Feb 20	**Wound Care Management**	**€90 members; €145 non-members**	**5**
	This programme will allow participants to ensure professional competency in the area of wounds as per the NMBI Code of Professional Conduct and Scope of Practice for Nursing and Midwifery, which states that nurses must work within their competence. Furthermore, it will provide participants with the knowledge to ensure that their practice is founded in the latest research and guidance.		
Feb 25	**Phlebotomy**	**€90 members; €145 non-members**	**4**
	This programme provides participants with the skill and theory to perform phlebotomy in a competent and safe manner. It will cover topics such as sites used for phlebotomy, criteria for evaluating a vein, principles of an aseptic technique as well as complications that may arise during and after the procedure. Guidance will be given on how to reassure the individual in relation to the procedure and on gaining their consent. While this course will provide the necessary knowledge and skills to undertake phlebotomy, it will be necessary for each nurse and midwife attending to ensure that they abide by their local policy on phlebotomy in their place of work and hold an up to date hand hygiene training certificate (within the last two years).		
Feb 25 & 26	**Management in Practice**	**€230 members; €350 non-members**	**11**
	This education programme supports nurses and midwives in providing safe, evidence-based practice in the area of medication management. The programme will cover key topics such as: the key principles of medication management, the medication management cycle, management of controlled drugs and medication safety. Furthermore, it will explore relevant policy and legislation and will present scenarios in order to illustrate the various principles. Participants will have the opportunity to update their knowledge in line with the most up-to-date Nursing and Midwifery Board of Ireland and Health Information and Quality Authority requirements for medication management.		
Feb 27	**Delegation and Clinical Supervision**	**€90 members; €145 non-members**	**5**
	This programme is aimed at all nurses, midwives and clinical nurse and midwife managers who work with health care assistants. It explores the issues surrounding delegation and decision making, including appropriate clinical supervision for delegated functions. Participants will learn the difference between clinical and managerial delegation and how delegation differs from assignment of a task. Guidance will be provided on the assessment of a delegate's experience and role, and how best to match appropriate clinical supervision to a specific delegated function. The professional, legal and quality of care issues involved when deciding to delegate a function will also be explored.		
Mar 3	**Assertiveness Mindset – How to Develop It**	**€90 members; €145 non-members**	**6**
	This workshop aims to teach nurses, midwives and those in management in the healthcare profession the mindset to make assertive decisions with conviction to influence others in a positive way. Assertiveness is a life skill which benefits every area of a person's life. During the workshop they will be able to distinguish between aggressive, assertive and passive behaviour. An assertiveness self-assessment will be conducted and a personal SWOT analysis which will give clear indications as to areas requiring self-development. It has become evident from training over the past few years that senior personnel in the health care sector are quite lacking in self-confidence, despite their clinical competencies and confidence. They feel they don't know how to say 'No', how to have those difficult conversations or how to influence and lead their staff. This training will greatly benefit the participants in handling difficult situations within the workplace as managing conflict at all levels is an everyday occurrence.		

Date	Programme	Fee	CEUs
Mar 4	**Subcutaneous Administration of Fluids**	**€90 members; €145 non-members**	**5**

This course will educate participants on the administration of fluids by the subcutaneous route. The course will cover topics such as awareness of the nurse/midwife's accountability when undertaking this role, the identification of indications for subcutaneous infusion, suitable sites used for subcutaneous infusions, identification of fluids most commonly used in subcutaneous infusions. It will be necessary for each nurse and midwife attending to ensure that they abide by their local policy on subcutaneous administration fluids in their place of work and to have undertaken the management of anaphylaxis course (within the last two years).

Mar 4	**Academic Writing and Research Appraisal Simplified**	**€90 members; €145 non-members**	**5**

This programme will introduce participants to a range of skills which are essential when completing academic studies. It will explore evidence-based practice, which provides nurses and midwives with a method to use critically appraised and scientifically proven evidence, thus ensuring that practice is based on the most up-to-date appraised evidence.

Mar 24	**Introduction to Change Management for Nurses and Midwives**	**€90 members; €145 non-members**	**4.5**

The aim of this course is to enhance the understanding of nurses and midwives of change management and strategies to improve the potential for successful change initiatives. Change is a constant in life, no more so than in the health service. This programme is an introduction for nurses and midwives to key concepts related to change management. The programme aims to enhance participants' understanding of change management and strategies to improve the potential for successful change initiatives. The programme will include the following topics: the nature of change, leading change, initiating change, understanding and managing resistance, change models, the importance of communication and the role of stakeholders.

Mar 24	**Training Delivery and Evaluation**	**€550 members; €875 non-members**	**31**

This is the first day of this five day module 6N3326, which is QQI Level 6 approved. For members wishing to avail of the early bird rate they must book prior to February 20, 2020 (otherwise the fee is €625). Please note places are limited so early booking is advisable. For more information see *page 32* or at Tel: 01 6640642

Mar 25	**Assessment and Care Planning in Residential Care Settings for Older People**	**€90 members; €145 non-members**	**5.5**

This programme provides nurses caring for older persons with the most up-to-date information regarding policy and standards. It will focus on the need for comprehensive assessment, including risk assessment and care planning for older people in residential care settings. Participants will be provided with practical tips on how to prepare for and carry out a comprehensive assessment of a new resident in a nursing home, enabling them to develop a person-centred care plan. The programme will outline the appropriate steps for writing a person-centred care plan, how to conduct a review of an individual's care plan, and how to update it in accordance with changing needs.

Mar 26	**Competency-based Interview Skills**	**€90 members; €145 non-members**	**5**

This programme assists participants to prepare for a competency-based interview, which is based on the premise that past experience can predict future behaviour. This is an increasingly common style of interviewing that enables candidates to show how they would demonstrate certain behaviours and skills in the workplace by answering questions about how they have reacted to, and dealt with, previous workplace situations. The programme will provide an overview of curriculum vitae development and will outline the steps in the interview process. Role play will be used to ensure that participants are able to communicate their knowledge and experience effectively for any future interviews.

Apr 7	**Strategies for Managing Conflict**	**€90 members; €145 non-members**	**6**

This programme presents a practical approach for dealing with conflict. Using group work, self-evaluation and case-study based discussion, it will demonstrate the knowledge, skills and confidence needed to intervene at an early stage to resolve conflict situations before they escalate. Managed in the wrong way, real and perceived differences between people can spiral out of control. Conflict is not necessarily destructive; managing conflict effectively may result in positive outcomes such as new ideas and the development of positive communication, active listening and problem solving skills. Developing and maintaining positive relationships and the ability to deal with difficult people and situations is an essential skill for the work environment.

Date	Programme	Fee	CEUs
Apr 21	**Peripheral Intravenous Cannulation**	**€90 members; €145 non-members**	**4**
	This course will provide instruction on the sites used for peripheral intravenous cannulation, identification of the criteria for evaluating a vein, and guidance on adhering to the principles of an aseptic technique and techniques for reassuring the individual in relation to the procedure and to gain their consent. It will be necessary for each nurse and midwife attending to ensure that they abide by their local policy in their workplace on peripheral intravenous cannulation and hold the following certificates: hand hygiene training, management and administration of Intravenous drugs and the management of anaphylaxis (all within the last two years).		
Apr 22	**Incident Reporting and Investigation**	**€90 members; €145 non-members**	**6.5**
	This programme enables participants to implement an effective system of incident reporting and investigation. Participants will be shown how to complete accurate incident reports and investigations using tools such as the '5 whys' and root cause analysis. The programme will also cover how to analyse incidents on a scheduled basis as part of a continuous improvement approach. Professional and legal requirements for incident reporting and investigation based on regulations and best practice guidance will be outlined in detail. The programme will include a group exercise whereby participants can practise completing an incident report.		
Apr 23	**Leg Ulcer Study Day**	**€90 members; €145 non-members**	**5.5**
	This programme enables participants to distinguish between the different causes of ulceration and associated pathophysiology and also epidemiology, risk factors and assessment. It provides participants with an opportunity for continuing professional development to ensure that their practice is founded on the latest research and guidance. The programme will involve a practical aspect whereby various compression bandages and techniques will be presented as well as a demonstration on the use of a Doppler for assessment of the lower limbs. Psychosocial issues and the impact of living with a leg ulcer on the person's day-to-day life will also be explored.		
Apr 28	**Understanding and Managing Burnout and Work Engagement for Nurses and Midwives**	**€90 members; €145 non-members**	**TBC**
	Do you understand the nature of change or how to effectively manage change to ensure the best possible outcomes? This course introduces participants to key concepts and approaches to change. It explores the importance of managing people and understanding resistance.		
Apr 28	**Mindfulness and Meditation for Holistic Nursing and Midwifery Care**	**€90 members; €145 non-members**	**5.5**
	We invite all nurses and midwives to learn mindfulness for their personal and professional use. Many scientific researches have proven across the globe that practice of mindfulness brings measurable physiological changes in the brain called neuroplasticity. Practitioners report improved general sense of wellbeing and less stress and pain. We will explore the process of psychosomatic illnesses and how we can help our patients during difficult times. Therapeutic use of mindfulness techniques such as turning towards the symptoms, pain, anger, fear, anxiety, depression, discomfort, instead of fighting the pain and wishing it goes away experiencing the pain as it is without adding or trying to subtract the pain. Mindfulness based practices are part of national healthcare system in many countries. Let's reduce suffering and bring peace in our health care system.		

Canmarket

Retirement Planning Seminar

Tuesday, February 4, 2020

The Richmond Education and Event Centre,
North Brunswick Street D07 TH76, **Dublin**

€10 for INMO members, €45 for non-members *(non-refundable)*

This day, designed specifically for nurses and midwives, offers the most up to date information if you are contemplating retirement. The programme covers superannuation, AVCs, investments, tax and money saving tips – for more information log on to **www.inmoprofessional.ie**

Education programmes coming to our Cork office

Date	Programme	Fee	CEUs
Feb 11	**Management Skills for Clinical Nurse Managers and Staff Nurses**	**€90 members; €145 non-members**	**5.5**

This programme outlines the key competencies required for ward managers to be effective in their roles as leaders and managers in healthcare delivery. It will explore both management and leadership functions and how these are applied in practice so as to promote quality and safety of care. Topics covered include: management principles and competencies, team building, delegation and clinical supervision. Participants will gain effective management competencies that can be applied in the workplace to promote quality and safety in healthcare delivery.

Mar 3	**Falls: Prevention, Management and Review**	**€90 members; €145 non-members**	**5.5**

This programme promotes a consistent approach to falls reduction and management for older people through risk assessment, individualised care planning and post-falls review. It will outline causes and risks for falls and will assist participants to identify those patients or residents who are at risk of falls. Risk assessment tools such as FRAISE, FRAT and STRATIFY will be explored. There will be a focus on individualised care planning to mitigate falls and promote patient safety, and falls reduction techniques, with the aim of improving patient safety and minimising injuries in the older population. Participants will practise completing a post-falls review.

Mar 14	**Best Practice in Medication Management**	**€90 members; €145 non-members**	**5**

This programme supports nurses and midwives in providing safe, evidence-based practice in the area of medication management. It will cover topics such as the key principles of medication management, the medication management cycle, management of controlled drugs and medication safety. It will also explore relevant policy and legislation and will present scenarios in order to illustrate the various principles. Participants will have the opportunity to update their knowledge in line with NMBI and HIQA requirements for medication management.

Apr 7	**Phlebotomy**	**€90 members; €145 non-members**	**4**

This programme provides participants with the skill and theory to perform phlebotomy in a competent and safe manner. It will cover topics such as sites used for phlebotomy, criteria for evaluating a vein, principles of an aseptic technique as well as complications that may arise during and after the procedure. Guidance will be given on how to reassure the individual in relation to the procedure and on gaining their consent. While this course will provide the necessary knowledge and skills to undertake phlebotomy, it will be necessary for each nurse and midwife attending to ensure that they abide by their local policy on phlebotomy in their place of work and hold an up to date hand hygiene training certificate (within the last two years).

Apr 22	**Assessment and Care Planning in Residential Care Settings for Older People**	**€90 members; €145 non-members**	**6**

This programme provides nurses caring for older persons with the most up-to-date information regarding policy and standards. It will focus on the need for comprehensive assessment, including risk assessment and care planning for older people in residential care settings. Participants will be provided with practical tips on how to prepare for and carry out a comprehensive assessment of a new resident in a nursing home, enabling them to develop a person-centred care plan. The programme will outline the appropriate steps for writing a person-centred care plan, how to conduct a review of an individual's care plan, and how to update it in accordance with changing needs.

Enablement of the Older Adult with Chronic Disease

This practical and insightful workshop will aid nurses understand and enable those living with chronic illness to feel empowered and more hopeful about the challenges ahead. The workshop is organised by the National Care of the Older Person Section and the Section's AGM will follow the workshop.

Date: Tuesday, January 28, 2020

Time: 10am-12.30pm *(registration 9.45am)*

Venue: INMO Cork Office, Sheraton House, Hartland's Ave, The Lough, Cork T12 DK22

Fee: €40 members; €75 non-members

This workshop will be facilitated by ANP Mary J Foley. Her clinical role involves complex case management in rehabilitation, ambulatory and continuing care. She is based in the assessment and treatment centre in St Finbarr's Hospital in Cork where she has a pivotal role in specialist clinics including Parkinson's, stroke follow-up, continence advisory and memory intervention and support. To book log on to **www.inmoprofessional.ie** or call Tel: 01 6640618

RECENT LITERATURE

This month the library team provides a round up of new papers and research relevant to nurses and midwives also looks at some CPD articles on a variety of topics

Journal articles

Teamwork: O'Donovan R et al. Safety culture in health care teams: A narrative review of the literature. Journal of Nursing Management 2019; 27(5): 871-883

Palliative care: Hayden K et al. Palliative radiotherapy: what do nurses know? British Journal of Nursing. 2019; 28(18)

Leadership: McCarthy V et al. Perceived importance and performance of clinical leadership in practice: A cross-sectional study of nurses and midwives of all grades. Journal of Nursing Management. 2019; 00: 1-9

Emergency nursing: McCabe C et al. The introduction of the Early Warning Score in the Emergency Department: A retrospective cohort study. International Emergency Nursing. 2019; 45 31-35

Care of the older person: O'Reilly P et al. Key stakeholders' perspectives on the development of a national transfer document, for older persons, when transferring between the residential and acute care settings: A qualitative descriptive study. International Journal of Older People Nursing. 2019; 14(4)

Intellectual disability: Kelly AM. Constipation in community-dwelling adults with intellectual disability. British Journal of Community Nursing. 2019; 24(8): 392-396

Nursing workforce: Griffths P et al. Association between 12-hr shifts and nursing resource use in an acute hospital: Longitudinal study. Journal of Nursing Management. 2019; 27(3): 502-508

Community nursing: Chamberlain D et al. Facilitating an early career transition pathway to community nursing: A delphi policy study. Nursing Open. 2019; DOI: 10.1002/nop2.355

Reports

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Pictured (l-r) at ADC 2019 were: Edward Mathews, Director of Professional and Regulatory Services, Mon Hoi Tan, Hazel A Smith, award winners, Steve Pitman, Head of Education and Professional Development.

For more information contact:
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Quality & Safety

A column by Maureen Flynn

Introducing National QI Team self-evaluation guide

THIS month we are focusing on the important topic of QI evaluation. The HSE National QI Team recently shared a guide for self-evaluation with an accompanying workbook. This was developed following co-design work between the National QI Team and the Centre for Effective Services. The guide was designed specifically for the National QI Team but equally can be adapted and used by nurses and midwives working on any QI project.

Evaluation

Evaluation differs from monitoring in that it goes beyond routine collection of information, such as measures of improvement gathered as part of continuous improvement cycles, to get a broader understanding of context and complexity. Evaluation is generally understood to be a planned investigation of pre-determined questions about the impact of an innovation, how well it is being run, and what could be improved. An external, independent evaluation is an evaluation that is carried out by a third party, not associated with or affiliated to the design or implementation of the innovation being evaluated.

Self-evaluation means using your own staff, skills and resources instead of external evaluators to carry out the evaluation. Self-evaluation is less costly than commissioning an external consultant or agency. It can also have the advantage of tapping into in-depth knowledge of how an innovation works and the needs of service users.

