

WIN



Journal of the
Irish Nurses and
Midwives Organisation

Latest INMO
CPD education
programme
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World of Irish Nursing & Midwifery

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and Covid -
a lethal mix**

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Listen to us or lose us

Students protest for better pay and conditions



Irish Nurses and Midwives Organisation

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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.



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WIN,
MedMedia Publications,
17 Adelaide Street,
Dun Laoghaire,
Co Dublin.
Website: www.medmedia.ie

**Editor** Alison Moore

Email: alison.moore@medmedia.ie
Tel: 01 2710216

Production & news editor Tara Horan**Sub-editor** Max Ryan**Designers** Fiona Donohoe, Paula Quigley**Commercial director** Leon Ellison

Email: leon.ellison@medmedia.ie
Tel: 01 2710218

Publisher Geraldine Meagan

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Irish Nurses and Midwives Organisation

Editor-in-chief: Phil Ní Sheaghda**INMO editorial board:**

Karen McGowan
Eilish Fitzgerald, Kathryn Courtney

INMO editors:

Siobhán de Paor (siobhan.depaor@inmo.ie)
Freda Hughes (freda.hughes@inmo.ie)

INMO photographer: Lisa Moyles**INMO correspondence to:**

Irish Nurses and Midwives Organisation,
Whitworth Building,
North Brunswick Street,
Dublin 7.

Tel: 01 664 0600

Fax: 01 661 0466

Email: inmo@inmo.ieWebsite: www.inmo.iewww.facebook.com/irishnursesandmidwivesorganisationtwitter.com/INMO_IRL

Listen to our young people



MANY remarkable events have marked 2021 globally not least the second year of living with this deadly virus. However, I think one of the events that most gives hope was the mass mobilisation of young people at COP 26, the United Nation's recent climate change conference held in Scotland. The activities of these young people to raise awareness and pressurise governments to act on climate change certainly made an impact on our political leaders at this very important conference.

While world leaders argued and failed to reach a meaningful outcome, the young people of the world rallied to remind them why they must take urgent action. Passionate and focused on the future health of the planet, these young people travelled to Glasgow to make their voices heard. They are smart, educated, able to challenge establishment ideas and to call out political hesitancy to take on the big-nation polluters of our planet.

COP 26 was never going to achieve agreement on the full measures required to tackle climate change, but the poor response from several major nations was a significant setback and greater mobilisation of the people is required if these nations are to do what is required.

I was very proud to see the Irish delegations among them and the great sense of purpose and passion with which they made their arguments. We must listen to their voices and we must all support efforts to ensure governments make the hard decisions that are needed now to tackle climate change.

In this issue of *WIN*, you will see coverage of the recent INMO student protest, indeed they feature on our cover. Their passion and energy as they raised their voices to highlight the issues causing them to fear for the future of their profession and the health services in Ireland was a sight to behold.

The professionalism, bravery and persistence of our student nurses and midwives during the pandemic was remarkable. These young people gave

up their part-time jobs, donned PPE and worked above and beyond the call of duty to support the Irish health service in a time of need. However, they had to fight to get vaccinated and have been engaged in a long fight to get their pay and conditions improved after working unpaid when the pandemic was at its worst. Organised by the INMO, our student nurses and midwives fought and protested for fairness and their efforts have resulted in a government proposal which is now under consideration (see page 8).

There are many issues we in nursing and midwifery must continue to fight for. We should not have to fight for everything, but if we have to, we will! It is vital that the next generation of nurses and midwives continues to see the importance of organising in a trade union and exercising the right to protest as we seek to have our issues addressed.

The INMO has worked very hard and successfully to ensure all healthcare workers received the booster vaccine as we head further into this challenging winter period. This effort was focused on ensuring our members have the best protection in difficult working conditions.

We look with hope to new scientific developments in antiviral treatments that may prevent hospitalisations and eagerly await new research in this area. It is through such advances that we will finally overcome this virus.

We hope that 2022 will bring us some good news so that we can recover from the physical and mental ravages visited on us over the past 22 months.

I will close by wishing all our members a very happy and safe Christmas, especially those of you who will be working over the holiday period.

Phil Ní Sheaghda
General Secretary, INMO



Irish Nurses and Midwives Organisation

Cumann Altraí agus Ban Cabhrach na hÉireann

Working Together

EXECUTIVE COUNCIL ELECTION 2022

All members are asked to note that 2022 is an election year for election, to the Executive Council, for a two year period (2022-2024). Elections will be conducted under the revised new Rule Book (Rule 8) adopted at the ADC in May 2021.

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 2, 2022. 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

Includes all undergraduate Student Nurses/Midwives/New Graduates up to 24 months qualified.

- 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 2022 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 1, 2022).

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.

A positive focus with the president

Karen McGowan, INMO president



Working under pressure

AS MID winter approaches, the surge of Covid-19 admissions has placed huge pressure on our services. The INMO psychological survey has shown increases in the level of mental exhaustion and the willingness to leave the profession as a result of Covid-19. Nurses and midwives are continually having to navigate through new storms. We rely on the knowledge we have gained through the years, and further hone our skills and our approach through the many twists and turns of this pandemic. Our safety net is there with the booster vaccinations but we had to fight hard to get it. The INMO is committed to fighting for the health and safety of our members and will continue to progress these issues. I wish to take this opportunity to wish you all a very happy Christmas with your families and your work families.

Positive messages in sexual health nursing

THIS month I spoke with David Field, clinical nurse specialist for sexual health and STI prevention in the Mater Hospital, Dublin. I've been looking forward to this interview and, with world AIDS day taking place this month, it is timely to open the discussion on sexual health.

Mr Field told *WIN* that his team consists of five clinical nurse specialists covering different areas of sexual health such as Sláintecare community sexual health, sexual health advisor, sexual health (hospital based) and vaccination specialist. The nurse-led clinic is a hub of activity and runs five days a week. With the use of virtual platforms for assessments it makes the clinic time so much more efficient for screening patients. Access to the clinics has increased with both hospital and community based accessibility.

As a specialist nurse, he has seen a lot of change in sexual health and is very proud to be part of this interesting specialty. He describes the most important change being the U=U (undetectable equals untransmittable) message, meaning that people living with HIV, on effective treatment and with an undetectable viral load, cannot pass the virus onto their sexual partners. This has been a game changer in combating HIV stigma.

"The introduction of the publicly funded PrEP (pre-exposure prophylaxis) programme in 2019 was a huge moment and the advances and changes in people's attitudes to sexual health is fantastic. There is no hiding away, this service is extremely inclusive and part of normal healthcare. You will now see young adults presenting to appointments with their parents and seeing this support is lovely."

He added that the provision of preventative healthcare and being able to give advice and to educate is very rewarding. To be part of this community and to be giving back in this way truly inspires him to do more.

"With Covid there have been huge challenges to the provision of services for care that is so badly needed. Nurses have shown great tenacity in this area of sexual health and have devised practical solutions and emergency clinics when required."

The CNS is very proud of the achievements of his team thus far and doesn't plan to rest as he has now commenced a PhD in the area of sexual health. He is totally immersed in the area not only practically but also in research terms. I look forward to reading the results when completed.



David Field, clinical nurse specialist in sexual health and STI prevention

Executive Council update

THE Executive Council met for the first time in person this month. It was great to see everyone and to discuss national issues at length. There will never be a substitute for in-person debates as the natural flow happens so much easier. There was a lot to discuss with increased Covid-19 cases and booster vaccinations. The national themes were the stress and burnout among staff. The pressures placed on staff will have significant consequences and we take them very seriously. The Expert Review Body on Nursing and Midwifery Professions is expected to meet this month.

A delegation from the Executive Council attended the Irish Congress of Trade Union's biennial delegate conference. We brought motions to conference on safe staffing and on violence in the workplace. Both motions were supported by the Royal College of Midwives in Northern Ireland and were passed by delegates. Phil Ní Sheaghda, the INMO'S general secretary, was elected vice president of ICTU alongside the election of Edward Mathews, our deputy general secretary designate, to the executive committee. This is very important in terms of strength of the INMO among all other unions as it lends itself to a strong negotiating platform.

The INMO's 2022 ADC was discussed and the view was that, to deal with the ever changing environment, we will proceed with plans to hold the meeting in person but with a back up plan to have a virtual conference. I remind you that it is an election year so if you are interested in becoming an Executive Council member please get in touch.

The next meeting of the Executive Council is set for December 13 and 14.

If you would like to showcase your nurse-led initiative or role, please get in touch with president@inmo.ie

Get in touch

You can contact me at INMO HQ
at Tel: 01 6640 600 or
by email to: president@inmo.ie



Student nurses and midwives protest outside the Dáil last month

Students take action for improved conditions in Irish health service

Minister releases interim measures for current academic year

STUDENT nurses and midwives from colleges across Ireland took to the streets to protest outside the Dáil last month. The demonstration was about much more than their pay and conditions, it was about the future of the Irish health system.

Following the student nurses and midwives demonstration, the INMO called on the Minister for Health to provide it with the independent report on behalf of student nurses and midwives carried out earlier this year. This considered their claims for full restoration of previous pay cuts for intern student nurses and midwives as well as improved conditions for those on clinical placement.

The *Longer-Term Review on Matters relating to Student Nurses and Midwives* report was released shortly after the demonstration.

Speaking after the protest, INMO general secretary Phil Ní Sheaghda said: "The Health Minister Stephen Donnelly had the McHugh Report into student nurses and midwives' pay and conditions on his desk for almost three months and only when student nurses and midwives took to the streets did we see leaks of the report.

She called on the Minister for Health and his officials to directly engage with student nurses and midwives and their representatives.

"As case numbers begin to

rise yet again and hospital admissions increase, our students need clarity," Ms Ní Sheaghda said.

"How the government treats student nurses and midwives who are scrubbing in to work in these extremely difficult times for our health service will have a lasting impact on the recruitment and retention of nurses into the future. As global borders begin to re-open, we cannot have our young nurses and midwives in training believe that their only option for decent treatment in the workplace is to travel abroad.

"The demonstration was not just about the pay and conditions for student nurses and midwives – it was about the future of our healthcare system. Student nurses and midwives have been on the frontline as part of their placements since the start of the pandemic and they are exhausted, frustrated and disillusioned with the State's treatment of them. Their goodwill and patience is running out.

"Action must be taken to improve conditions for them as a matter of urgency in order to secure the future workforce of the Irish healthcare system."



Response from Minister

Two days after the INMO demonstration, the Minister for Health announced additional supports of €12 million for student nurses and midwives.

As part of this the pandemic placement grant of €100 per

week is to be paid to all eligible nursing and midwifery students on clinical placement for this academic year, and back-dated to September 2021.

Additional support will also be provided to students needing overnight accommodation away from their normal place

of residence in order to attend clinical placements. The cap on the vouched accommodation allowance has been doubled to €100 per week of placement. The travel and accommodation allowances had not been reviewed since 2004.

The Minister said these additional supports arise following the Longer-Term Review of Matters relating to Student Nurses and Midwives, an independent review undertaken by Seán McHugh. This also sets out recommendations to enhance the current travel and subsistence scheme for students in attending their clinical placements. The Minister said these are still under consideration, with a view to developing a permanent enhanced scheme that will provide "a targeted and more equitable approach to supporting students in undertaking supernumerary clinical placements from September 2022".

Mr McHugh also reviewed the salary of the 36-week internship for final-year student nurses and midwives, recommending that the present rate of pay for the internship placement be changed with an increase to 80% of the first point of the staff nurse/midwife pay scale.