Why undertake QI evaluation

Undertaking an evaluation can help in several ways:

- Accountability: Organisations can use the findings to demonstrate to funders, and other stakeholders, what they are doing and how well they are doing it
- Support decision-making and planning: organisations can use the findings to decide if innovations should be continued, improved, expanded or curtailed
- Learning and continuous improvement: an evaluation can answer questions about what works and why it works.

Deciding on evaluation type

Often for evaluation, we need to collect additional data so that a more in-depth understanding of how and why something worked, or didn't work, can be developed. Evaluations conducted at the beginning of an innovation or when a new initiative is just starting are sometimes called formative evaluations. Formative evaluations are about taking stock of progress as you go along. A formative evaluation can provide information on how an initiative can be developed or improved.

Evaluations that take place at the end of an innovation or when an initiative is concluding are sometimes called summative evaluations. Summative evaluations are about summing up what was achieved. A summative evaluation should only be considered when an initiative has been running long enough to be properly implemented and can demonstrate results.

There are different ways you can monitor and evaluate your QI work and deciding on the most appropriate way requires some deliberation. There are three main options:

- Use QI project measures to monitor your project success
- Commission an external evaluation by an external/independent evaluation team
- Conduct a self-evaluation, which will require you to conduct more in-depth data analysis than option A and use your own resources instead of external evaluators.

The guide contains a 'decision tree' to help you to decide whether self-evaluation is appropriate for your QI project. In many cases good PDSA and project measures are sufficient to understand whether a project/innovation was successful. However, evaluation goes beyond these measures to get a broader understanding of the context and complexity of the innovation being implemented. Therefore, while good project measures will likely be used in the evaluation, additional data nearly always needs to be collected.

Opportunity to get involved

Are you part of a QI project team or thinking about undertaking a QI initiative in your area of practice? At your next team, ward, department or clinic meeting you might like to talk about evaluation. This guide takes you through six steps for self-evaluation.

Templates of useful tools to inform your decision-making about your evaluation project are included. The templates have been partially completed, using a QI project undertaken with the HSE Directorate project as an example, to show how the tools and templates can be used.

Blank templates are included in the workbook and it is anticipated that you complete the templates included in the workbook in planning the evaluation of your project.

More information

The guide, the workbook and links to helpful resources can all be found at: **www.qualityimprovement.ie**

Maureen Flynn is the director of nursing ONMSD, QI Connections Lead, HSE National Quality Improvement Team

Acknowledgement: Many thanks to Aisling Sheehan and Claire Hickey from the Centre for Effective Services for their expertise in supporting the National QI Team in developing this guide. A particular thanks to my colleagues Nicola O'Grady, Jennifer Martin for sharing information and assistance in preparing this column. Also to those on the co-design team Caroline Conneely, Veronica Hanlon, Gemma Moore and the many other members of the National QI Team who participated in workshops and provided feedback on the Guide and Workbook as they were developed

Influencing the future

INMO student and new graduate officer, **Neal Donohue,** reports from the European Nursing Students Association AGM in Athens

THE European Nursing Students Association (ENSA) annual general meeting (AGM) was held in Athens on October 17 and 18. I represented the INMO as student and new graduate officer, alongside Emma McGorman, INMO Western Youth Forum representative and outgoing ENSA board member. Twenty-two delegates from across Europe attended the conference.

Central to the agenda was the collective drafting of a statement on quality of nursing education in Europe with specific reference to EU Directive 55, Annex V. We had robust and lively debates regarding the standardisation of nursing and midwifery education across Europe. On the first day, delegates from ENSA also attended the European Federation of Nurses Professional Committee and met with various national nursing associations to discuss the future development of ENSA.

On the second day, delegates were addressed by Howard Catton, CEO of the International Council of Nurses (ICN). Mr Catton emphasised the importance of nursing and midwifery leadership and asked that all ENSA delegates promote the Nursing Now campaign, which aims to improve global health by raising the profile and status of nurses worldwide – you can show your support for Nursing Now in Ireland at **www.nursingnowireland.ie**

The motion put forward by the INMO at the ENSA AGM focused on the wellbeing of student nurses and midwives during their participation in the undergraduate degree programme. High standards of education are vital to ensure that our professions develop and adapt to healthcare trends and the needs of patients/service users. However, while a student endeavours to learn and work towards taking care of others, it is imperative that they first learn to take care of themselves and are supported in doing so by higher education institutions and associated healthcare providers. The occupational risks associated with nursing and midwifery are well established and can have a negative effect on general wellbeing. More must be done to protect the next generations of nurses and midwives and create a more positive work environment. Delegates voted strongly in favour of accepting the motion and the following proposals were approved:

Delegates pictured at the ENSA AGM in Athens

- ENSA should support and facilitate student nurses and midwives in each national nursing association to conduct bespoke research throughout Europe in order to assess experiences of undergraduate programmes and highlight the specific challenges these students face
- ENSA should use the findings of this research to begin an international campaign for better supports for student nurses and midwives, targeting the specific challenges identified in the research
- Taking account of the existing evidence base, ENSA should campaign to ensure that all higher education institutions and associated healthcare providers implement comprehensive and explicit support systems that are underpinned by policy to ensure the opportunity to assist students with their wellbeing needs is maximised in all countries. This should include the availability of counselling and psychotherapy supports in clinical placement sites and colleges, and bespoke information and education for nursing and midwifery students. Structures and practices currently in place that create obstacles for the wellbeing of student nurses and midwives should also be challenged, eg. mandatory minimum hours (European Union Council Directive 2013/55/EU)
- ENSA should support the next generation of nurses and midwives in challenging preconceived ideas regarding mental health in both professions, removing stigma and encouraging help-seeking behaviours, leading to the development of positive coping strategies, enhanced self-care and a more supported workforce.

There is tremendous value in engaging with nursing and midwifery students and student reps from other countries. It was interesting to learn that the national nursing and midwifery organisations of other countries do not offer the same opportunities for students as the INMO does.

INMO student members can have their say both at local and national level through the INMO Student Section. Any students or new graduates who wish to get involved with the Section and youth forums can do so by contacting me by email at neal.donohue@inmo.ie

Neal Donohue is the INMO's student and new graduate officer. If you have a question about this article or need support or further information, you can contact him at the above email address or at Tel: 01 6640628

Transforming care:

Stopping the demand for orphanages

Mark Malone outlines the shift in policy and practice from supporting orphanages towards enabling family and community-based care

IRISH nurses and midwives have a proud and long-established tradition of international volunteering and contributing to global health. The INMO supports good practice in international volunteering and is committed to a vision of international volunteers working in solidarity for a just, equitable and sustainable world. The INMO is affiliated to Comhlámh.

Comhlámh (pronounced 'co-law-ve', Irish for 'solidarity') is a member and supporter organisation open to anyone interested in social justice, human rights and global development issues.

More than eight million children are living in orphanages around the world today and research shows that over 80% of those children have at least one living parent. These stark figures are just one reason why Comhlámh is working to change volunteering in orphanages.

INMO members, health workers and medical practitioners are skilled and trained professionals and many consider volunteering overseas. However, most volunteers in orphanages are unskilled and untrained. Many of those volunteers feel it takes little skill or experience to show comfort to a child, to kick a football or to help with drawing.

Volunteering in orphanages might seem a positive act from the perspective of a single volunteer experience rooted in goodwill, however our evidence is clear about the damage surrounding orphanage care, independent of the volunteers' training. We are supportive of skilled health and education professionals volunteering as part of a transition process – but only those with high level of expertise in supporting family and community-based care services and who are trained to work with traumatised children. Responsible and responsive volunteering doesn't centre around the volunteer. Children's care needs to be child focused rather than volunteer focused.

The launch of 'Children First : Global Perspectives on Volunteering in Orphanages and Transforming Care' , a report produced by Comhlámh and the Volunteering and Orphanages Working Group at the Mansion House in Dublin earlier this year

In May this year we launched our report *Children First: A Global Perspective in Volunteering in Orphanages and Transforming Care*. This was produced by Comhlámh and the Volunteering and Orphanages Working Group. The research shows a global industry of orphanages – hundreds and thousands around the globe – that at best leads to poor emotional, educational and developmental outcomes for children. At its worst this includes organised trafficking and abuse of children for profit.

The negative effects of institutional care on children's development, including the risks of long-term physical and psychological harm, are well documented. Children who have grown up in institutions often exhibit significant cognitive and developmental delays. With regard to brain development, the Bucharest Early Intervention Project found that young children brought up in institutions had considerably under-developed brains when compared to those placed with foster families.

Studies have also researched the effects of institutionalisation on the physical development and health of children, including being below average weight, height and head measurements, as well as having hearing and vision problems, experiencing motor skill delays and missing development milestones. Health issues and disabilities can be further exacerbated by or result from institutional care.

Children with experience of institutional care in early life are at further risk of developing attachment disorders. Children living in institutions may be extremely vulnerable, not least because many experience ongoing trauma due to separation from their families. Institutions are often characterised by low staff-to-child ratios, a high turnover of staff (including volunteers), and limited contact with parents or family members. As a result, children with experience of institutional care can struggle in developing healthy social relationships and may present with attachment disorders and unhealthy behaviour, including arbitrary overfriendliness and uninhibited responses, or severe reactions to strangers.

Not only are children in orphanages denied the parental bond, but they are also

often separated from their siblings and the wider family network, and experience high levels of social isolation.

International volunteering in orphanages is now recognised as increasing the harm caused by and perpetuating the problem of institutional care. Children living in institutions may be extremely vulnerable, not least because many experience ongoing trauma because of separation from their families. Volunteers often do not have adequate knowledge and professional skills to respond appropriately to their needs.

Research also shows that the practice of international volunteering in orphanages in the developing world has become so popular that it is creating a demand, leading to the unnecessary separation of children from their families and communities.

Volunteering in institutions provides a funding stream, creating a market and a demand for children to populate orphanages to ensure the continued flow of international money.

International volunteering in orphanages presents significant child safeguarding issues. The majority of people have good intentions but may not realise that many of the institutions are putting the children at increased risk of abuse and exploitation by normalising access to vulnerable children. Predators looking to access children often specifically target orphanages. State authorities and NGOs have identified significant links between volunteering and child sex tourism due to the particular vulnerability of children.

Increasingly there is a global shift in policy and practice away from supporting orphanages and towards enabling family and community-based care, where the best interests and rights of the child can be better protected.

International child protection specialists including Save the Children and UNICEF, as well as civil society organisations and trade unions, are all playing a role in transforming how we care for children. You can play your part today by signing up to take our Volunteering in Orphanage pledge here at: **http://bit.ly/INMOvolunteers**

With more than 40 years of experience, Comhlámh supports people through their journey in international development work, both as development workers and volunteers. Volunteering plays a key role in strengthening civic engagement, promoting social inclusion, deepening solidarity, building resilience in the face of multiple humanitarian challenges and ensuring widespread participation in development. If you would like to learn more about Comhlámh please find us at the following:

- Become our friend at: **www.facebook.com/Comhlamh**
- Follow us at: **www.twitter.com/Comhlamh**
- Our website is at: **www.comhlamh.org**

Mark Malone is the communications officer at Comhlámh

Messages for mothers

Women's health after motherhood is an area that has been neglected in Ireland for too long. **Deirdre Daly** and the MAMMI study in Trinity College Dublin are aiming to address this

THE global maternal health agenda acknowledges that women's quality of life, health and wellbeing in later life are a culmination of the earlier phases of life,[1,2,3] and focuses on the need to view women's health in life-course terms and enabling them to thrive, not merely survive.[4,5] It also calls for a recognition of the spectrum of maternal morbidity, identifying and measuring non-severe, ie. non-life-threatening, morbidity.[6]

Background

The Maternal health And Maternal Morbidity in Ireland (MAMMI) study (**www.tcd.ie/mammi/**) was set up in 2011 to identify the existence and extent of morbidities in first-time mothers before and during pregnancy, and up to one year postpartum. It was established because no data are routinely collected or reported on women's health after they leave maternity hospitals in Ireland. This means that there is a national silence around postpartum health issues, and this can lead women to believe that these issues are simply a consequence of pregnancy and birth, to be endured.

A total of 3,047 women were recruited to the MAMMI study, and findings show that the overall scale of the problem is far greater than is generally recognised, with many women experiencing at least one health problem before pregnancy. One in three women experienced urinary incontinence,[7] two in three experienced sexual health problems[8] and one in two experienced lumbopelvic pain.[9]

One in four women experienced three or more health problems.[9] Postpartum, more than one in two experienced urinary incontinence, almost two in five experienced dyspareunia,[8] and one in six experienced pelvic girdle pain. However, many women do not know that these problems, while common, are not normal and can be prevented and treated, so some do not seek help.[10,11] Many women also told us that they gained new information and insights into their own health and wellbeing, and benefited personally, simply from taking part.[12]

The national silence has also contributed to a lack of awareness and understanding about the clinical and economic impact, and the burden on women and their families, of postpartum health issues.

This was the inspiration behind the development of a Massive Open Online Course (MOOC) and a suite of resources on Women's Health after Motherhood. We developed the course and resources with mothers, women in the MAMMI study, and with women's health physiotherapists, midwives, mental health and sexual health experts. The content was built around what women told us they wish they had known about their postpartum physical and mental health.

These resources are for women, their partners, and for healthcare professionals to use to complement their practice. They are available in English and Spanish, and will be available in Dutch in 2020.

Course content

Women's Health after Motherhood is a four-week online course, structured in one-hour modules, that aims to address the knowledge gaps that surround women's postnatal health, and improve women's health by providing them, their partners and healthcare professionals with easy-to-access, free, evidence-based educational content. It shares strategies to enable women to look after their bodies and minds during the postpartum period and know when to seek professional help, if needed. Each week contains the voices and experiences of women, videos, articles, downloadable infographics and leaflets, and links to additional materials.

Week 1: Maternal health and returning to exercise

In Week 1 myths and misconceptions about maternal health are challenged in a 'bias-buster' quiz, an interactive infographic that addresses health problems that are common but not normal, and offers tips on how to prioritise health postpartum. This week also looks at returning to activities and exercise, highlighting the importance of pelvic floor health and recovery, and providing an 'Exercise Timeline' as a guide for returning to exercise postpartum.

Week 2: Staying continent

Week 2 focuses on maintaining pelvic floor health. Women's health physiotherapists Cinny Cusack and Niamh Kenny discuss the science behind urinary incontinence, the different types of incontinence and the causes, how the bladder works and the impact of urinary incontinence on women's quality of life. It includes a coached pelvic floor muscle exercise task, which

Personal stories from women who took part in MAMMI

Moira's story: I signed up to the MAMMI study in 2012, early in my first pregnancy. Every survey from then to the five-year follow-up in 2018 asked me questions nobody else asked and that made me feel listened to and valued. Participating in the creation of the MOOC has been an opportunity to begin a truthful conversation about the impact of pregnancy, birth and motherhood on women. Society has extremely high expectations of new mothers. Women are expected to bounce back to "normal" quickly after birth without having much information about what they might experience, what strategies may be beneficial and who can help with different issues. The support structures that can alleviate some of the pressures of parenthood are often lacking. Social media portrays motherhood in an artificial light and puts pressure on new mothers to aim for something unrealistic. Advice is plentiful and even though the majority of it is well intentioned, very little of it is evidence-based. On the flip side of that coin women are told they should not expect much. The common message is that a healthy baby is all that matters. Women's experience of birth and transitioning to motherhood is considered by many to be of much lesser importance or even insignificant. As a society we should aim for much higher and this free online course can play a huge part in bringing about that change. The MAMMI team really listened to over 3,000 mothers. Just imagine the positive impact on women's lives, and the knock-on benefits for society as a whole, if all new mothers were listened to in this way, valued, given evidence-based information and provided with practical and useful help. I am proud to have played a small part in this project and I am excited by what it could mean for women going forward.