The Minister said he was in support of this recommendation and that work was ongoing on it. In the interim, all student nurses and midwives on paid internship placement will receive additional financial support of €1,800 for the duration of their paid internship. This will take effect from January 1, 2022 – the date that paid internships for the current academic year are due to begin.

This temporary interim measure concerns an additional payment of €50 a week (equivalent to 50% of the pandemic placement grant) to all student nurses on their 36-week paid internship placement, worth an extra €1,800.

HSE's belated winter plan appears amid lethal mix of Covid and overcrowding

BY THE time the HSE's winter plan was published on November 15, the INMO had been calling for urgent action for several weeks. Entitled *Winter Preparedness Plan: October 2021-March 2022*, there was no hiding the fact that it was more than a month overdue.

Its eventual appearance was against the backdrop of record numbers of admitted patients on trolleys (including record numbers of children), increasing numbers of Covid-19 cases being hospitalised, as well as close to one million people on waiting lists.

Immediately following its late publication, the INMO sought an urgent meeting with HSE chief executive Paul Reid and his senior officials regarding putting the plan into action.

INMO deputy general secretary designate Edward Mathews said: "We need urgent action to use all available bed capacity in private hospitals to divert appropriate care from our acute hospitals. Our acute hospitals are not just full, they are overcrowded, so surge capacity from the private sector to alleviate the pressure in hospitals across the country is imperative."

The INMO had reported its "grave concern" at the rapid rise in hospital overcrowding in several press releases in the previous month, calling for the HSE's plan again and again.

Record overcrowding

INMO TrolleyWatch had reported the number of patients on trolleys in the month of October rising to almost double that for the same period last year. The report included that there were five times as many

children on trolleys compared to October 2020.

Nineteen hospitals saw their trolley figures double compared to October 2020, with record overcrowding for the month of October in Letterkenny University Hospital, University Hospital Kerry, Mayo University Hospital and Mercy University Hospital, Cork. Other hospitals of particular concern were St Vincent's University Hospital, University Hospital Tipperary, University Hospital Galway and Ennis Hospital, all of which saw their trolley numbers increase ten-fold in October compared to last year.

Overall, a massive 54,456 admitted patients were on trolleys by the end of October 2021, compared to 45,038 people on trolleys in the same time period in 2020.

INMO general secretary Phil Ní Sheaghda said: "These trolley figures are an indication of what lies ahead for patients and staff in our health service if action is not taken. These figures come with the backdrop of rapidly increasing Covid-19 cases, increased hospitalisations and an increased number of nurses and midwives infected with Covid-19.

"We urgently need to see action on ensuring that patient-facing healthcare workers have every protection possible to keep them safe as infection numbers are reaching the high numbers we saw earlier this year.

"At the start of the pandemic, the HSE said there would be zero tolerance of overcrowding... Winter is no longer a time coming down the tracks, it is already here," she

said, speaking weeks before the HSE eventually published its winter plan.

Safe staffing framework

"We need funding to implement the safe-staffing framework, which determines the safe levels of nurse-to-patient ratio. We are hearing examples in our hospitals of one nurse to 15 patients in a ward. This is not a safe environment for the nurse or for patients," Ms Ní Sheaghda continued.

November numbers

October gave way to November, and the INMO made several further calls for action by the HSE. The first week of November saw 2,305 patients on trolleys across the country – the highest since the pandemic began.

Ms Ní Sheaghda repeated her call for "the government and HSE to urgently outline how they plan to curb the levels of overcrowding to ensure the safety of staff and patients."

At time of going to press, INMO TrolleyWatch reported an overall 110% increase in trolley numbers for the month of November compared to 2021, showing a total of 8,317 patients on trolleys compared to 3,934 last November. This was despite a call from the HSE chief executive on November 19 for hospitals to cancel elective procedures.

University Hospital Limerick (1,358), Letterkenny University Hospital (1,067) and Cork University Hospital (726) were the most overcrowded hospitals in November. Ms Ní Sheaghda called for "bespoke plans" on how these hospitals aim to tackle this problem.

– Tara Horan

INMO director of industrial relations Tony Fitzpatrick updates members

INMO pressure secured booster priority for nurses and midwives

THE HSE commenced the roll out of the Covid-19 booster dose to healthcare workers on November 7, 2021.

This followed receipt of correspondence from the Chief Medical Officer on November 2, 2021 with regards to rolling out booster vaccinations to those aged 60-65 years and to healthcare workers (HCWs).

Prior to this, the INMO called repeatedly for Covid-19 vaccine boosters to be provided to frontline HCWs as a priority. This included writing directly to the chief medical officer and the chair of the National Immunisation Advisory Committee (NIAC).

A booster mRNA vaccination is now being offered to all nurses and midwives who completed an initial vaccination course. However, if individuals have had breakthrough infection, there will be a six month delay in administration of the booster. Those in whom mRNA is contraindicated, due to a

previous reaction, can consider receiving a non-mRNA vaccine.

The HSE estimates that there are about 300,000 HCWs under the age of 60 and aims to complete booster vaccination of eligible individuals in this cohort by mid-December. This allows for a six-month timeframe to have passed since HCWs completed their initial vaccine regime. It should be noted the CMO said the booster can be offered to individuals if over five months since completing their initial vaccination course.

Several other vaccination programmes are running in tandem with that of HCWs, including all cohorts over the age of 60 and immunocompromised people.

The HSE expects that the Co-Vax system will identify in time sequence those due the booster, based on when they completed their vaccination programme. Therefore, like the prioritisation secured by the

INMO back in January 2021, the same sequence should be followed. The IT system will be able to identify those with the longest timeline since completion of their initial vaccination programme, and they will be notified with regards to appointments via that process.

Commencement of the booster dose roll out on November 7 was dependent on receipt of a revised statutory instrument, which was provided to the HSE by the Department of Health. Further changes needed to be made to the statutory instrument based on the NIAC instruction to the CMO and the HSE received an updated medicines protocol, based on the NIAC letter.

Therefore, HCWs were offered appointments from November 7 onwards.

It was confirmed that this would include student HCWs and that the HSE would attempt to identify those who may have not been HCWs

back in January or are new HCWs, to ensure that vaccines are offered to all relevant personnel.

The avenues of delivery will be as before, including hospitals administering to their own staff, use of vaccination centres, school immunisation teams and other mobile clinics for the nursing home sector. It is expected that there will also be a pharmacy channel with access to the IT system to make vaccinations available also.

The INMO welcomes that the booster dose is now being rolled out to all nurses and midwives which will hopefully provide additional protection to our members throughout the winter months.

However, booster doses alone will not be enough to protect nurses and midwives and the INMO continues to apply pressure to HSE to improve ventilation and other protection measures in the workplace.

Self referral now included in special Covid-19 leave

THERE have been some changes to the HSE's Covid-19 special leave with pay arrangements, which were initially secured by the INMO in March 2020.

From the outset of the pandemic, it was agreed that Covid-19 leave would not affect members' sick leave entitlement. In addition the INMO secured, via the Workplace Relations Commission, the inclusion of premium pay in the calculation of special leave with pay (SLWP).

A slight change to the

arrangements has been made regarding public health service employees who self-refer for Covid-19 testing.

Under the initial arrangements, SLWP for Covid-19 only applied when an employee was medically advised to self isolate and was displaying symptoms of Covid-19, or had a positive test.

However, the public health advice now allows for self-referral when someone has Covid-19 symptoms. Therefore, with effect from October 20, 2021 under HR Circular

034/202 (section 4), SLWP also applies to health service employees in the following circumstances:

- Where employees develop symptoms of Covid-19 and self-refer for a Covid-19 test they may be granted SLWP if they provide written evidence of the Covid-19 test result
- If the employee tests negative for Covid-19 they may be granted SLWP from the date of sickness absence from work due to displaying Covid-19 symptoms up to the date of the test result. As set

out in Appendix D, scenario 5 of HR Circular 034/2021, the employee will be eligible for sick pay under the public service sick leave scheme after the date of the negative test result. (This appendix serves as a quick guide on the arrangements and sets out several possible scenarios)

- If the employee receives a positive test result for Covid-19, they may continue to receive SLWP in accordance with the provisions outlined in section 4 of HSE Circular 034/2021.



on recent national issues under discussion

Clarification on HSE derogation of essential healthcare workers

THE INMO has lodged several objections to HSE plans to derogate essential healthcare workers from the general public health advice for household close contacts of a confirmed case of Covid-19 to restrict their movements for five-days.

On learning of this plan of the HSE, the INMO and the National Joint Council group of healthcare unions, sought immediate engagement on the matter and, at the time of going to press, had met the HSE twice. The HSE representatives included Colm Henry CCO, Prof Martin Cormican and Lynda Sissons, head of occupational health.

The meeting took place with the HSE in relation to its decision to make provision for the derogation of essential healthcare workers (HCWs) from the new five-day restricted movement rule where there is

a household close contact of a confirmed case, as required by current public health advice.

A guidance document was shared with the INMO and was the subject of considerable discussion.

At time of going to press, a further draft was expected and discussions were ongoing. In summary:

- The INMO objects to the derogation as an unacceptable measure which increases risk to our members and patients
- The derogation is put forward as a last resort measure where all other avenues have been explored
- It is reported that it will not be mandatory and a HCW can decline to be derogated from the public health advice. This is to be recorded in the document and/or associated guidance memo from HR
- Those at home arising from the public health advice will

be regarded as working from home

- Decisions as to derogation should be made by the most senior manager on site following a risk assessment
- The original proposal specified that a derogation could only take place following an initial negative antigen test, and the HCW would continue with a series of antigen tests as per normal public health advice
- The INMO strongly argued for a negative PCR test to be the standard for the initial and subsequent steps as the most protective measure for our members. The HSE accepted that a PCR test would be optimal, but expressed reservations regarding availability outside of acute services. We continued to press the matter
- The derogation can only apply to asymptomatic persons and the language in guidance is to be altered to make this clearer

• The guidance will include an appendix specifying the full list of Covid-19 symptoms.

The INMO stressed that we cannot repeat the mistakes of previous derogations that allowed HCWs to be exempt from public health advice. In the past allowing HCWs to be exempt saw infections spike among HCWs and patients, particularly when it came to the care of older people.

The HSE and government need to take the concerns of patient-facing staff seriously. We cannot have a situation where the highest cohort of workers who are dealing with unvaccinated patients and working in environments with poor ventilation like many of our healthcare settings, are putting their colleagues and loved ones at further risk.

The INMO will keep members updated via our notices to members.

INMO informs Congress of violence against staff in Irish hospitals

More protection needed for nurses and midwives

INMO members spoke out against violence in the workplace at the recent Irish Congress of Trade Unions Biennial Delegate Conference held in Belfast recently.

INMO Executive Council member Lynda Moore said: "Any assault on a worker while they are trying to do their job is unacceptable.

"Figures obtained through the HSE's National Incident Management Scheme show that in 2020 over 8,667 staff reported physical, verbal and

sexual assault in the workplace. Nurses and midwives made up 48% of this cohort, with 4,166 nurses and midwives reporting some type of assault.

"We need to know what measures are being put in place to protect a largely female workforce? The employer's remit is to provide a safe workplace. This level of reported incidence is completely unacceptable.

"As a midwife, I know that many of my colleagues do not

report some of the incidents that take place in our hospitals because they do not have the time to do so.