Ellen's story: I got involved with the MAMMI study for no other reason than I enjoy doing surveys. like the idea of my opinion being part of a wider set of statistics, and that I can't give out that it was not representative of people like me when I have provided input. I kept filling out the MAMMI surveys because they gave me something that I wasn't getting elsewhere; compassion on a chunk of paper and thought-provoking questions that did more for me than I could indicate on the Likert scale of Disagree to Agree. I am compelled to ensure that the survey results contribute more to motherhood than the facts and figures that have been so lacking in our story. While it is wonderful to be able to say, "You, mother, are not alone in your loneliness, in the changes to your body, in the overwhelm." It's about time we had the MAMMI study, to be able to comfort mothers, but it is not enough. Mothers need resources and the next generation need resources, and that's why I was delighted to develop this course with the MAMMI study team. Filling out the survey, taking time to reflect and realising that I am as important as the baby that I have brought into this world has been life changing for me. I am not sure what might have happened to me had I not gotten the opportunity to express myself through the MAMMI study. I am a mother, a wife, a daughter, sister, aunt and colleague. I have grown into my new role and enhanced all of my other roles alongside that. I hope that every mother in Ireland in the future can have a better transition to motherhood, not through ground-breaking technology or equipment but through time, thought and compassion and, now, these resources.

has visual and auditory feedback, to help women do pelvic floor muscle exercises and complete a full routine correctly. There are downloadable editable pelvic floor muscle exercise trackers, providing beginner to advanced levels that are tailored to the woman's ability, and a habit-building infographic to help women view pelvic exercises as integral to their overall health.

Week 3: Mental health and wellbeing and advocating for yourself

Week 3 encourages women to speak up for themselves and their health, and focuses on breaking the stigma and silence around mental health or other sensitive issues. Perinatal psychiatrist Dr John Sheehan and mental health expert Prof Agnes Higgins discuss postpartum anxiety and depression, and life strategies and techniques that help achieve and maintain mental wellness.

Week 4: Sexual health and relationships

Our final week looks at relationships, both intimate and social, and building social support networks. Dr Deirdre O'Malley discusses what women said about returning to sexual intimacy, sexual health problems and how to ask for professional help, and Emily Power Smith, clinical sexologist, offers advice on choosing lubricants. Sarah Benson, director of Women's Aid Ireland, explores domestic violence, intimate partner violence and coercive control, and how to support yourself or a friend.

Conclusion

Our hope and wish for women as mothers is that they use these resources and this course to become informed, and help themselves maintain, or take back, control of their health and wellbeing. We hope that by working together as genuine partners, women and maternity care professionals begin to break the silence on health problems that are common but not normal during motherhood. Our ultimate goal is that these trustworthy resources help women thrive, and not just survive.

Women's Health after Motherhood is open until December 26, 2019, and will run again from January 20, 2020, see: **www.futurelearn.com/courses/womens-health-after-motherhood**

The online course creates a community of learners, where women and others can offer support to one another. The resources are also available to access, download and share with women on the MAMMI study website, see: **www.tcd.ie/mammi**

Deirdre Daly is assistant professor in midwifery at the TCD School of Nursing and Midwifery, Susan Hannon is a PhD candidate, Kathleen Hannon is a research assistant, Patrick Moran is a senior researcher on the MAMMI study. Ellen McEvoy and Moira McLoughlin are MAMMI study participants

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Classroom questioning? Ask the audience

Colette Lyng and Paul Mahon describe an online tool aimed at encouraging student participation in the classroom

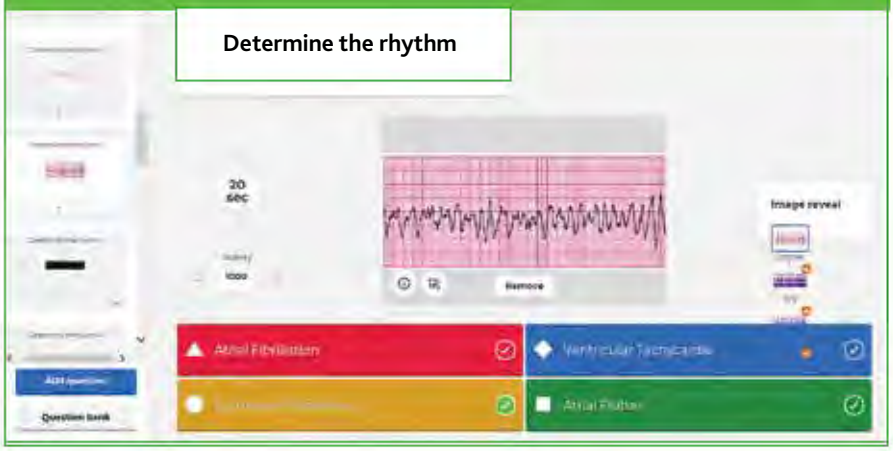
WE CAN all recall a time when we have felt put on the spot having been asked a question in front of a group of people. While generally we are able to answer the question or have the capacity to acknowledge that we can't, we may nevertheless be instilled with a fear of being seen as 'stupid', 'an imposter' or a 'know it all'. This feeling can occur in both clinical and classroom contexts.

Classroom questioning is a common teaching and learning strategy, not only in nurse and midwife education but in almost all classrooms at all levels worldwide. While there are benefits to classroom questioning,[1] many students are reluctant to answer questions in the classroom for fear of being judged by their peers. *Mahon et al*[2] and others[3,4] have previously discussed how issues such as psychological safety can negatively affect student engagement with traditional classroom questioning techniques. They suggest that technologies such as audience response systems offer an interesting, user-friendly alternative that can improve classroom learning through the promotion of psychologically safe classroom environments.[2,5] We used one such system – Kahoot! – to improve student engagement with classroom questioning at our hospital.

Audience response systems

Audience response systems encourage audience interaction by allowing everyone in a group the opportunity to respond to a question posed by a host.[2] Readers may be familiar with the concept through television game shows such as 'Who Wants to be a Millionaire' or 'I'm a Celebrity... Get Me out of Here'. There are many types of audience response systems available free online that can be used in the classroom. Kahoot! allows an instructor to create various types of multiple-choice questions (MCQ),[2,6] choose the length of time students have to answer, decide on a number of possible responses and add images *(see Figure 1)*. The question is then displayed on-screen and students answer anonymously using their own smartphone, laptop or tablet device.

Figure 1: Screenshot of a question on Kahoot!



Unlike traditional classroom questioning techniques, this approach gives everyone in the class the chance to participate. After all answers are submitted, results are anonymously displayed in class. Students can see how they have performed relative to their colleagues and points are awarded for correct answers. Kahoot! can also award additional points based on a correct answer streak and speed of response, thus introducing a 'gamified' learning experience. As the answers reflect the collective knowledge of the entire class, this creates a psychologically safe environment where further discussion and learning can take place.[1,7]

Background

We are education co-ordinators at the Centre of Nurse Education (CNE) at a large Dublin-based academic teaching hospital. In addition to supporting the undergraduate training of nurses in conjunction with our undergraduate education partner, the CNE delivers an extensive range of in-house continuing education programmes and Level 9 postgraduate programmes in conjunction with our postgraduate academic partner.

While running a trial of Kahoot! during a postgraduate study day, we observed that students engaged with the technology, enjoyed the gamified learning experience and valued the immediate feedback. This led us to examine student attitudes towards classroom questioning and audience response systems in more depth. Notably, students identified that the audience response systems were fun to use (71%), made it easier to participate in class (93%) and helped them to learn (85%).[2] The positive reaction to Kahoot!, coupled with its ease of use, led us to introduce the system on a wider basis within our CNE. Here we describe some of the ways in which we have successfully used Kahoot!

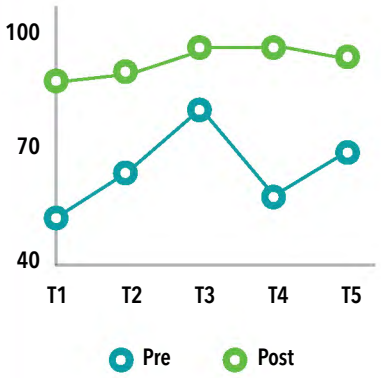
Examples of use

Perioperative foundation programme

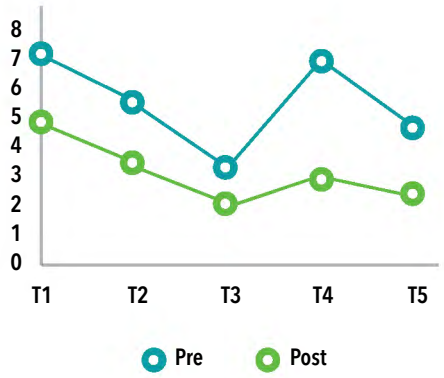
We recently added a foundation programme in perioperative nursing to our portfolio of postgraduate continuing

Figure 2: Pre- and post-study day quiz results

Pre- and post-study day MCQ results demonstrating increase in knowledge over time and after each study day



Time taken to answer questions pre- and post-study day demonstrating decrease in time taken to answer (in seconds)



education programmes. This 26-week programme uses a blended learning strategy incorporating five in-class study days, eLearning on the hospital's Moodle platform, as well as clinical teaching and learning. At the start of each study day, students are asked to complete a Kahoot! quiz on the content that will be covered that day. This gives the student an indication of their existing knowledge of the topics and highlights areas that may need more attention than others. At the end of the study day, students are asked to complete the same Kahoot! quiz to determine if their knowledge has changed.

Analysis of the pre- and post-study day results demonstrates that students learned something on each study day, retained this information over time and were able to retrieve the correct information quicker as the course progressed *(see Figure 2)*.

Recalling accurate information quickly is important in healthcare and being able to demonstrate this provided reassurance to educators, students and clinical staff that the course was of benefit. These findings have been replicated over successive intakes of this programme.

Kahoot! was also used to evaluate the pilot foundation programme in perioperative nursing. Some 83% of students agreed that pre-study day Kahoot! quizzes were very popular; 92% agreed that they liked the post-study day quiz; and 75% agreed that Kahoot! quizzes demonstrated what they learned.

Rhythm strip workshop

We have also used Kahoot! to facilitate, assess and reinforce learning in simulated situations, eg. an interactive workshop on the assessment, recognition and appropriate response to cardiac arrhythmias. Postgraduate students completed a Kahoot! quiz immediately prior to the class wherein they were required to identify cardiac rhythms. The students then participated in a one-hour interactive class, and two hours after the class finished they repeated the quiz. The number of correctly recognised cardiac rhythms increased from 60% to 73% with the time taken to diagnose the rhythm reduced by an average of four seconds from 13.75 to 9.65 seconds – an almost 30% reduction in answer time.

Academic writing day

Before the start of each academic year, our postgraduate education co-ordinators host an academic writing and referencing day. The purpose of this day is to refresh students' knowledge of the basic principles of literature searching, academic writing and referencing conventions. Kahoot! was used in the 'team mode' in this instance. In team mode, the instructor divides students into teams with one device assigned to each team, as opposed to each individual answering via their own device.

Questions relating to the principles of in-text referencing and reference lists were displayed on screen and teams were given time to discuss the question prior to answering. This promoted peer- and problem-based learning as well as teamwork.

Discussion

Kahoot! is one of many user-friendly audience response systems freely available online. Questions can be prepared quickly in advance of class and, if needed, quickly edited during class. Quizzes are stored online so they are accessible anywhere that has an internet connection. If Kahoot! is being used as part of a webinar, students can also answer the questions remotely. As the quizzes are reusable and self-correcting, they can save lecturers valuable time.

Students in our hospital enjoyed the Kahoot! approach to classroom questioning and participated willingly in the process, often reaching straight for their phones as soon as the words 'Kahoot! quiz' were mentioned. Although students played the quizzes anonymously, they were clearly watching their own performance relative to others and were able to do so in a psychologically safe way. Even in large groups, students appeared to be more willing to discuss wrong answers and seek clarification, possibly because the real-time results displayed on-screen showed that they were not the only person who arrived at the wrong answer. This process helped to facilitate peer-to-peer learning.

Conclusion

The traditional 'pose, pause and pounce' was never an ideal approach to classroom questioning, and in this modern age audience response systems may offer an easy, fun and effective alternative.[2] This article has detailed just some of the potential applications of audience response systems such as Kahoot! and has demonstrated how easy they are to incorporate into a classroom setting. We hope that by sharing our experiences, other nurse and midwife educators may find even more novel ways of using this technology.

Colette Lyng is a registered nurse tutor and Paul Mahon is a senior education co-ordinator, both at the Centre of Nurse Education, Beaumont Hospital

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Understanding delirium

It is vital for ICU nurses to have a strong knowledge of delirium in order to recognise it early and prevent its onset, writes **Biny Anoop**

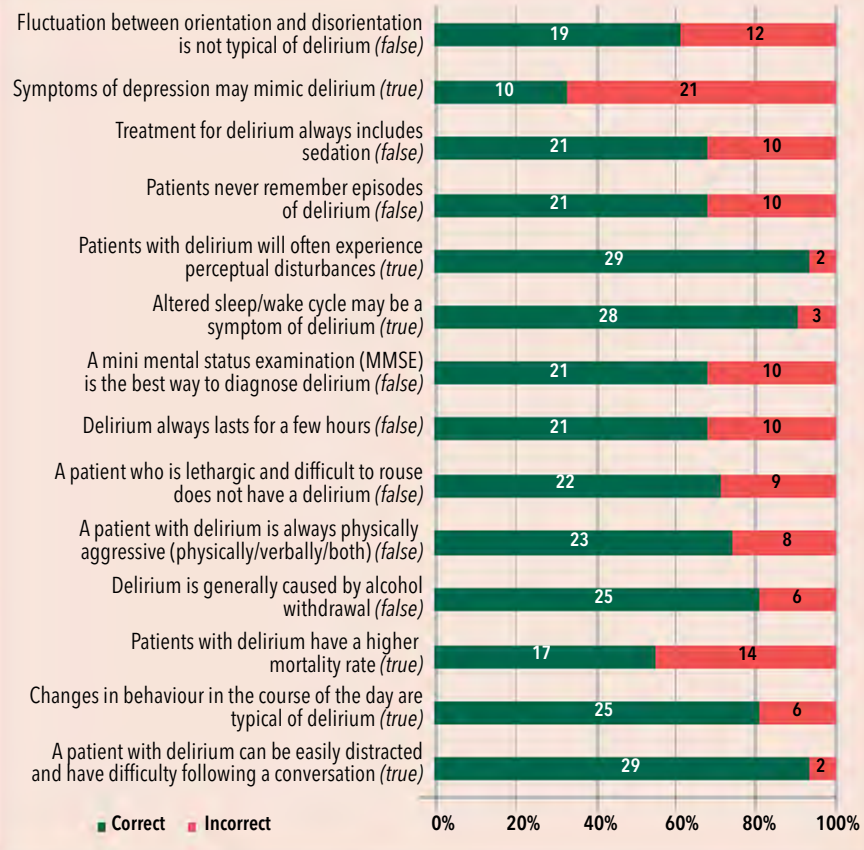
THE *Diagnostic and Statistical Manual of Mental Disorders* defines delirium as a disturbance of consciousness with inattention, accompanied by a change in cognition or perceptual disturbance that develops over a short period of time (hours to days) and fluctuates over time.[1]

In an intensive care setting, delirium can affect up to 80% of ventilated patients.[2] Delirium stems from risk factors broadly categorised into predisposing factors and precipitating factors.[3,4,5,6] Predisposing risk factors include dementia, advancing age, gender and impaired vision/hearing. The most common precipitating factors include exposure to medications (ie. sedatives, analgesics, midazolam and benzodiazepines) as well as sleep deprivation, dehydration and poor nutrition.[6,7,8] The presence of predisposing factors combined with precipitating factors further increases the chances of delirium.[9,10]

Nurses play an integral part in early recognition of delirium by virtue of their continuous presence at the bedside. However, the ability of ICU nurses to prevent or identify delirium depends on their knowledge of the condition. This study, conducted in 2016 in the ICU at a teaching hospital in Ireland, assessed nurses' knowledge of the general characteristics of delirium and its associated risk factors.

A quantitative descriptive research design using a self-report survey was used to conduct the study. A non-probability convenience approach was considered the most efficient and practical method of sampling all nurses (n = 55) working in the ICU. To minimise sampling bias, the inclusion criteria was all registered nurses working in the ICU selected for the project. The study excluded student nurses. The response rate was 56% (n = 31). Data collection was completed using a box ticking self-report survey. The questionnaire was adapted from *Hare et al*.[3]

Figure 1: Participants' general knowledge of delirium



Participants' qualifications and years of experience were examined; not surprisingly, all nurses with between one and five years' experience held a degree in nursing – the standard level for pre-registration nurse education In Ireland since 2002. Among nurses with more than 10 years' experience, 28% (n = 7) also held a master's degree in nursing, and nearly 20% (n = 5) had completed a postgraduate diploma in nursing. This indicates a highly qualified and professionally experienced group.

Nurses' knowledge of delirium: characteristics and risk factors

Nurses were asked to tick the correct definition of delirium from a multiple choice question. In addition to a core definition of delirium, nurses also answered 14 statements that elicited their general knowledge of delirium. For the combined

14 statements, the median percentage correct was 71.4% (accuracy ranging 36-93%). Over 75% of participants correctly defined delirium, a finding mirrored in a previous similar study.[11] Most nurses were also able to identify general features of delirium such as lethargy, impaired attention and perception, temporal disorientation. These findings were also reflective of previous studies.[3,12,13,14] Conversely, there was considerable variation in terms of nurses' knowledge of other features of the condition. In particular, only one-third of nurses knew that the symptoms of depression often mimic those associated with delirium and only half of nurses linked delirium with increased mortality rates, suggesting a need for further training and support for staff. *Table 1* details the accuracy of nurses' knowledge for each item based on the entire group.

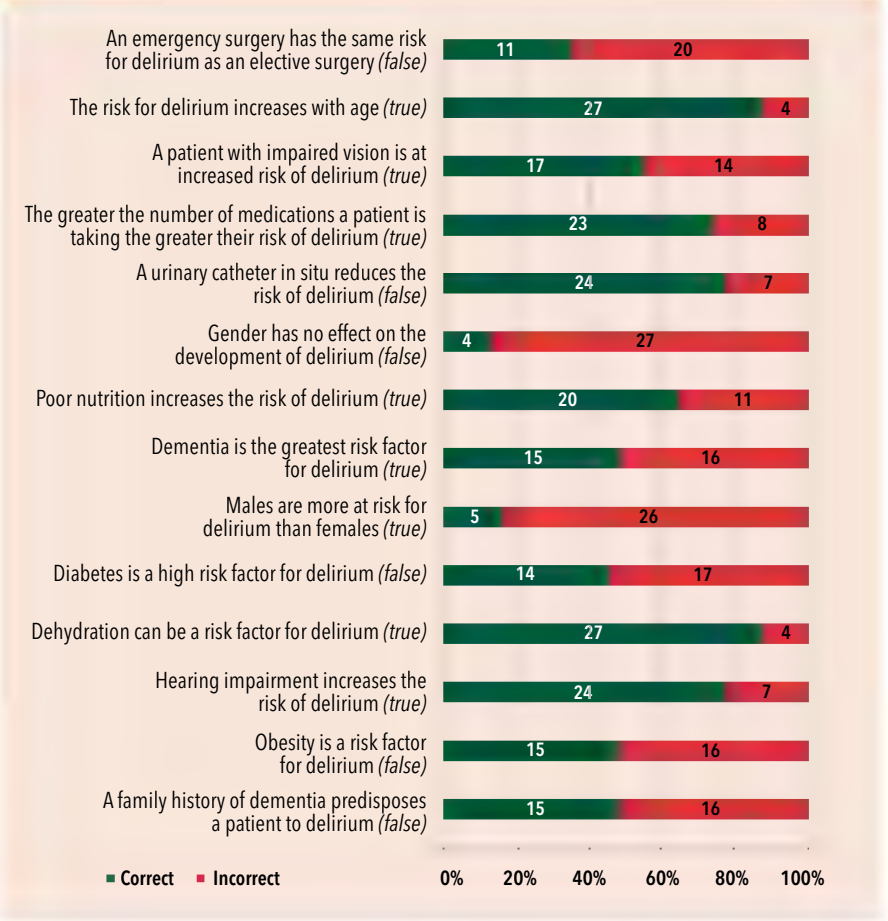
The questionnaire also assessed the participants' knowledge of risk factors of delirium (*see Table 2*). The median percentage correct (for all 14 items combined) was 57% (accuracy ranging from 35-86%), a lower accuracy level than on the general knowledge component of the survey. A significant number of nurses were unaware of several established risk factors such as dementia (48%), family history (48%), nutrition (35%) and presenting patient type (36%).

Specific aspects of nurses' knowledge of associated risk factors with delirium was also varied. Increased number of medications, invasive tubes, dehydration and hearing impairment were clearly understood. However, only half of the group was aware of the association between impaired vision and increased risk of delirium. Even fewer understood that the presence of dementia is considered one of the highest risk factors for delirium and incorrectly believed that a family history of dementia predisposes a patient to delirium.

Some authors argue that this lack of knowledge is due to the lack of emphasis by nurses on evidence-based practice in the management of delirium in ICU settings,[14] while *Devlin et al* point to nurses' perception that delirium is not a condition that needs to be prioritised in the ICU.[12]

Another risk factor for delirium that went unrecognised by most of the participants was gender. Men are more prone to develop stroke, hypertension and other cardiovascular diseases than women[15,16] and consequently in the ICU setting, men have a higher tendency to develop delirium due to pre-existing comorbidities.[16]

Figure 2: Participants' knowledge of delirium risk factors



Similarly, diabetes was a risk factor that confused many participants.

Current literature does not consider diabetes a direct risk factor for delirium. However, *Shadvar et al* argue that diabetes is indirectly linked to delirium since uncontrolled blood glucose levels can prolong hospital stay and delay recovery in post-operative patients.[17,18] Likewise, patients who have undergone emergency surgery are more than four times more likely to experience delirium than patients who have undergone a planned procedure.[19] Only one-third of participants were aware of this association.

Overall, these findings demonstrate that the level of knowledge of delirium and its associated risk factors among ICU nurses involved in this study is similar or greater than nurses who participated in similar studies conducted internationally.[3,11,20] The study also highlighted areas of knowledge that require improvement and, where this occurs, showed that lack of knowledge persisted across the group.

Similar to other studies, participants' qualifications and length of clinical experience had little impact on their knowledge of delirium. This indicates that clinical education on delirium management should be aimed at all staff. Education sessions must be flexible and should be delivered in different forms to suit the requirements and availability of nurses. Implementation of such programmes can be challenging due to a lack of resources and staff shortages. However, this is a universal challenge and one that needs to be addressed to ensure patient safety and adequate care.

Delirium is an extremely difficult experience for ICU survivors and continues to affect the lives of patients and their families even after discharge. Nurses play a significant role in early detection and management of delirium, therefore it is important that ICU nurses possess the required level of knowledge to recognise delirium early and prevent its onset.

Conclusions drawn from this study reflect the needs of a local population. Nevertheless, the findings reflect previous studies and have implications for education, clinical practice and research across all healthcare settings.

Biny Anoop is a clinical facilitator and CNM2 in informatics at Tallaght University Hospital

References are available on request. Email nursing@medmedia.ie (Quote Anoop B. WIN 2019; 27(10):52-53

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Please refer to the Summary of Product Characteristics (SmPC) before prescribing. **Presentation:** COSENTYX 150 mg solution for injection in pre-filled pen. **Therapeutic Indications:** The treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy; the treatment of active ankylosing spondylitis in adults who have responded inadequately to conventional therapy; the treatment, alone or in combination with methotrexate (MTX), of active psoriatic arthritis in adult patients when the response to previous disease modifying anti rheumatic drug (DMARD) therapy has been inadequate. **Dosage & Method of Administration:** *Plaque Psoriasis:* Recommended dose in adults is 300 mg given as two subcutaneous injections of 150 mg. Dosing at Weeks 0, 1, 2 3 and 4, followed by monthly maintenance dosing. *Ankylosing Spondylitis:* The recommended dose is 150 mg by subcutaneous injection with initial dosing at Weeks 0, 1, 2 3 and 4, followed by monthly maintenance dosing. *Psoriatic Arthritis:* For patients with concomitant moderate to severe plaque psoriasis or who are anti TNFα inadequate responders, the recommended dose is 300 mg by subcutaneous injection with initial dosing at Weeks 0, 1, 2 3 and 4, followed by monthly maintenance dosing. Each 300 mg dose is given as two subcutaneous injections of 150 mg. For all other patients, the recommended dose is 150 mg by subcutaneous injection with initial dosing at Weeks 0, 1, 2, 3 and 4, followed by monthly maintenance dosing. Based on clinical response, the dose can be increased to 300 mg. For all of the above indications, available data suggest that a clinical response is usually achieved within 16 weeks of treatment. Consideration should be given to discontinuing treatment in patients who have shown no response up to 16 weeks of treatment. Some patients with initially partial response may subsequently improve with continued treatment beyond 16 weeks. The safety and efficacy in children below the age of 18 years have not yet been established. **Contraindications:** Severe hypersensitivity reactions to the active substance or to any of the excipients. Clinically important, active infection (e.g. active tuberculosis). **Warnings/Precautions:** *Infections:* Cosentyx has the potential to increase the risk of infections. Serious infections have been observed in patients receiving Cosentyx in the post-marketing setting. Infections observed in clinical studies are mainly mild or moderate upper respiratory tract infections such as nasopharyngitis not requiring treatment discontinuation. Non serious mucocutaneous candida infections more frequently reported for secukinumab than placebo in psoriasis clinical studies. Caution in patients with a chronic infection or a history of recurrent infection. Instruct patients to seek medical advice if signs or symptoms suggestive of an infection occur. If a patient develops a serious infection, close monitoring and discontinue treatment until the infection resolves. Should not be given to patients with active tuberculosis. Anti tuberculosis therapy should be considered prior to initiation in patients with latent tuberculosis. *Inflammatory bowel disease:* Cases of new or exacerbations of Crohn's disease and ulcerative colitis have been reported. Caution should be exercised when prescribing to patients with inflammatory bowel disease including Crohn's disease and ulcerative colitis. Patients should be closely monitored. *Hypersensitivity reactions:* In clinical studies, rare cases of anaphylactic reactions have been observed in patients receiving Cosentyx. If an anaphylactic or other serious allergic reactions occur, administration should be discontinued immediately and appropriate therapy initiated. *Latex-sensitive individuals:* The removable cap of the Cosentyx pre filled pen contains a derivative of natural rubber latex. *Vaccinations:* Live vaccines should not be given concurrently with Cosentyx. Patients may receive concurrent inactivated or non live vaccinations. *Concomitant immunosuppressive therapy:* Use in combination with immunosuppressants, including biologics, or phototherapy have not been evaluated. **Interactions:** Live vaccines should not be given concurrently with Cosentyx. In a study in subjects with plaque psoriasis, no interaction was observed between secukinumab and midazolam (CYP 3A4 substrate. No interaction seen when administered concomitantly with methotrexate (MTX) and/or corticosteroids. **Fertility, Pregnancy and Lactation:** Women of childbearing potential should use an effective method of contraception during treatment and for at least 20 weeks after treatment. It is preferable to avoid the use of Cosentyx in pregnancy as there are no adequate data from the use of secukinumab in pregnant women. It is not known whether secukinumab is excreted in human milk. A decision on whether to discontinue breast feeding during treatment and up to 20 weeks after treatment or to discontinue therapy with Cosentyx must be made taking into account the benefit of breast feeding to the child and the benefit of Cosentyx therapy to the woman. The effect of secukinumab on human fertility has not been evaluated. **Undesirable Effects:** *Very common (≥1/10);* Upper respiratory tract infections. *Common (≥1/100 to <1/10);* Oral herpes, rhinorrhoea, diarrhoea, urticaria *Uncommon (≥1/1,000 to <1/100);* Oral candidiasis, tinea pedis, otitis externa, neutropenia, conjunctivitis. *Rare (≥1/10,000 to <1/1,000)* Anaphylactic reactions. Please see Summary of Product Characteristics for further information on undesirable effects. **Legal Category:** POM. **Marketing Authorisation Holder:** Novartis Europharm Ltd, Vista Building, Elm Park, Merrion Road, Dublin 4, Ireland. **Marketing Authorisation Numbers:** EU/1/14/980/004-005. **Date of Revision of Abbreviated Prescribing Information:** October 2018. Full prescribing information is available upon request from: Novartis Ireland Limited, Vista Building, Elm Park Business Park, Elm Park, Dublin 4. Tel: 01-2204100 or at www.medicines.ie. 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▼ This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Adverse events should be reported. Healthcare professionals are asked to report any suspected adverse reactions via HPRA Pharmacovigilance, Earlsfort Terrace, IRL - Dublin 2; Tel: +353 1 6764971; Fax: +353 1 6762517; Website: www.hpra.ie E-mail: medsafety@hpra.ie. Adverse events should also be reported to Novartis Ireland by calling 01-2080 612 or by email to: drugsafety.dublin@novartis.com

* Secukinumab was shown to be superior to ustekinumab in clearing skin of subjects with moderate to severe plaque psoriasis in 52-week, double-blind study, in which subjects were randomized 1:1 to subcutaneous injection of secukinumab 300 mg or ustekinumab per label. Primary end point was 90% or more improvement from baseline Psoriasis Area and Severity Index score (PASI 90) at week 16.[1] Secukinumab was shown to be superior to ustekinumab in clearing skin of subjects with moderate to severe plaque psoriasis in a 52-week, double-blind study, in which subjects were randomized 1:1 to subcutaneous injection of secukinumab 300 mg or ustekinumab per label. Co-primary endpoints were 90% or more improvement from Baseline Psoriasis Area and Severity Index (PASI 90) and Investigator's Global Assessment (IGA) mod 2011 0/1 (clear or almost clear) response rates at Week 12.[2]

† Complete refers to the fact that Cosentyx has demonstrated efficacy in various manifestations of psoriasis (psoriatic arthritis, nail, scalp and palmoplantar)[4-6]

‡ Used in over 150,000 patients and no new safety signals seen in clinical studies up to 5 years[3,7]

References: 1. Thaçi D et al. *J Am Acad Dermatol* 2015; 73(3): 400-409. **2.** Bagel J et al. *Dermatol Ther* 2018 ;8(4):571-579. doi: 10.1007/s13555-018-0265-y. **3.** Bissonnette et al. *J Eur Acad Dermatol Venereol* 2018: doi: 10.1111/jdv.14878. **4.** Kavanaugh A et al. *Arthritis Care Res* 2017; 69; 347-355. **5.** Reich et al. Poster 7382 presented at AAD 2018. **6.** Cosentyx SPC, Novartis Ireland. **7.** Novartis (15 May 2018). Novartis ARROW trial to assess mechanistic superiority of direct IL-17A inhibition (Cosentyx) over IL-23 inhibition (Tremfya) [press release]. https://www.novartis.com/news/media-releases/novartis-arrow-trial-assess-mechanistic-superiority-direct-il-17a-inhibition-cosentyxr-over-il-23-inhibition-tremfyar Accessed 10 January 2019.

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IE02/COS18-CNF043a

NOVARTIS

Focus on: Psoriasis

Fatima Awdeh and **Maureen Connolly** present two case studies on different presentations of psoriasis

Case 1

A 41-year-old man presented with nail dystrophy and pain in his fingers and toes that was causing significant functional disability and psychological distress for him. He was unable to work and his symptoms were worsening. He had been treated with antifungal agents for one year at his local clinic prior to being seen in the dermatology clinic without any improvement.

On examination of his fingernails, he had nail pitting and onycholysis with extensive subungual hyperkeratosis and dystrophy of his thumbnails and toenails *(see Figures 1 and 2)*. A diagnosis of nail psoriasis and psoriatic arthritis was made in consultation with rheumatology and he was treated with a TNF-alpha inhibitor in view of his symptoms. He was commenced on adalimumab 80mg dose immediately, followed by 40mg one week later and then 40mg every two weeks. He had a great response with complete clearance of the disease within three months of starting treatment. He is currently symptom-free and well controlled on adalimumab 40mg subcutaneously every two weeks.

Psoriatic nail disease is usually diagnosed according to the clinical findings normally in a patient with a history of plaque psoriasis. It can be confused with a fungal nail infection. If in doubt, nail clipping and scrapping of subungual debris should be sent for potassium hydroxide microscopy and fungal culture. If a single digit is affected with a subungual lesion and nail dystrophy with no history of psoriasis or psoriatic arthritis, it is important to think about a tumour and if there is any doubt regarding this a biopsy needs to be considered.