"Our hardworking staff are firefighting on so many fronts at the moment. We need assurances that our employer is taking measures to protect nurses and midwives seriously because the rise in incidents of assault is a serious cause of concern."

INMO general secretary, Phil Ní Sheaghda added: "Our hospitals are not just full, they

are overcrowded and this creates a pressure cooker type environment. With that, frustration can run high and a tiny minority unacceptably attack staff. This means that frontline staff are being put at risk for conditions they are not responsible for.

"With proper staffing, care would be faster and better, which would ensure tensions in hospitals don't build up."

The ICTU's two-day biennial conference was held in Belfast on Octobers 26-27.

INMO calls for national intervention to curtail services at CUH

THE INMO wrote to the HSE last month calling for urgent curtailment of services in Cork University Hospital.

In its letter to the national director of acute hospitals, the union cited a lack of response to the current crisis from management, and noted a range of challenges that need urgent intervention particularly relating to bed management and the failure to curtail non-emergency services leading to issues with bed capacity,

overcrowding in the emergency departments and ICU demand that exceeds staffing levels.

The INMO also called for an emergency meeting next week to discuss urgent measures that must be taken to keep patients and staff safe.

INMO IRO for CUH Liam Conway said: "We're seeing a very dangerous situation across the acute hospitals in Cork, and staff can't wait any longer for management to intervene. That's why we're now raising



Liam Conway, INMO IRO:
"We're seeing a very dangerous situation across the acute hospitals in Cork"

the matter to the national hospital office of the HSE, and

insisting on meaningful action on safety.

"Our members in the hospital feel abandoned, and they're wondering how they are going to get through this winter. It's not sustainable and the fact is we will see dedicated staff who have worked through the pandemic, walking out of their jobs if this situation isn't taken seriously. It's absolutely crucial that the HSE works with us now to prevent that happening."

Students' sick leave entitlements

THE INMO contacted management of Cope Foundation in Cork on behalf a number of undergraduate student members who had taken sick leave during their continuous 36-week internship and were required to make up that time.

Cope Foundation was refusing to pay the student nurses for time on sick leave and for the make-up time, in contravention of Circular 030/2009. The INMO has been successful in securing the payment of sick leave benefits owed to undergraduate students. The hours worked to make up time will also be paid as per the circular.

Gráinne Walsh, INMO IRE

Enhanced practice scale agreed for Marymount

THE INMO has been engaging on behalf of members with management at Marymount University Hospital and Hospice in Cork since October 2019, seeking the implementation of the enhanced nurse/midwife practice scales.

After protracted negotiations the union secured a proposal to put to a ballot of members concerned. The proposal for the implementation of the enhanced practice salary has been accepted unanimously by our members.

As part of the proposals, all staff nurses who complete and submit the verification process to their director of nursing

within six weeks of the date of acceptance, will be eligible for the enhanced practice salary scale with effect from 1 November 1, 2021.

All new staff recruited to work in Marymount from November 1, 2021 will be offered to commence on either the enhanced practice contract (providing they meet the criteria) or the staff nurse contract.

New staff who were in receipt of the enhanced practice salary in their previous employment will retain it when they commence employment in Marymount.

Gráinne Walsh, INMO IRE

Vital need to fill vacancies in CUH tissue viability service

THE INMO had to intervene to aid the rapid recruitment to fill crucial vacant posts for the tissue viability service in the South and South West throughout October and November 2021.

The Organisation engaged with the South West Hospital Group and Cork University Hospital to ensure that adequate campaigns were put in place immediately to support this vital service.

Recruitment campaigns are now underway at a local level to fill vacant posts in this service.

– Liam Conway, INMO IRO

HSE South moves to online payslips



THE HSE has advised all staff within HSE South that paper payslips will no longer be available, with effect from February 1, 2022.

This is part of the payroll team's ongoing modernisation and in preparation for

national payroll systems which are planned for roll out in 2022 and 2023.

The HSE payroll team is available to support HSE South employees to register and ensure they have up to date access to their online

payslips. Members can contact the payroll team for assistance during the change-over through the following dedicated support channels:

Email: payroll.south@hse.ie,
Tel: 021 4923659

– Liam Conway, INMO IRO

External review of UHL's patient flow processes needed says INMO

HOSPITAL overcrowding is the overarching issue of concern for INMO members at University Hospital Limerick, which saw new levels reached last month, including on November 16 when there were 95 patients on trolleys awaiting admission to a bed.

This overcrowding is despite 100 additional beds being opened in the past 12 months, plus a further 10 beds opened as surge overflow capacity without consultation.

The stress and strain of the atrocious working conditions faced daily by all nurses at the hospital, especially in the emergency department, was captured in a recent INMO survey of members who said that the environment is causing compromised health and wellbeing and poor retention of staff.

The INMO has again written to the Minister for Health seeking an independent review of

patient flow processes in UHL, which he previously rejected. In addition, the union has again requested HIQA to investigate the situation, as nurses believe that improvements in patient flow systems would help to reduce the overcrowding.

The INMO has also lodged a claim for proper staffing of the 10-bed overflow unit and the cessation of ad-hoc redeployment/agency usage in order to help mitigate some of the pressure on internal redeployment that are also under pressure.

The union has highlighted the unsafe practice of not having a designated nurse in charge and continuity of care being compromised. A proposal from management on this unit is awaited. If local agreement is not imminent, the INMO will consider taking the claim to the conciliation service at the Workplace Relations Commission.



Mary Fogarty, INMO assistant director of IR: "Despite 100 extra beds opening in Limerick this year, it has made no dent in the overcrowding"

Speaking in the week that saw overcrowding hit record levels last month, INMO assistant director of industrial relations Mary Fogarty said: "When our members sounded the alarm on persistently dangerous overcrowding coupled with Covid-19 back in July, we called for direct ministerial intervention, which Health Minister Stephen Donnelly at the time stated was not required. The situation in Limerick has worsened since we first made the call.