It is difficult to treat nail psoriasis effectively; topical treatments like calcipotriol and high potency topical corticosteroids

Figure 1

Figure 2

Figure 3

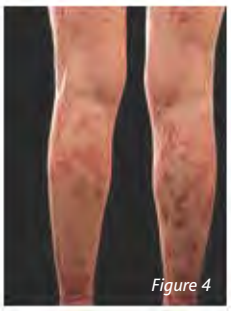

Figure 4

are often disappointing. Other options include localised phototherapy with UVB or photochemotherapy (PUVA) as well as systemic treatment with methotrexate, acitretin, ciclosporin and biologics.

Case 2

A 36-year-old woman presented with a 10-year history of chronic plaque psoriasis which had been unresponsive to various treatments. On examination she had multiple scaly plaques affecting her arms, legs and trunk consistent with psoriasis (*see Figures 3 and 4*). She had failed to respond to several previous treatments including topical steroids, narrow-band ultraviolet B phototherapy, and methotrexate. She had no joint symptoms.

A decision to start a biologic immune modifying agent was taken and the patient had negative screening prior to starting ustekinumab. She was started on ustekinumab 45mg subcutaneously at weeks zero and four, and then every 12 weeks. The psoriasis remains clear on treatment.

Biologic agents are important treatment options for moderate to severe plaque type psoriasis. The available biologics for psoriasis have excellent short-term and long-term efficacy and favourable tolerability. Examples of biologic therapy include:

- TNF-alpha inhibitors (etanercept, infliximab, adalimumab)
- Anti-IL-12/IL-23 (ustekinumab)
- Interleukin-17 (IL-17) inhibitors (secukinumab, ixekizumab, brodalumab)
- Anti-IL-23 (guselkumab).

Prior to starting biologic therapy, patients should be screened for infections including latent tuberculosis (TB), hepatitis B virus (HBV) infection, HIV, hepatitis C virus (HCV) infection and checked to see if they are varicella immune. They must have a chest x-ray and QuantiFERON test to out-rule latent TB. It is recommended that all patients get the flu and pneumococcal vaccines before starting biologic therapy, and patients should get the flu vaccine annually while on treatment.

Biologics are contraindicated in patients who have active untreated infection and in patients who have certain kinds of untreated cancers, including malignant melanoma, lymphoma, renal cell carcinoma, and patients who are being actively treated for certain tumours.

In addition, TNF-alpha inhibitors are contraindicated in patients who have uncontrolled heart failure or certain neurologic diseases, such as multiple sclerosis.

Fatima Awdeh is a registrar in dermatology and Maureen Connolly is a consultant dermatologist, at Tallaght University Hospital, Dublin

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Diabetes research

Complications related to gestational diabetes could begin before recommended screening – *WIN* takes a look at some recent diabetes research

THE excessive growth of a baby in the womb, a common complication of gestational diabetes, begins weeks before women are tested for the disease, according to new research being presented at this year's European Association for the Study of Diabetes (EASD) annual meeting in Barcelona.

The analysis of almost 8,000 singleton pregnancies in South Korea revealed that in women subsequently diagnosed with gestational diabetes, abdominal foetal growth was already abnormally large between 20 and 24 weeks – more than four weeks before the recommended screening time.

Given the high risk of complications for both mother and baby from maternal diabetes, screening women earlier on in pregnancy is likely to improve their health outcomes, researchers say.

"Abdominal overgrowth of the baby in the womb is believed to indicate foetal obesity, not just a big baby", explains Dr Yoo Lee Kim from CHA University, Republic of Korea, who led the research.

"Our findings suggest that diagnosing gestational diabetes and implementing interventions to reduce the risk of excessive foetal growth such as diet and exercise earlier in pregnancy may be necessary to prevent harm to mothers and their babies."

Gestational diabetes affects 3-20% of pregnant women, with those who are obese and/or older at greater risk. Women who develop gestational diabetes are seven times as likely to develop type 2 diabetes in the years following pregnancy.

Current guidelines in South Korea, the UK and US recommend that all pregnant women are screened for gestational diabetes using an oral glucose test at 24-28 weeks of pregnancy. However, previous research suggests that excessive foetal growth can already be detected at the time of screening, especially in older women and those with obesity. Whether the onset of this foetal growth disorder predates the recommended screening time is unclear.

To determine whether foetal overgrowth is already present at 20-24 weeks' gestation, researchers analysed medical records of 7,820 pregnant women attending the outpatient clinic of Cha Gangnam Medical Center in Seoul, Korea. Ultrasound scans were used to measure the foetuses' abdominal circumference, head size and femur length at least four weeks before screening for gestational diabetes (at 22 weeks' gestation; 7,297 scans), at the same time as the screening test (26 weeks; 5,388 scans) and at near term (35 weeks; 5,404 scans).

At the 22nd week of pregnancy, ultrasound scans revealed that the foetuses of mothers subsequently diagnosed with gestational diabetes were already significantly larger in abdominal circumference than the babies of women with normal glucose tolerance, and they remained abnormally large through the 35th week of pregnancy. However, head size and femur length were not significantly different between the two groups. Even among women without diabetes, the babies of mothers who were older or obese were at far greater risk of being abnormally large in abdominal circumference at the 22-week scan, but not in younger and non-obese women.

"Early screening and careful monitoring may be particularly beneficial for obese and older mothers, as foetal abdominal growth is already abnormal at five months in these high-risk women, meaning that their babies are already large at the time of diagnosis," said Dr Kim.

This was an observational study, so no firm conclusions can be drawn about cause and effect. The authors point to several limitations including that the study was done in a single centre in South Korea, which could affect the generalisability of the results. Additionally, they could not determine exactly why the foetuses of women with gestational diabetes were larger than foetuses in the non-diabetic group.

Vegan diet can boost gut microbes related to blood glucose control

Further research presented at EASD suggests that a 16-week vegan diet can boost the gut microbes that are related to improvements in body weight, body composition and blood glucose control. The study was conducted by Dr Hana Kahleova, Physicians Committee for Responsible Medicine in Washington, DC.

Gut microbiota play an important role in weight regulation, the development of metabolic syndrome and type 2 diabetes. The aim of this study was to test the effect of a 16-week plant-based diet on gut microbiota composition, body weight, body composition, and insulin resistance in overweight adults with no history of diabetes.

The study included 147 participants (86% women and 14% men; mean age was 55.6±11.3 years), who were randomised to follow a low-fat vegan diet (n = 73) or to make no changes to their diet (n = 74) for 16 weeks. At baseline and 16 weeks, gut microbiota composition was assessed, using uBiome kits. Dual energy x-ray absorptiometry was used to measure body composition. A standard method called the PREDIM index was used to assess insulin sensitivity.

Following the 16-week study, body weight was reduced significantly in the vegan group (treatment effect average was -5.8kg), particularly due to a reduction in fat mass (average -3.9kg) and in visceral fat. Insulin sensitivity also increased significantly in the vegan group.

The relative abundance of *Faecalibacterium prausnitzii* increased in the vegan group (treatment effect +4.8%). Relative changes in *F. prausnitzii* were associated with decreases in body weight, fat mass and visceral fat. The relative abundance of *Bacteoides fragilis* also increased in the vegan group (treatment effect +19.5%). Relative changes in *B. fragilis* were associated with decreases in body weight, fat mass and visceral fat, and increases in insulin sensitivity.

"A 16-week low-fat vegan dietary intervention induced changes in gut microbiota that were related to changes in weight, body composition and insulin sensitivity in overweight adults," the authors concluded.

Patients with type 2 diabetes should expect more after metformin

REALISE THE POTENTIAL

Ozempic®

Once-weekly type 2 diabetes treatment with CV benefits† and superior efficacy[1-9*]

SUPERIOR GLYCAEMIC CONTROL[1-9*]

- Ozempic® -1.8% vs dulaglutide‡ -1.4%[1,2,§]
- Up to 79% achieved ADA target of HbA_{1c} <7% (53 mmol/mol) vs other diabetes treatments[1-10]

SUPERIOR AND SUSTAINED WEIGHT LOSS[1-9*]

- More than double the weight loss vs dulaglutide (-6.5 kg vs -3.0 kg)[1,2,§]
- Weight loss sustained over 2 years[1,3]

PROVEN CV BENEFITS[1,3†‡]

- 26% CV risk reduction in patients with type 2 diabetes and high CV risk, compared to placebo in addition to standard treatment[1,3,4,†]

Ozempic® is indicated for the treatment of adults with insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise • as monotherapy when metformin is considered inappropriate due to intolerance or contraindications • in addition to other medicinal products for the treatment of diabetes. For study results with respect to combinations, effects on glycaemic control and cardiovascular events and the populations studied, see sections 4.4, 4.5 and 5.1. of the summary of product characteristics.[1]

CV=cardiovascular. SUSTAIN = Semaglutide Unabated Sustainability in treatment of Type 2 Diabetes.

*Results apply to Ozempic® across SUSTAIN trials, which included placebo, sitagliptin, dulaglutide, canagliflozin, exenatide PR and glargine U100.[1-9]

†In SUSTAIN 6, Ozempic® reduced CV risk (CV death, nonfatal myocardial infarction [MI] or nonfatal stroke) versus placebo in patients with type 2 diabetes at high CV risk treated with standard of care.[1,3]

‡When added to standard of care, which included oral antidiabetic treatments, insulin, antihypertensives, diuretics and lipid-lowering therapies.

§SUSTAIN 7, Ozempic® 1.0 mg vs. dulaglutide 1.5 mg.

Abbreviated Prescribing Information
Ozempic®▼ semaglutide

Please refer to Summary of Product Characteristics for full information. Ozempic® 0.25 mg solution for injection in pre-filled pen. Ozempic® 0.5 mg solution for injection in pre-filled pen. Ozempic® 1 mg solution for injection in pre-filled pen. One ml of solution contains 1.34 mg of semaglutide (human glucagon-like peptide-1 (GLP-1) analogue). **Indication:** Ozempic® is indicated for the treatment of adults with insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise • as monotherapy when metformin is considered inappropriate due to intolerance or contraindications • in addition to other medicinal products for the treatment of diabetes. For study results with respect to combinations, effects on glycaemic control and cardiovascular events, and the populations studied, see sections 4.4, 4.5 and 5.1 of the Ozempic® SmPC. **Posology and administration:** Administered once weekly at any time of the day, with or without meals. Injected subcutaneously in the abdomen, thigh or upper arm. Starting dose: 0.25 mg once weekly. After 4 weeks the dose should be increased to 0.5 mg once weekly. After at least 4 weeks with a dose of 0.5 mg once weekly, the dose can be increased to 1 mg once weekly to further improve glycaemic control. Children: No data available. Elderly: No dose adjustment required, therapeutic experience in patients age ≥75 is limited. Renal impairment: No dose adjustment is required for patients with mild, moderate or severe renal impairment. Experience in patients with severe renal impairment is limited. Not recommended for use in patients with end-stage renal disease. Hepatic impairment: No dose adjustment is required for patients with hepatic impairment. Experience with severe hepatic impairment is limited. Caution should be exercised when treating these patients with semaglutide. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Special warnings and precautions for use:** Should not be used in patients with type 1 diabetes mellitus or for the treatment of diabetic ketoacidosis. Not a substitute for insulin. There is no experience in patients with congestive heart failure NYHA class IV and is therefore not recommended in these patients. Use of GLP-1 receptor agonists may be associated with gastrointestinal adverse reactions. This should be considered when treating patients with impaired renal function, as nausea, vomiting, and diarrhoea may cause dehydration which could cause a deterioration of renal function. Acute pancreatitis has been observed with the use of GLP-1 receptor agonists. Patients should be informed of the characteristic symptoms of acute pancreatitis. If pancreatitis is suspected, semaglutide should be discontinued; if confirmed, semaglutide should not be restarted. Caution should be exercised in patients with a history of pancreatitis. Use of semaglutide in combination with a sulfonylurea or insulin may have an increased risk of hypoglycaemia. The risk of hypoglycaemia can be lowered by reducing the dose of sulfonylurea or insulin when initiating treatment with semaglutide. In patients with diabetic retinopathy treated with insulin and semaglutide, an increased risk of developing diabetic retinopathy complications has been observed. Caution should be exercised when using semaglutide in patients with diabetic retinopathy treated with insulin. These patients should be monitored closely and treated according to clinical guidelines. Rapid improvement in glucose control has been associated with a temporary worsening of diabetic retinopathy, but other mechanisms cannot be excluded. When semaglutide is used in combination with a sulfonylurea or insulin, patients should be advised to take precautions to avoid hypoglycaemia while driving and using machines. **Fertility, pregnancy and lactation:** Women of childbearing potential are recommended to use contraception when treated with semaglutide. Should not be used during pregnancy or breast-feeding. Discontinue at least 2 months before a planned pregnancy. Effect on fertility unknown. **Undesirable effects:** Within each frequency grouping, adverse reactions are presented in order of decreasing seriousness. *Very common (≥1/10);* Hypoglycaemia when used with insulin or sulfonylurea, nausea, diarrhoea. *Common: (≥1/100 to <1/10);* Hypoglycaemia when used with other oral antidiabetic medications, decreased appetite, dizziness, diabetic retinopathy complications, vomiting, abdominal pain, abdominal distension, constipation, dyspepsia, gastritis, gastro-oesophageal reflux disease, eructation, flatulence, cholelithiasis, fatigue, increased lipase, increased amylase, weight decreased. *Uncommon: (≥1/1,000 to <1/100);* Dysgeusia, increased heart rate, injection site reactions. *Rare: (≥1/10,000 to <1/1,000)* Anaphylactic reaction. The Summary of Product Characteristics should be consulted for a full list of side effects. **MA Numbers:** Ozempic® 0.25 mg pre-filled pen EU/1/17/1251/002. Ozempic® 0.5 mg pre-filled pen EU/1/17/1251/003. Ozempic® 1 mg pre-filled pen EU/1/17/1251/005. **Legal Category:** POM. For complete prescribing information, please refer to The Summary of Product Characteristics which is available on www.medicines.ie or by email from infoireland@novonordisk.com or from the Clinical, Medical and Regulatory Department, Novo Nordisk Limited, 1st Floor, Block A, The Crescent Building, Northwood Business Park, Santry, Dublin 9, Ireland. **Marketing Authorisation Holder:** Novo Nordisk A/S, Novo Allé, DK-2880 Bagsværd, Denmark. **Date last revised:** July 2018.

▼This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare Professionals are asked to report any suspected adverse reactions to the Health Products Regulatory Authority. Information about adverse event reporting is available at www.hpra.ie. Adverse events should also be reported to Novo Nordisk Medical Department Tel; 1850 665 665.

References: **1.** Ozempic® Summary of Product Characteristics www.medicines.ie **2.** Pratley RE *et al.* Semaglutide versus dulaglutide once-weekly in patients with type 2 diabetes (SUSTAIN 7): a randomised, open-label, phase 3b trial. *Lancet Diabetes Endocrinol.* 2018; 6: 275 - 286. **3.** Marso SP, Bain SC, Consoli A, *et al.* Semaglutide and cardiovascular outcomes in patients with type 2 diabetes. *N Engl J Med.* 2016;375:1834-1844. **4.** Marso SP, Bain SC, Consoli A, *et al.* Semaglutide and cardiovascular outcomes in patients with type 2 diabetes. *N Engl J Med.* 2016;375(suppl1):S1-S108. **5.** Lingvay I, *et al.* Once weekly Semaglutide vs Canagliflozin in type 2 diabetes: results of the SUSTAIN 8 trial. https://doi.org/10.1016/S2213-8587(19)30311-0. **6.** Ahmann AJ *et al.* Efficacy and safety of once-weekly semaglutide versus exenatide ER in subjects with type 2 diabetes (SUSTAIN 3): A 56-Week, Open-Label, Randomized Clinical Trial. *Diabetes Care* 2018;41:258-266. **7.** Aroda VR *et al.* Efficacy and safety of once-weekly semaglutide versus once-daily insulin glargine as add-on to metformin (with or without sulfonylureas) in insulin-naive patients with type 2 diabetes (SUSTAIN 4): a randomised, open-label, parallel-group, multicentre, multinational, phase 3a trial. *Lancet Diabetes Endocrinol.* 2017;5: 355–66. **8.** Sorli C *et al.* Efficacy and safety of once-weekly semaglutide monotherapy versus placebo in patients with type 2 diabetes (SUSTAIN 1): a double-blind, randomised, placebo-controlled, parallel-group, multinational, multicentre phase 3a trial. *Lancet Diabetes Endocrinol* 2017; 5: 251–60. **9.** Ahrén B *et al.* Efficacy and safety of once-weekly semaglutide versus once-daily sitagliptin as an add-on to metformin, thiazolidinediones, or both, in patients with type 2 diabetes (SUSTAIN 2): a 56-week, double-blind, phase 3a, randomised trial. *Lancet Diabetes Endocrinol.* 2017; 5: 341–54. **10.** American Diabetes Association. Standards of medical care in diabetes—2018. *Diabetes Care.* 2018;41(suppl1):S1-S159.