"Despite 100 extra beds opening in Limerick this year, it has made no dent in the overcrowding. Our members are at their wits' end and their morale is on the floor."

INMO general secretary Phil Ní Sheaghda said: "The situation in University Hospital Limerick is out of control. The INMO is once again calling for HIQA to investigate what is going on in the hospital and make clear recommendations.

"The overall picture in our hospitals is a bleak one. Covid-19 cases and hospitalisations are at a dangerous level and this is coupled with the number of patients on trolleys in many hospitals at pre-pandemic levels.

"Our members have been fire-fighting on so many fronts since January 2020, the State must do everything possible to ensure that they are carrying out their duties in a safe environment."

INMO tracking staffing of new rehab beds

FOLLOWING €4 million funding secured for additional capacity to be added to older persons services in the mid-west, including a plan for additional rehabilitation beds, the INMO has been engaged with HSE management of older persons services.

There are 10 additional rehab beds in St Ita's Hospital, Newcastle West as reported and opened before the summer. St Camillus Hospital, Limerick is also in the final stages of opening 15 additional rehab beds.

The expectation from the HSE is this will be a positive factor in helping to alleviate the unacceptable pressures

of continuous overcrowding within University Hospital Limerick.

An additional 18 nurses are in situ or going through recruitment process for the extra capacity, with an additional CNM1/CNM2 also in place. The INMO will continue to engage with HSE management and support members with any issues arising in the new unit in St Camillus. It was entering commissioning phase at time of going to press, and members feared that rosters may become unstable if filling of residual vacancies is not completed.

– Karen Liston, INMO IRE

Theatre nurses denied rest following call-out

THE INMO has engaged with management at University Hospital Limerick seeking compliance with the Organisation of Working Time Act 1997 whereby nurses who provide an on-call service will receive the 11 hours compensatory rest time within a 24/7 shift.

Currently nurses who work an on-call roster in the theatre department are not receiving the legally required 11-hours rest in the 24-hour shift when called out. The INMO is aiming to successfully conclude this engagement in coming weeks.

The continuous overruns of theatre lists in UHL has been a subject engagement since

2016 with no resolution and was referred by the INMO to the WRC conciliation service in 2018. However, management declined to attend at conciliation until September 2021 where the INMO put proposals on behalf of members to resolve the matters in dispute.

A further conciliation meeting scheduled for November 30 was cancelled by management and the INMO was awaiting communication from management on this. If the matter remains outstanding, a meeting of theatre nurses will be arranged to consider options.

– Mary Fogarty, INMO assistant director of IR

Members protest over conditions at Mayo University Hospital

INMO members at Mayo University Hospital protested outside the hospital in Castlebar last month to highlight excessive workloads and staffing pressure.

The INMO is extremely concerned that, due to excessive workloads, staff in the hospital are unable to take adequate breaks or use their annual leave.

Despite formal grievances raised by staff and union escalation to the Saolta Hospital Group, no improvements

have been made to working conditions.

The union is calling for a robust set of proposals to be urgently provided by the Saolta Group and hospital management in order to bring the issue to conciliation at the Workplace Relations Commission.

INMO IRO for Galway, Mayo and Roscommon, Anne Burke said: "This is simply a matter of safety. Admissions to hospital are creeping up alongside Covid-19 numbers and it's not possible to keep



INMO IRO Anne Burke:
"This is simply a matter of safety"

staff and patients safe in these conditions.

"Staff in the hospital cannot keep up this relentless pace without some sort of relief, and we are going to see large numbers leaving nursing over the coming months if management don't take steps to lighten the load.

"It's beyond time for robust measures in hard-hit acute hospitals. We can't afford to have burnout and exhaustion across the workforce, especially at this time as we head into a very dangerous and busy winter."

Milford Care Centre clarifies pay-related issues

MEMBERS at Milford Care Centre, a section 39 facility in Limerick, are reminded to apply for the senior staff nurse increment if they have the required 17 years service.

As secured in the nursing dispute in 2019, this increment is now paid at 17 years service (it was previously payable at 20 years). Milford's implementation date is **February 1** each year and it is important for any nurse who has the required service to apply in advance of

the closing date as it may take some time to secure verification of service if in the private sector or abroad.

Milford has agreed to waive the requirement to have the one year service within the Milford Care Centre before allowing a nurse to apply for the senior staff nurse.

In addition, those who were appointed as senior staff nurses elsewhere who take up a new appointment in Milford will have their senior post

honoured in their new post in Milford.

Members were previously advised that the 1% salary increase under Building Momentum is payable on November 26. Following direct engagement from your local rep, management has also rectified payment due to include the 1% increase on the qualification and locations allowances that had been missed. This will be paid in December.

In addition, at a meeting with Human Resources the INMO was advised that the HSE had failed to provide funding for the implementation of the enhanced practice contract.

Milford is to put this matter to its board's end of year meeting in December. We will schedule a meeting on this to update members once the outcome of the board meeting is known.

– Karen Liston, INMO IRE



For ongoing updates on all IR issues, see www.inmo.ie

Delays in Covid leave premium pay

ALL nurses and midwives who have lost premium pay due to Covid-19 illnesses are to receive monies in lieu of same as set out by the HSE HR nationally in circulars dated November and December 2020.

• **University Hospital Limerick Group:** Despite the above, payment of premium pay lost due to Covid-19 in the University Hospital Limerick Group, with the exception of St John's Hospital, had yet to be made at the time of going to press. The

INMO has been continuously seeking these outstanding payments on behalf of members. Such delays in payment of monies are unacceptable; nurses and midwives in other locations have already been paid. The INMO was formally notified via the WRC Advisory Service in early November 2021 that management expects to have payments made to all by January 2022 at the latest.

– Mary Fogarty, INMO assistant director of IR

• **CHO Area 3 (Clare, Limerick, North Tipperary/East Limerick):** Meanwhile, reports that HR in CHO3 reports that any nurse/midwife due premium payments as a result of absence on Covid-19 related special leave with pay in the reference period May-September 2021 will be paid in December. This will be paid on a monthly basis thereafter.

– Karen Liston, INMO IRE

• See also IR Update, pages 10-11 for recent changes on Covid-19 special leave with pay (SLWP)

INMO lends solidarity to US nurses on long-term strike for safe staffing

OVER 700 nurses at St Vincent Hospital, Massachusetts represented by the Massachusetts Nurses Association (MNA) have been on strike against Tenet Healthcare, a private company which manages the facility.

On strike for almost nine months as we went to press, the nurses are protesting against unsafe staffing levels at the hospital. It is the longest strike seen in the US in over 15 years and the nurses involved have been applauded worldwide for their courageous stand for safer patient care.

The MNA has filed 11 unfair labour practice charges with the National Labour Relations Board, the most recent after Tenet announced an impasse in negotiations with the nurses. Among the unfair labour practices charges filed by the MNA against the corporation are the making of unlawful threats against striking nurses, retaliation and discrimination towards striking nurses, promises of benefits to non-strikers,

and bad faith bargaining tactics. All these are designed to break the strike and to remove MNA as the nurses' bargaining agent, the union said.

While 700 nurses remain on strike outside the hospital, there are currently more than 540 vacant positions which Tenet has threatened to fill with permanent replacements. However, the facility has had trouble retaining replacement nurses. Crucial to the continuation of the strike action was Tenet's statement that it would not guarantee nurses a return to the positions they had held pre-strike.

The MNA stated: "Tenet demanded that nurses accept an unprecedented and punitive back to work provision that is not only unfair to nurses, but its replacement of highly skilled nurses with lesser qualified staff would undermine all the patient safety gains the parties had negotiated."

As Tenet refuses to negotiate in good faith to end



Strike by over 700 nurses represented by the Massachusetts Nurses Association longest seen in the US in over 15 years

the standoff, support for the nurses' cause continues to gather momentum in the US and indeed across the globe with nurses' unions and advocacy groups pledging their support.

INMO pledge of support

The INMO sent a letter of support to the MNA stating: "Your fight for safe staffing is all too familiar to us in Ireland and we in the INMO have campaigned vigorously for the same cause. We applaud you in your struggle for better

patient care and a safe place of work which can only be achieved when the numbers allow nurses and midwives do what they do best and without the stress caused by chronic understaffing.

"Your unity is your strength and we hope that this message of support and solidarity bolsters your commitment and lets Tenet Healthcare know the eyes of the world are witnessing their appalling treatment of staff and neglect of patient care."

– Freda Hughes

Fascist attack on Italian unions' HQ

ON OCTOBER 11 the headquarters of the Italian trade union confederation CGIL was attacked by far-right hate groups led by the fascist organisation Forza Nuova. The far-right and fascist groups joined a protest against mandatory Covid-19 health passes for workers which were recently introduced by the Italian coalition government.

Several hundred protesters clashed with police and proceeded to enter CGIL headquarters where they smashed computers, desks, windows and doors. A number of Forza Nuova members were later arrested and there have been cross-party

calls throughout Italy for the party to be banned.

Trade unions across the world, including the INMO, have sent messages of solidarity to CGIL in the wake of the attack. A large demonstration against the rise of fascism was organised by CGIL in the aftermath of the attack.

On behalf of the INMO deputy general secretary Dave Hughes said: "I wish to express our complete outrage and full solidarity following the awful and cowardly attack on your Roma premises last week. An attack such as this, against a fellow trade union, is an attack against trade unions



CGIL protest against attack on its headquarters by Forza Nuova on October 11; (inset) some of the damage caused during the attack

everywhere and we fully support your public demonstration against fascist movements."

EPSU also sent a statement of support stating: "We must stand firm against fascism as the EPSU Congress

in Dublin made very clear... We all understand that these attacks by fascists groups are directed not just against CGIL. It is against all of us. Europe's unions will stand together."

– Freda Hughes



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Entrants can apply online at www.inmoprofessional.ie

The closing date for applications is Monday, 7 March, 2022.

For more information visit:
www.inmo.ie and www.inmoprofessional.ie



As he prepares to retire, deputy general secretary **Dave Hughes** looks back at some of the dramatic changes the INMO has pushed for over the past two decades

It's time to say goodbye

AFTER 22 years with the Organisation, this will be my final communication with nurses and midwives as INMO deputy general secretary. Retirement beckons and I will be handing over to Edward Mathews from January 4, 2022 – my 65th birthday.

The world and the INMO have changed dramatically over my two decades with the Organisation, particularly in the past two years. That a virus would cause governments to completely change philosophy – from market and financial austerity to spending and social protection overnight – could not have been foreseen.

It is surreal and sad to be leaving the workplace without meeting old work colleagues and members in person.

To see the enormous pressure on INMO members and the constant battle to have their issues heard and their fatigue recognised is frustrating. Now more than ever nurses and midwives must remain united and work together. Workplaces must become safe places to work – something they have not been for a very long time.

When I started with the INO as director of industrial relations I described the role as one of the most challenging and exciting roles in the Irish trade union movement. Nurses and midwives through the Nursing Alliance were dominating the industrial relations world and were the itch governments had refused to scratch, a strategy that fuelled anger and agitation among a workforce long taken for granted.