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ONCE-WEEKLY OZEMPIC®▼ semaglutide injection

Latest ESC guidelines

Diabetes and CVD

FOR the past 25 years, the European Society of Cardiology (ESC) has been summarising relevant evidence on a given topic to inform physicians on the benefits and risks of particular diagnostic or therapeutic procedures, with the ultimate aim to improve patient care.

The new ESC guidelines, presented at the recent ESC Congress 2019 in Paris, cover a range of distinct issues, including some of the most frequent cardiovascular diseases (CVD) as well as commonly present risk factors. The five new sets of clinical practice guidelines, which are all published online in *European Heart Journal* and at **www.escardio.org,** cover:

- Diabetes, pre-diabetes and CVD
- Acute pulmonary embolism
- Dyslipidaemias
- Supraventricular tachycardia
- Chronic coronary syndrome.

In this article we focus on the *2019 ESC Guidelines on diabetes, pre-diabetes, and cardiovascular diseases*[1] which were developed in collaboration with the European Association for the Study of Diabetes (EASD).

Prof Francesco Cosentino, ESC chairperson of the guidelines taskforce and professor of cardiology at Karolinska University Hospital in Stockholm, Sweden said: "The emphasis of these guidelines is to provide state of the art information on how to prevent and manage the effects of diabetes on the heart and vasculature, with a focus on new data that has emerged since the 2013 document."

Since the previous guidelines, an enormous amount of information has been gained from several large cardiovascular outcome trials (CVOTs) of newer glucose-lowering treatments. By digesting all these new data, the 2019 ESC Guidelines aim to provide clear recommendations *(see Table 1)*.

Prof Peter J Grant, EASD chairperson of the guidelines taskforce and professor of medicine at the University of Leeds, UK said: "Recent trials have shown the cardiovascular safety and efficacy of SGLT2 inhibitors and GLP-1 receptor agonists for type 2 diabetes. We provide clear recommendations here."

The global prevalence of diabetes continues to increase. It is predicted that more than 600 million individuals will develop type 2 diabetes worldwide by 2045, with around the same number developing pre-diabetes. "These figures pose serious questions to developing economies, where the very individuals who support economic growth are those most likely to develop type 2 diabetes and to die of premature cardiovascular disease," states the document.

Healthy behaviours are the mainstay of preventing CVD. Lifestyle changes are now advised to avoid or delay the conversion of pre-diabetes states, such as impaired glucose tolerance, to diabetes. Physical activity, for example, delayed conversion, improves glycaemic control and reduces cardiovascular complications.

The document states that moderate alcohol intake should not be promoted as a means to protect against CVD. "There has been a long-standing view that moderate alcohol intake has beneficial effects on the prevalence of cardiovascular disease," said Prof Grant. "Two high-profile analyses have reported this is not the case and that alcohol consumption does not appear to be beneficial. On the basis of these new findings we changed our recommendations."

Self-monitoring of blood glucose and blood pressure is advocated for patients with diabetes to achieve better control. Data has emerged to implicate glucose variability in the causes of heart disease in diabetes. In addition, glucose variation at night is particularly linked with hypoglycaemia and deterioration in quality of life.

"This indicates that it is no longer appropriate to depend on occasional glucose measures to manage control, particularly in type 1 diabetes," said Prof Cosentino. "At the same time, flash technology has been developed which uses a small sensor worn on the skin to continuously monitor glucose levels. Similar arguments pertain to home blood pressure monitoring."

Statins are not recommended in women with diabetes who are of childbearing potential and should be used with caution in young people. "We have no experience of the effects of 50 or 60 years of statin use in an individual and we do not advocate non-essential drugs in pregnancy when the potential adverse effects on the unborn child are unknown," said Prof Grant.

Clinical trials on the cardiovascular safety of medications for type 2 diabetes have led to a paradigm shift in glucose-lowering treatment. Two groups of diabetes drugs – GLP-1 receptor agonists and gliflozins – showed cardiovascular safety and benefit in patients with diabetes who either already had heart disease and/or had multiple risk factors.

"Our main recommendation in the light of these findings is that GLP-1 receptor agonists and gliflozins should be used as first-line treatment in type 2 diabetes patients with established cardiovascular disease or at high risk of cardiovascular disease," said Prof Cosentino.

Drugs that prevent blood clots – non-vitamin K antagonist oral anticoagulants, specifically rivaroxaban – have been reported to benefit peripheral vascular disease and should be considered in combination with aspirin for patients with diabetes who have poor circulation in the legs. PCSK9 inhibitors are advised for patients with diabetes at very high risk

Table 1. New recommendations in the 2019 guidelines[1]

CV RISK ASSESSMENT
Resting ECG is recommended in patients with diabetes with hypertension or suspected CVD
Carotid or femoral ultrasound should be considered for plaque detection as CV risk modifier
Screening for CAD with coronary CT angiography and functional imaging may be considered
CAC scoring may be considered as risk modifier
ABI may be considered as risk modifier
Carotid ultrasound intima-media thickness for CV risk is not recommended
PREVENTION OF CVD
Lifestyle intervention is recommended to delay/prevent conversion from pre-diabetes to type 2 diabetes
GLYCAEMIC CONTROL
Use of self-monitoring of blood glucose should be considered to facilitate optimal glycaemic control in type 2 diabetes
It is recommended to avoid hypoglycaemia
BP MANAGEMENT
Lifestyle changes are recommended in hypertension
RAAS blockers rather than beta-blockers/diuretics are recommended for BP control in pre-diabetes
It is recommended to initiate pharmacological treatment with the combination of a RAAS blocker with a calcium channel blocker or thiazide/thiazide-like diuretic
Home BP self-monitoring should be considered in patients with diabetes
24 hour ABPM should be considered for BP assessment, and adjustment of antihypertensive treatment
DYSLIPIDAEMIA
In patients at very high risk, with persistent high LDL-C despite treatment with maximum tolerated statin dose in combination with ezetimibe, or in patients with intolerance to statins, a PCSK9 inhibitor is recommended
Statins may be considered in asymptomatic patients with type 1 diabetes aged >30
Statins are not recommended in women of childbearing potential
ANTIPLATELET AND ANTITHROMBOTIC DRUGS
Concomitant use of a proton pump inhibitor is recommended in patients receiving aspirin monotherapy, DAPT or oral anticoagulant monotherapy who are at high risk of gastrointestinal bleeding
Prolongation of DAPT beyond 12 months should be considered for ≤ 3 years in patients with diabetes at very high risk who have tolerated DAPT without major bleeding complications
GLUCOSE-LOWERING TREATMENT
Empagliflozin, canagliflozin or dapagliflozin are recommended in patients with type 2 diabetes and CVD, or at very high/high CV risk, to reduce CV events
Empagliflozin is recommended in patients with type 2 diabetes and CVD to reduce the risk of death
Liraglutide, semaglutide or dulaglutide are recommended in patients with type 2 diabetes and CVD, or very high/high CV risk, to reduce CV events
Liraglutide is recommended in patients with type 2 diabetes and CVD, or at very high/high CV risk, to reduce the risk of death
Saxagliptin is not recommended in patients with type 2 diabetes and a high risk of HF

REVASCULARISATION
Same revascularisation techniques are recommended in patients with and without diabetes
TREATMENT OF HF IN DIABETES
Device therapy with an ICD, CRT, or CRT-D is recommended
Sacubitril/valsartan instead of ACEIs is recommended in HFrEF and diabetes remaining symptomatic despite treatment with ACEIs, beta-blockers, and MRAs
CABG is recommended in HFrEF and diabetes, and two- or three-vessel CAD
Ivabradine should be considered in patients with HF and diabetes in sinus rhythm, and with a resting heart rate ≥ 70 bpm if symptomatic despite full HF treatment
Aliskiren (direct renin inhibitor) in HFrEF and diabetes is not recommended
DIABETES TREATMENT TO REDUCE HF RISK
SGLT2 inhibitors (empagliflozin, canagliflozin, or dapagliflozin) are recommended to lower risk of HF hospitalisation
Metformin should be considered in patients with diabetes and HF if eGFR >30mL/min/1.73 m2
GLP1-RAs and DPP4 inhibitors sitagliptin and linagliptin have a neutral effect on risk of HF and may be considered
Insulin treatment in HF may be considered
DPP4 inhibitor saxagliptin in HF is not recommended
Thiazolidinediones (pioglitazone and rosiglitazone) in HF are not recommended
MANAGEMENT OF ARRHYTHMIAS
Attempts to diagnose structural heart disease should be considered in patients with diabetes with frequent premature ventricular contractions
Hypoglycaemia should be avoided as it can trigger arrhythmias
DIAGNOSIS AND MANAGEMENT OF PAD
Low-dose rivaroxaban 2.5mg bid plus aspirin 100mg od may be considered in patients with diabetes and symptomatic LEAD
MANAGEMENT OF CKD
SGLT2 inhibitors are recommended to reduce progression of diabetic kidney disease

Ia	IIa	IIb	III

ABI = anklebrachial index; ABPM = ambulatory blood pressure monitoring; ACEI = angiotensin-converting enzyme inhibitor; ; bpm = beats per minute; CABG = coronary artery bypass graft; CAC = coronary artery calcium; CAD = coronary artery disease; CKD = chronic kidney disease; CRT = cardiac resynchronisation therapy; CRT-D = cardiac resynchronization therapy with an implantable defibrillator; CT = computed tomography; CV = cardiovascular; CVD = cardiovascular disease; DAPT = dual antiplatelet therapy; DPP4 = dipeptidyl peptidase-4; ECG = electrocardiogram; eGFR = estimated glomerular filtration rate; GLP1-RA = glucagon-like peptide-1 receptor agonist; HF = heart failure; HFrEF = heart failure with reduced ejection fraction; ICD = implantable cardioverter defibrillator; LEAD = lower extremity artery disease; MRA = mineralocorticoid receptor agonist; PAD = peripheral arterial disease; PCSK9 = proprotein convertase subtilisin/kexin type 9; RAAS = reninangiotensinaldosterone system; SGLT2 = sodium-glucose co-transporter-2

of CVD who do not achieve low-density lipoprotein (LDL) cholesterol goals despite treatment with statins. In these patients, a more ambitious LDL cholesterol target of < 1.4mmol/L is recommended.

The new recommendations from ESC for 2019 are outlined in *Table 1*. The full guidelines and other resources are available at **www.escardio.org**

– Tara Horan

Reference

1. Cosentino F, Grant PJ, Aboyans V et al [ESC and EASD Taskforces]. 2019 ESC Guidelines on diabetes, pre-diabetes, and cardiovascular diseases developed in collaboration with the EASD. Eur Heart J 2019 (Aug 31): ehz486, https://doi.org/10.1093/eurheartj/ehz486

Uncontrolled blood sugar can't wait

INVOKANA is indicated for the treatment of adults with insufficiently controlled type 2 diabetes mellitus (T2DM) as an adjunct to diet and exercise.[1]

RECOMMENDED BY THE NEW 2018 ADA/EASD GUIDELINES*2

Lower HbA_{1c} levels

In patients with HbA_{1c} higher than 9%, INVOKANA reduces HbA_{1c} by **1.57%** and **1.80%** with its 100mg and 300mg doses respectively.[3]

Long-term cardiovascular benefits†

14% reduction in the risk of cardiovascular death, nonfatal myocardial infarction and nonfatal stroke (3-point MACE) HR 0.86 (95% CI 0.75-0.97).[4]

33% reduction in risk of hospitalisation for heart failure HR 0.67 (95% CI 0.52 - 0.87).[4]

Improved renal outcomes†

47% relative risk reduction in time to first adjudicated nephropathy event (doubling of serum creatinine, need for renal replacement therapy, and renal death) HR 0.53 (95% CI 0.33 - 0.84).[5]

27% reduction in the progression of albuminuria in patients with normo- or micro-albuminuria HR 0.73 (95% CI 0.67-0.79).[4]

The recommended starting dose of INVOKANA is 100mg once-daily.

* an SGLT2i for treatment of T2DM patients with ASCVD, HF, CKD and for use in patients where there is a compelling need to minimise hypoglycemia and those with a compelling need to minimise weight gain or promote weight loss

† Compared to standard of care

Invokana® canagliflozin tablets

Seize the moment to make years of difference

INVOKANA® (canagliflozin) 100 mg & 300 mg film-coated tablets. PRESCRIBING INFORMATION. Republic of Ireland. Please refer to Summary of Product Characteristics (SmPC) before prescribing. INDICATIONS: The treatment of adults with insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise as monotherapy when metformin is considered inappropriate due to intolerance or contraindications, or in addition to other medicinal products for the treatment of diabetes. **DOSAGE & ADMINISTRATION: Adults:** recommended starting dose: 100 mg once daily. In patients tolerating this dose and with eGFR ≥ 60 mL/min/1.73 m^2 needing tighter glycaemic control, dose can be increased to 300 mg once daily. For oral use, swallow whole. Caution increasing dose in patients ≥ 75 years old, with known cardiovascular disease or for whom initial canagliflozin-induced diuresis is a risk. Correct volume depletion prior to initiation. When add-on, consider lower dose of insulin or insulin secretagogue to reduce risk of hypoglycaemia. **Children:** no data available. **Elderly:** consider renal function and risk of volume depletion. **Renal impairment:** not to be initiated with eGFR < 60 mL/min/1.73 m^2. If eGFR falls below this value during treatment, adjust or maintain dose at 100 mg once daily. Discontinue if eGFR persistently < 45 mL/min/1.73 m^2. Not for use in end stage renal disease or patients on dialysis. **Hepatic impairment:** mild or moderate; no dose adjustment. Severe; not studied, not recommended. **CONTRAINDICATIONS:** Hypersensitivity to active substance or any excipient. **SPECIAL WARNINGS & PRECAUTIONS:** Not for use in type 1 diabetes. **Renal impairment:** eGFR < 60 mL/min/1.73 m^2: higher incidence of adverse reactions associated with volume depletion particularly with 300 mg dose; more events of elevated potassium; greater increases in serum creatinine and blood urea nitrogen (BUN); limit dose to 100 mg once daily and discontinue when eGFR < 45 mL/min/1.73 m^2. Not studied in severe renal impairment. Monitor renal function prior to initiation and at least annually. **Volume depletion:** caution in patients for whom a canagliflozin- induced drop in blood pressure is a risk (e.g. known cardiovascular disease, eGFR < 60 mL/min/1.73 m^2, anti-hypertensive therapy with history of hypotension, on diuretics or elderly). Not recommended with loop diuretics or in volume depleted patients. Monitor volume status and serum electrolytes. **Elevated haematocrit:** careful monitoring if already elevated. **Genital mycotic infections:** risk in male and female patients, particularly in those with a history of GMI. **Lower limb amputation:** Consider risk factors before initiating. Monitor patients with a higher risk of amputation events. Counsel on routine preventative foot care and adequate hydration. Consider discontinuing *Invokana* when events preceding amputation occur (e.g. lower-extremity skin ulcer, infection, osteomyelitis or gangrene). **Urine laboratory assessment:** glucose in urine due to mechanism of action. **Lactose intolerance:** do not use in patients with galactose intolerance, total lactase deficiency or glucose-galactose malabsorption. **Diabetic ketoacidosis (DKA):** rare DKA cases reported, including life-threatening and atypical presentation cases. Where DKA is suspected or diagnosed, discontinue *Invokana* treatment immediately. Interrupt treatment in patients who are undergoing major surgical procedures or have acute serious medical illnesses. Consider risk factors for development of DKA before initiating *Invokana* treatment. **Necrotising fasciitis of the perineum (Fournier's gangrene):** post-marketing cases reported with SGLT2 inhibitors. Rare but serious, patients should seek medical attention if experiencing symptoms including pain, tenderness, erythema, genital/perineal swelling, fever, malaise. If Fournier's gangrene suspected, *Invokana* should be discontinued, and prompt treatment instituted. **INTERACTIONS: Diuretics:** may increase risk of dehydration and hypotension. **Insulin and insulin secretagogues:** risk of hypoglycaemia; consider lower dose of insulin or insulin secretagogue. **Effects of other medicines on *Invokana:*** Enzyme inducers (e.g. St. John's wort, rifampicin, barbiturates, phenytoin, carbamazepine, ritonavir, efavirenz) may decrease exposure of canagliflozin; monitor glycaemic control. Consider dose increase to 300 mg if administered with UGT enzyme inducer. Cholestyramine may reduce canagliflozin exposure; take canagliflozin at least 1 hour before or 4-6 hours after a bile acid sequestrant. **Effects of *Invokana* on other medicines:** Monitor patients on digoxin, other cardiac glycosides, dabigatran. Inhibition of Breast Cancer Resistance Protein cannot be excluded; possible increased exposure of drugs transported by BCRP (e.g. rosuvastatin and some anti-cancer agents). **PREGNANCY:** No human data. Not recommended **LACTATION:** Unknown if excreted in human milk. Should not be used during breast-feeding. **SIDE EFFECTS: Very common (≥1/10):** hypoglycaemia in combination with insulin or sulphonylurea, vulvovaginal candidiasis. **Common (≥1/100 to <1/10):** constipation, thirst, nausea, polyuria or pollakiuria, urinary tract infection (including pyelonephritis and urosepsis), balanitis or balanoposthitis, dyslipidemia, haematocrit increased. **Uncommon (<1/100) but potentially serious:** anaphylactic reaction, diabetic ketoacidosis, syncope, hypotension, orthostatic hypotension, urticaria, angioedema, necrotising fasciitis of the perineum (Fournier's gangrene) (frequency not known), bone fracture, renal failure (mainly in the context of volume depletion), lower limb amputations (mainly of the toe and midfoot, incidence rate of 0.63 per 100 subject-years, vs 0.34 for placebo). **Refer to SmPC for details and other side effects. LEGAL CATEGORY:** POM. **PACK SIZES & MARKETING AUTHORISATION NUMBER(S):** *Invokana* 100 mg film-coated tablets: 30 tablets; EU/1/13/884/002. *Invokana* 300 mg film-coated tablets: 30 tablets; EU/1/13/884/006. **MARKETING AUTHORISATION HOLDER:** Janssen-Cilag International NV, Turnhoutseweg 30, B-2340 Beerse, Belgium. ® INVOKANA is a registered trade mark of Janssen-Cilag International NV and is used under licence. © 2017 Napp Pharmaceuticals Limited. **FURTHER INFORMATION IS AVAILABLE FROM:** Mundipharma Pharmaceuticals Limited, Millbank House, Arkle Road, Sandyford, Dublin 18. For medical information enquiries, please contact medicalinformation@mundipharma.ie **UK/INV**-18203(1) **Date of Preparation** January 2019.

Adverse events should be reported to: HPRA Pharmacovigilance, Earlsfort Terrace, IRL - Dublin 2; Tel: +353 1 6764971; Fax: +353 1 6762517. Website: www.hpra.ie; E-mail: medsafety@hpra.ie.
Adverse events should also be reported to Mundipharma Pharmaceuticals Limited on drugsafetyJNJ@mundipharma-rd.eu or by phone on 01 2063800 (1800 991830 outside office hours)

References: 1. Invokana SmPC www.medicines.ie **2.** Davies MJ *et al,* Diabetes Care. 2018 Oct: 10.2337/dci18-0033 (http://diabetologia-journal.org/wp-content/uploads/2018/10/Consensus-Report-ADA-EASD.pdf). **3.** Wilding JP *et al* J Diabetes Complications 2015; 29;438-44. **4.** Neal B. *et al.* N Engl J Med 2017; 377:644-657. **5.** Perkovic V. *et al* Lancet Diabetes Endocrinol. 2018 Sep;6(9):691-704

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www.mundipharma.ie

Fertility and maternity cover

Ivan Ahern discusses the benefits of having health insurance for maternity and fertility cover

PLANNING or welcoming a new addition to the family is always an exciting time but it can also be overwhelming. As well as all the health implications, there's a lot to think about such as choosing names, nurseries and a whole new world of gadgets.

If you're considering starting a family, it's also important to think about yourself and your needs. Having a health insurance plan with a range of fertility and maternity benefits has become popular over the past few years. If you already have a plan or are thinking of taking one out, here's what you should consider. Do you need it? What cover should you be looking for? If you have it, what does your policy actually cover?

Fertility benefits

The road to pregnancy isn't always straightforward. Approximately 15% of couples in Ireland deal with fertility issues. If you are affected by, or have concerns about fertility, then each insurer offers a range of benefits to help, which may include fertility screening and fertility treatments among others.

Maternity options

Maternity cover is a feature on all plans, regardless of gender. However, some plans offer limited benefits so if maternity cover is of specific interest to you, it is important to have a detailed discussion with your insurer or provider.

Hospital maternity cover: When it comes to maternity care in hospitals, there are three main maternity options available in Ireland – public, semi-private and private care (room only). With regard to private patients, there are no private maternity hospitals so they now have to rely on the public maternity hospitals where private and semi-private rooms may be available but access is not guaranteed.

Having health insurance means that your insurer will pay for your accommodation should you decide to go semi-private or private. Not all plans cover a private room so if this is important to you, make sure it is covered on your plan. The first three days accommodation are covered under the maternity section of your plan but if you have to stay longer and it is deemed medically necessary, the balance of the stay would be covered under inpatient benefit. The majority of health insurance plans also provide either cash back or a contribution towards your consultant fees and a host of prenatal and postnatal benefits.

Consultant fees: It's important you know that no health insurance plan provides full cover for the cost of consultant fees. These fees can range from €2,000-6,000 depending on whether you choose to go semi-private or private. Most policies will provide a contribution of between €350 and €600 towards these fees.

Alternative birth: Alternative birth benefits are also offered on many plans. This may include home births, which allow you to claim back some of the medical costs directly associated with the delivery of your child at home, usually to a maximum amount of €3,500-4,000.

Additional benefits: The three insurers offer access to a range of claimable benefits for both prenatal and postnatal care, such as discounts or cashback in areas like free GP cover when pregnant, consultant visits, nutritionists, scans etc.

Why take out insurance for maternity

The decision to purchase health insurance should be a holistic one, based on providing you with choice and control, when managing your overall health. Health insurance provides access to a wide range of hospitals, consultants and unique benefits to support your health from a physical, mental and lifestyle perspective. We do not believe any decision to buy health insurance is merited on maternity cover alone.

If you opt to go through the public system for maternity, you will not be charged for any care relating to maternity. However, you are not guaranteed to see the same midwife or consultant with each antenatal visit or on the day of labour, and you may not receive as many take-home scans, which is a lovely part of being pregnant for you and your family. It is important to note, if you need hospital care for any other illnesses outside of maternity during this time, you will be charged the normal hospital charges for those illnesses.

If you choose semi-private or private cover, you will have more consistency in terms of seeing the same team of midwives or the same consultant at each visit. There are more take home scans, waiting times should be much shorter, semi-private accommodation would be between two to six beds and for private cover, your consultant is present during birth.

Health insurance, even at a starter level, might be worth considering if you feel you would benefit from having cover that gives you access to public, private and high-tech hospitals, and also allow you access to benefits such as minor injury clinics, online GPs, money back for GP, consultant, dentist and physio visits, and many wellness and mental health supports.

Waiting periods

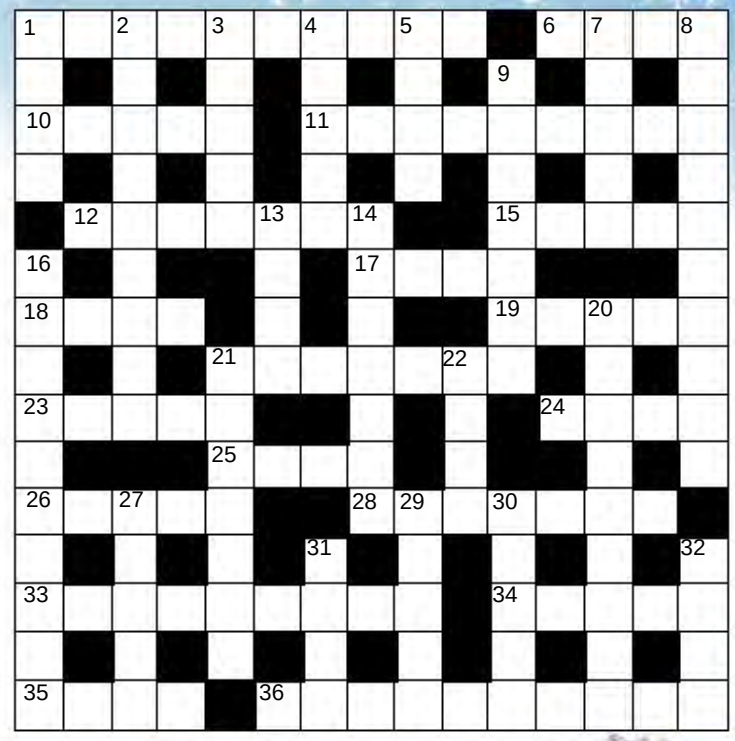
A waiting period applies to all health insurance plans before you can access any maternity benefits. This is the amount of time that must pass before you will be covered for maternity benefits under your plan. Once you've had health insurance for more than one year, with any provider and without a break in cover of more than 13 weeks, you will be fully covered immediately as long as you are not upgrading your cover.

If you have any queries regarding fertility or maternity cover or if you would just like to explore your health insurance options, contact us at Tel: 01-420 0999.

Ivan Ahern is a director of Cornmarket Group Financial Services Ltd

CROSSWORD Competition

WIN a €50 gift voucher



Across

1 Personnel needed to keep 36 across in motion on Christmas Eve? (6,4)
6 Have a dip, as many do on Christmas Day (4)
10 German beer-mug (5)
11 About the farmer's vehicle - it's needed for some surgery! (9)
12 You burn it during the Christmas season (4,3)
15 Quietly advocate a complete clean-out (5)
17 Opera by Verdi (4)
18 It's very black in Kerry (4)
19 Gets up, ascends (5)
21 Desert area in Australia (7)
23 Actor with only a walk on part (5)
24, 25a & 33a Monarch on the look-out, according to Carol (4,4,9)
25 See 24 across
26 One's first public appearance (5)
28 Messages (7)
33 See 24 across
34 & 7d One might add it to gin taken from one's winter coat (5,5)
35 You might pick up a bargain here (4)
36 An annual visitor can assault one - literally! (5,5)

Down

1 Rapid (4)
2 Put frozen cubes in this to keep a bottle of wine chilled (3,6)
3 Part of the door found in the middle of something else (5)
4 Knick-knack (5)
5 Has a meal (4)
7 See 34 across
8 Liverpool is in this English metropolitan county (10)
9 Complain before Noah's craft is full of automobiles! (7)
13 Scottish singer who sang the Bond theme song for "The Man with the Golden Gun" (4)
14 Rubbish (7)
16 Quilts (10)
20 Seasonal precipitation, Donald? Then one article is needed for a British National Park (9)
21 What grows from an acorn (3,4)
22 The 'Believe' singer - many get her (4)
27 Trite (5)
29 What may need to be done after a fracture (5)
30 Room or space near the roof (5)
31 Bone you would expect to find in Paul, naturally (4)
32 Usually, they're the best cards (4)

November crossword solution

Across: 1 Gig 3 First cousin 8 Tartan 9 Raincoat 10 Tunes 11 Drown 13 Jonah 15 Demands 16 Insular 20 Doily 21 Skull 23 Sprig 24 Wardrobe 25 Pundit 26 Resuscitate 27 Rod

Down: 1 Go to the dogs 2 Geranium 3 Flags 4 Servant 5 Owned 6 Spot on 7 Net 12 Nearsighted 13 Jaded 14 Honey 17 Labrador 18 Filbert 19 Guards 22 Lures 23 Sauce 24 War

The winner of the November crossword is: Maria Gyves Naas, Co Kildare

You can email your entry to us at nursing@medmedia.ie by taking a photo of the completed crossword with your details included.
Closing date: Monday, January 20, 2020
If preferred you can post your entry to: Crossword Competition, WIN, MedMedia Publications, 17 Adelaide Street, Dun Laoghaire, Co Dublin, A96E096

Name:
Address:

Exercise your brain with SUDOKU

Easy

		6	2	7		5		
2			5	3	9	1		
8			6	4			2	
	5		1	8				9
		1				8		
6				5	2		7	
	8			2	5			6
		3	4	9	7			5
		9		1	6	3		

Medium

	3	6	2		7		1	5
	1			8				7
		4			3			8
				7			6	4
4	2			5				
9			7			3		2
1				3			7	
3	7		4		5	1	8	

Hard

		8	9					
	7			5				8
	5	3			4	6		7
			7			1		
5				2				3
		7			9			
3		2	5			4	9	
1				4			6	
					2	3		

ONLINE SURVEY

Nurses' experience in the workplace: an Irish /American online survey

(The Interactive Effects of Proactive Personality on the Recovery – Strain Relationship in Nursing).

Dr Vivienne Byers, Technological University Dublin/ National College of Ireland

Globally nursing turnover continues to be a challenge for healthcare organisations and the patients they serve. Job turnover and career exit often results in inadequate nurse staffing which has a negative impact on patient safety, health outcomes and builds on the strain that nurses experience in the workplace. Nurses and midwives are a significant percentage of the health workforce in Ireland, yet staffing, recruitment and retention remain a serious concern. In Ireland the average age of staff nurses is 35 years with estimates of 75% of new graduates leaving in the first year. In light of nurses' and midwives' commitment to improving patient services through expansion of professional practice and the development of nursing/ midwifery-led services through the cutbacks of recent years, it is now important for the profession to review how they are coping in the workplace in Ireland.

A national survey has been launched at the end of November supported by the INMO. This survey seeks to learn more about nurses' experience in the workplace, attitudes about working conditions, job demands, and job resources. It seeks to examine the effects of stressful job demands on nurses and to provide information on how they are coping and engaging in recovery experiences in order to decrease job stress. The survey is part of an Irish-American research collaboration and is being conducted by Dr Vivienne Byers, of TU Dublin & NCI here in Ireland, with support from the INMO, as well as by researchers, Dr Chris Brown Mahoney and Dr Marilyn Fox from Minnesota State University in the USA.

Given the difficulty in not only recruiting, but retaining the nursing workforce, both here in Ireland, and in the USA, this is a timely piece of work.

We would welcome your participation and if you have any questions, please contact; Dr Vivienne Byers at Vivienne.byers@TUDublin.ie.

Take part in the survey at
bit.ly/regnursesurvey

INMO Irish Nurses and Midwives Organisation Working Together

Minnesota State University Mankato

National College of Ireland

TU Dublin

International conference hosted in Dublin sharpens focus on sight loss

International experts share knowledge on efforts to combat blindness

THE Fighting Blindness Retina 2019 international conference, which took place in November at the Davenport Hotel, Dublin, brought together clinicians and scientists from around the world to share knowledge on global research efforts to find treatments and cures for sight loss.

There are estimated to be 246,000 people in Ireland who are blind or visually impaired, yet approximately 75% of sight loss is preventable.

The international line-up of speakers addressed topics as wide-ranging as:

- An Irish clinical trial underway to test the use of atropine in stopping myopia getting worse in children
- How out-of-sync circadian rhythm may have a real and significant impact on sight, giving rise to leaky blood vessels in the inner retina
- How gut microbes may influence development of age-related macular degeneration (AMD), and how nutritional supplements may help to prevent the progression of eye disease
- How artificial intelligence and big data are being used to design new tests for visual disorders in helping to support clinical decisions
- A new form of gene therapy that aims to make cells that are not normally used for vision sensitive to light, thus bypassing damaged photoreceptor cells
- Retina-on-a-chip technology which aims to allow scientists test the effects of drugs on the retina more efficiently in laboratories.

Pictured at the Fighting Blindness Retina 2019 international conference were (l-r): Sharon Alexander and Evelyn Moore, both research nurses from the department of ophthalmology at the Royal Victoria Hospital, Belfast. The gathering in Dublin, supported by Novartis, which this year marked 20 years, brought together clinicians and scientists at the leading edge of discovery to share knowledge on global research efforts to find treatments and cures for sight loss

For more information on the conference, including a report from the event, visit **fightingblindness.ie**

Irish researchers to lead pan-European project aimed at tackling student stress

RESEARCHERS at the Waterford Institute of Technology (WIT) have secured funding of almost €300,000 to lead a two-year pan-European research project aimed at developing a digital mobile platform to help student nurses better manage their stress.

'Student Stress Training e-Mobile Management', or SSTeMM, will also work to provide users with work-based education tools, competency training and tailored support to meet the needs of student nurses on clinical placement.

It is anticipated that at least 200 student nurses, as well as their internship mentors, will participate in this project across Ireland, Spain, Slovenia and Kosovo.

Speaking at the recent project launch meeting, project co-ordinator Prof John Wells, head of the School of Health Science at WIT said: "Mental distress among college students has considerably increased over the past 20 years or so. We also know that work-based stress is a major public health problem across Europe and that the health care sector is one of the most significantly stressful employment environments.

"Student nurses have to attend college and work in the health care environment to complete their nurse education. They are therefore subject to both college and work-based stress at the same time during their education.

"The purpose of SSTeMM is to examine this potential double whammy currently faced by student nurses and develop supports for them to manage stress when it arises."

Recent research and news reports have highlighted a rise in problems of mental wellbeing among people attending college, according to the researchers, who claim that the most marked increase in the rise in work stress has been observed in the 18-25 age group.

The government's recent announcement in the Budget 2020 that it plans to fund work in the area of student health and wellbeing, including a pledge of €2 million towards third-level student mental health initiatives, helps to legitimise the concerns of this group of young people, according to the researchers, and demonstrates that their voices are not going unheard.

SSTeMM is funded by Erasmus Plus, through the Higher Education Authority in Ireland, to the tune of €297,000.

New report aims to improve nurses' disaster preparedness

Document focuses on key competencies for nurses in disaster areas

A NEW report, published recently by the International Council of Nurses (ICN), issues an updated guidance on how nurses should respond during a disaster situation.

Core Competencies in Disaster Nursing outlines what nurses should know and be able to do for the prevention of, response to and recovery from natural disasters such as floods, heatwaves, tsunamis and cyclones.

The competencies as outlined in the report are organised into eight domains:

- Preparation and planning – actions taken apart from any specific emergency to increase readiness and confidence in actions to be taken during an event
- Communication – approaches to conveying essential information within one's place of work or emergency assignment and documenting decisions made
- Incident management systems – the structure of disaster/emergency response required by countries/organisations/institutions and actions to make them effective
- Safety and security – assuring that nurses, their colleagues and patients do not add to the burden of response by unsafe practices
- Assessment – gathering data about assigned patients/families/communities on which to base subsequent actions
- Intervention – clinical or other actions taken in response to assessment of patients/families/communities within the incident management of the disaster event
- Recovery – any steps taken to facilitate resumption of pre-event individual/family/community/organisation functioning or moving it to a higher level
- Law and ethics – the legal and ethical framework for disaster/emergency nursing.

Level 1 competencies are for all registered nurses, including staff nurses in hospitals, clinics and health centres, and all nurse educators. Level 2 is for nurses who have achieved level 1 and aspire to be designated disaster responder within their organisation. Level 3 competencies will be developed in the future. These will be for nurses who respond to a wide range of disasters and emergencies and who serve on a deployable team.

Since 2010, more than 2.6 billion people have been affected by extreme weather events, often leading to mass casualties. This has the potential to overwhelm local medical resources and can have a lasting impact on the health system.

ICN president Annette Kennedy said: "When these new competencies are adopted around the world it will mean that all nurses will be able to contribute effectively in disaster situations to ease the burden on their patients and communities.

"I would like to take this opportunity to praise all of the nurses who have stepped up and helped out when people are at their most desperate and vulnerable – it never ceases to amaze me how nurses can not only provide essential care but can lead, co-ordinate and manage in the most challenging situations."

See **www.icn.ch** for the full report.

Bon Secours launches first-of-a-kind nursing care framework

Bon Secours Health System has unveiled a nursing care strategic framework to enable its nursing care team to cope with the rising demands of the pressurised nursing environment in Ireland. 'Unity in Diversity – Nursing Care Strategic Framework 2019-2024' is a first-of-a-kind nursing strategy for Irish hospitals to include healthcare assistants and operating department practitioners as well as nurses. The strategy, which will be a roadmap for nursing care across the hospital group, is framed for a nursing environment that has seen the job of the nursing care team become increasingly challenging due to a range of factors. According to OECD statistics, Ireland has the highest rate of hospital bed occupancy and one of the lowest numbers of beds per head of population, with just three beds for every 1,000 patients

At the launch of the framework were (l-r): Siobhan Dowling, director of nursing, Bon Secours Hospital Tralee; Nollaig Broe, director of nursing, Mount Desert Care Village; Andrea Mazzoccoli, chief nursing and quality officer, Bon Secours Mercy Health; Ber Mulcahy, director of nursing, Bon Secours Hospital Cork; Mairead Carr, group director of nursing, Bon Secours Hospital Galway; and Fiona Murphy, director of nursing, Bon Secours Hospital Dublin

Breastmilk could help prevent heart disease caused by premature birth

EARLY use of breastmilk could play a vital role in preventing heart disease in prematurely born infants, according to a paper led by researchers at the Royal College of Surgeons in Ireland (RCSI) and the Rotunda Hospital, Dublin.

The review article, published in the journal *Pediatric Research*, was written in collaboration with researchers from Harvard Medical School, University of Oxford and University of Toronto.

One of the long-term health complications that young adults born prematurely may have is unique heart characteristics. These can include smaller heart chambers, relatively higher blood pressure, and a disproportionate increase in muscle mass in the heart.

One study cited in the article looked at 30 preterm-born adults who were assigned to receive exclusive human milk and 16 preterm-born adults who were assigned to receive an exclusive formula-based diet during their hospital stay at birth. They then underwent detailed cardiovascular assessment between 23 and 28 years of age, including an MRI of their hearts. As expected, all of the hearts of those born prematurely had smaller chambers than the hearts in people who were not born prematurely.

However, the study showed that the smaller heart chambers were less profound for the exclusively human milk-fed group in comparison to those who were exclusively formula fed, suggesting a potentially protective effect of human milk for heart structure.

The researchers then identified potential reasons for why breastmilk results in a lower risk of heart disease. Breastmilk could help prevent heart disease by better regulating hormones and growth factors, strengthening the infant's immune system, reducing inflammation and by possibly improving the metabolism of the child.

Identifying the key components within breast milk that result in improved heart health could pave the way for a more targeted approach to improve long-term cardiovascular wellbeing for those born prematurely.

The research group is continuing to study the effects of human milk exposure on heart function in very premature infants by using novel scans to measure heart function. They hope to demonstrate that early human milk exposure in premature infants can lead to significant improvements in heart function over the first two years of age.

INMO Professional module proves a hit among participants

Congratulations to everyone who completed the fourth successful 'Training Delivery and Evaluation' programme (module 6N3326) at the Richmond Education and Event Centre. This five-day programme equips participants with the knowledge, skills and confidence to plan, deliver and assess learning and evaluate training provision. We are currently taking bookings for the next programme. See page 32 or call 01 6640642 for more information.

Pictured were (l-r): Catriona McCahey; Maureen Curley; Neal Donohue, student and new graduate officer; Marie Ann Conneely; Micheline Murphy; Kelly Guttereidge; Eleanor Downey Smyth; Margaret Nolan, trainer; Veronica Cosgrove; Geraldine Crowley; Michelle McDaniel; Jackie Delaney; Mary Murray; Jewella Santillan; and Aoife O'Neill

Table quiz night for Waterford Branch

The INMO Waterford Branch held a table quiz at Danny's Bar in Kilmacthomas on October 18, raising €925 in aid of Sacred Heart Centre Waterford and St. John's Special School, Dungarvan.

Pictured on the night was the winning team (l-r): Catherine Rotte-Murray; Grainne Walshe; Dave Hughes, quizmaster; and Johanna Moylan

January

Thursday 9
Retired Section
Christmas Dinner. Wynn's Hotel, Dublin. 12pm. Contact Ann Igoe at Tel: 087 7735735

Saturday 18
PHN Section
AGM and meeting. The Richmond Education and Event Centre. From 11am

Saturday 18
Community RGN Section
AGM and meeting. The Richmond Education and Event Centre. From 11am

Tuesday 21
Telephone Triage Section
AGM and meeting. Midland Park Hotel, Portlaoise

Thursday 23
Retired Section
AGM and meeting. The Richmond Education and Event Centre. From 11am

Saturday 25
School Nurses Section
AGM and meeting. The Richmond Education and Event Centre. From 10.30am

Saturday 25
ODN Section
Meeting. Children's Hospital Ireland, Crumlin. From 11am

Tuesday 28
Care of the Older Person Section
AGM and meeting. INMO Cork office following the 'Enablement of the Older Adult' workshop. See pull-out pages for booking details

February

Monday 4
National Children's Nurses Section
AGM. INMO HQ. 10am

Thursday 6
Assistant Directors Section
AGM and meeting. The Richmond Education and Event Centre. 11am

Thursday 13
Retired Section
Conference. The Richmond Education and Event Centre. 11am-3pm. Booking essential

For further details on any listed meetings or events, contact jean.carroll@inmo.ie (unless otherwise indicated)

Conferences

- Irish Nephrology Nurses Association conference and AGM. April 24, 2020, Maldron Hotel, Tallaght Dublin 24. For further details visit **www.innaireland.com**
- Children's Nursing Research Conference, Tallaght University Hospital. March 31, 2020.For further details visit **www.cuh.ie**

INMO Professional

Library Opening Hours

December
Monday-Thursday:
8.30am-5pm
Friday:
8.30am-4.30pm
by appointment
Closed from December24 to January 2

For further information on the library and its services or to make an appointment to visit, please contact
Tel: 01 6640 625/614
Fax: 01 01 661 0466
Email: library@inmo.ie

INMO Membership Fees 2019/2020

A Registered nurse/midwife *(Including part-time/temporary nurses/midwives in prolonged employment)*	€299
B Short-time/Relief *This fee applies only to nurses/midwives who provide very short term relief duties (ie. holiday or sick duty relief)*	€228
C Private nursing homes	€228
D Affiliate members *Working (employed in universities & IT institutes)*	€116
E Associate members *Not working*	€75
F Retired associate members	€25
G Student nurse members	No Fee

Condolences

- Staff at University Hospital Galway were saddened at the recent passing of their colleague Anna O'Meara, a clinical nurse specialist in oncology in the upper gastrointestinal service at the hospital. Anna was a dedicated employee, lauded by so many of her colleagues both in nursing and the wider multidisciplinary community as a consummate professional who demonstrated total commitment to her patients. May she rest in peace.
- Catherine Conway (known as Kathleen), an ICU nurse at Mayo University Hospital, sadly passed recently. Staff at the hospital are devastated by Kathleen's passing and the INMO has been in contact with its representative in the unit to offer support. May she rest in peace.
- The INMO would like to extend its deepest sympathies to the family of Nicola Dollard (Kelly) who recently passed away. Nicola worked at St Vincent's University Hospital where her colleagues are deeply saddened by her untimely death. Our thoughts are with her husband Damien and extended family at this heartbreaking time. May she rest in peace.
- INMO member Janet Shangase passed away recently while visiting her home town of Durban, South Africa. Janet was an agency nurse in the north Dublin area and will be sorely missed by all of her colleagues and patients. The INMO would like to offer its heartfelt condolences to her friends and family as they try to cope with her passing. May she rest in peace.
- It was with great sadness that we learned of the passing of Mary Kelly, a retired theatre nurse manager (CNM2) at Cavan General Hospital. Mary had a long history of activism with the INMO, serving on the National Executive and as a long-term nurse representative in Cavan. Mary was always stylish and full of good humour and was a real advocate on behalf of her colleagues. Mary will be sadly missed by her husband and family and we extend our heartfelt sympathy to them at this difficult time. Mary's sister Margaret McGuinness is a retired nurse from St James's Hospital and a good friend of the INMO. We extend our sympathies to Margaret and all of Mary's friends and colleagues, who will miss her.

Volunteers

- Saint Joseph's Centre for Dementia care in Shankill is looking for volunteers to help people with dementia realise that, despite their illness, their lives still matter. The centre needs people to help out with administration, arts and crafts, 'Cinema Club', gardening, IT support and many other aspects of the services offered by St Joseph's. Over the past few years, St Joseph's has transformed from a traditional nursing home into six new 'lodge' style homes. For more information about how to volunteer at the centre, visit the centre's website at: **https://saintjosephsshankill.ie/volunteer/** or Tel: 01 2823000

WIN Recruitment & Training

Mailed directly to Irish nurses and midwives every month

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Booking deadline: Monday, January 20
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- **Tralee:** Ms. Sandra O'Connor, Director of Midwifery: sandra.oconnor @hse.ie
- **Clonmel:** Ms. Sinead Heeney, Director of Midwifery: sinead.heaney@hse.ie
- **Cork:** Ms. Katie Bourke, Assistant Director of Midwifery: katie.bourke@hse.ie
- **Waterford:** Ms. Paula Curtin, Director of Midwifery: paula.curtin@hse.ie

Permanent positions available

Talbot Group
www.talbotgroup.ie

The Talbot Group provides specialist residential, respite and day services to persons who have an intellectual disability, autism spectrum disorder, acquired brain injury and who may also have mental health difficulties and other complex needs.

Permanent full-time positions for RNIDs available. These positions are new and exciting opportunities in a rapidly expanding service.

Clinical Nurse Specialists/Behavioural Specialists
- Residential services. Based in Stamullen, Co. Meath

Person In-Charge *(three years management experience required)*
- Children's residential service (ages 11-15years). Based in Balbriggan, Co. Dublin

Registered Intellectual Disability Nurses
- Children's residential service (ages 11-15years). Based in Balbriggan, Co. Dublin
- Adult respite service. Based in Athboy, Co. Meath

RPNs and RGNs who have experience of working in intellectual disability services with children and/or adults are also welcome to apply. Applications from candidates who are interested in permanent part-time positions will also be favourably considered.

If you are interested in joining the Talbot Group and would like further information, please contact Amanda McKnight in our HR department on **01 841 2660** *or* **recruitment@talbotgroup.ie**

Application by CV to the above email address – closing date for receipt of applications: **3rd January 2020.**

Interviews for the above positions will be held week commencing 6th January 2020.

You are also welcome to apply at any other time for staff nurse and management positions (RNID, RPN and RGN) by forwarding your CV to recruitment@talbotgroup.ie

Recruitment & Training

Retired Section Conference

Thursday, February 13, 2020

Richmond Education and Event Centre, North Brunswick St, D7

Email: jean.carroll@inmo.ie

Tel: 01 6640648

BALI
32nd ICM Triennial Congress
Indonesia 21-25 June 2020
Midwives of the World: delivering the future

Full sponsorship available for one INMO midwifery member for ICM triennial Congress in Bali

The 32nd Triennial International Congress of Midwives will be held in Bali, Indonesia from June 21-25, 2020.

Hosted by the Indonesian Midwives Association (IBI), this international gathering will explore the theme 'Midwives of the World: Delivering the Future' and provide an opportunity for midwives to build relationships and discuss the enormous challenges facing midwives around the world.

The Council of International Confederation of Midwives, ICM's global governing body, will convene from June 17-19, 2020. Participants who are members of ICM member associations will be able to observe global midwifery leaders, identify the profession's priorities and future directions.

The INMO Executive Council will sponsor one INMO midwife member, subject to criteria laid down by the Council, who may wish to travel to this worldwide gathering of midwives sharing the latest information.

The early registration fee, payable on or before March 2, 2019, is US$815 for delegates, US$675 for newly qualified midwives and US$370 for student midwives. After this date the fee increases.

Members who are interested in attending and wish to find out more about the sponsorship, subject to the stated criteria, should contact the General Secretary's office by email at **michaela.ruane@inmo.ie** before 12pm on Wednesday, December 18, 2019.

More information can be found at **www.midwives2020.org**

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