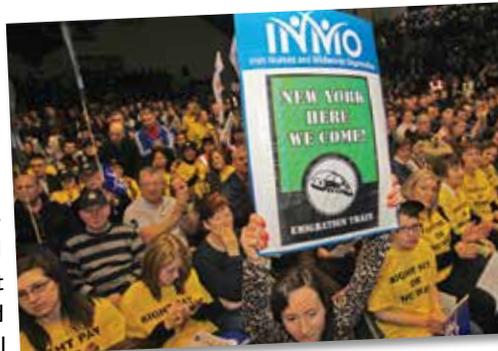
Being female-dominated professions, nursing and midwifery had not benefited from

the right to equal pay between men and women which became law in 1975. The consequences of that law had eliminated segregated scales. Protest action in 1980 had produced a small adjustment but by 1996

nurses and midwives were marching again. That dispute ended with a new staff nurse and midwife scale and a Commission on Nursing, which two years later in 1998, produced 200 recommendations known as the Blueprint for Nursing. Government accepted 197 of these recommendation but said they could not address the three pay-related recommendations outside of the prevailing National Pay Agreement.

1998 was also the year in which officer grades in the public service gained access to the Labour Relations Commission and the Labour Court. The payment of overtime, which was not previously paid to general nurses or midwives, was agreed. In January 1999 the INO secured a Labour Court Recommendation which was to end the practice of limiting nurses and midwives to the first five points of their scale regardless of service. That was a crucial achievement which ensured that nursing/midwifery service anywhere in the world would be recognised for pay increments in the health service.

Failure to implement the overtime agreement and the rejection of a Labour Court Recommendation issued in August 1999 led to the first



ever INO national strike. It lasted nine days and led to a settlement that introduced the senior staff nurse/midwife grade, 10% increases for management grades, a £1,000 lump sum and a five-fold increase in location and specialist allowances. Crucially it secured the CNS and ANP specialist career path, as well as the many changes recommended by the Commission including the introduction of the degree programme.

It was a baptism of fire, and the pace never ceased with campaigns almost every year. Patient safety, safe staffing levels, health service cutbacks, and hours of work were among the many issues we advocated on for members. Winning the 37.5-hour week in 2007 was a key win; to have it taken away again in 2015 was a bitter blow. However, our leadership of the Frontline Services Alliance and the magnificent protest meeting that took place in the National Basketball Arena prevented further cuts to Sunday pay and shift allowances.

The lesson learned from the start was that progress for the professions would only be achieved through pressure. No pressure, no progress.

The 2019 strike settlement, when fully worked through, will see nurses and midwives in a more appropriate starting



Some career highlights: (above) Frontline Services Alliance protest meeting, National Basketball Arena, February 2013 and (right) INMO national strike rally, Merrion Square, February 2019

position in the very rigid matrix of public service grades. Having conducted possibly the two largest strikes in the history of the state, the INMO is now a force in public service pay bargaining. No longer on the outside, the progress must be made within the troubled family of public service trade unions. The election of our general secretary Phil Ní Sheaghda as ICTU second vice president is a measure of the influence the INMO now yields.

I retire happy in the knowledge that the union is in safe hands and that the interests of every nurse and midwife are best served in a strong INMO.

Many of you have expressed best wishes to me as I leave which I deeply appreciate. My admiration for our members has made the job, no matter how taxing, a joy. To see branch and section officers dedicating their time in the interests of members gives me hope that the INMO will keep nurses and midwives working together for the betterment of society, the professions, the public health service and the health and safety of generations to come.

Farewell my friends and comrades, it's time for me to say goodbye.



Dave Hughes retires after 23 years with

THE end of an era has arrived at the INMO. Dave Hughes, who has been with the Organisation since 1998, has decided to retire following a long career in the trade union movement.

In April 1980, Dave Hughes commenced his trade union role with the then Irish Transport and General Workers' Union (ITGWU) and moved to the Local Government and Public Services Union (LGPSU) western region based in Sligo in 1985. In 1992 he moved back to Dublin to work for the Civil and Public Service Union (CPSU) before moving to the IMPACT trade union in 1994. In 1998 he joined the INO (now INMO) as director of industrial relations.

Dave joined the Organisation at a time of great change, both from an employment rights point of view and from the point of view of industrial relations. PJ Madden was the general secretary when he first joined and he described Dave as "a perceptive reader of character, very capable of separating the issue from the personality and a clear logical, mathematical mind which was of great assistance when it came to industrial relations".

PJ said he has fond memories from the time they worked together and feels strongly that they had become friends and that his appointment as the INMO's first director of industrial relations was one which served the membership well.



Lenore Mrkwicka, who many of you will also remember, was INO deputy general secretary when Dave joined as director of industrial relations. She too has fond memories of working with Dave and described the director of industrial relations role as a significant new position for the Organisation at a time which reflected the general landscape of trade unions and the evolution of the INO from a purely professional organisation to a trade union that represented members on both a professional and industrial level. Lenore and Dave worked together until Lenore took up a post as a rights commissioner in 2002.

Liam Doran became general secretary following PJ Madden's retirement later in 1998. Dave and Liam worked together for many years, for most of which Dave served as deputy general secretary. Liam described their relationship as "very close", saying Dave was an astute reader of industrial relations and a great asset to the industrial relations

landscape in which nursing and midwifery found itself in the early part of 2000s.

Many current and former officials of the INMO often remark on Dave's skills as a trainer, particularly on nurse representative training courses. Liam Doran has described Dave's contribution to training members within our union as "legendary".

There are many sides to the working life of officials in the INMO, and indeed Dave's role, first as director of industrial relations and then as deputy general secretary, saw him take responsibility for various aspects of the union's activity over the past 23 years. It is fair to say that having spoken with PJ, Liam and Lenore and knowing what I know from working with Dave myself over the past 23 years, we would all attest to the diligence, loyalty and focus that he applied when dealing with all matters relating to the conditions of employment for nurses and midwives.

Simply put, he constantly sought to improve terms and

conditions of employment and raise the profile of nursing and midwifery within the Irish health service.

Dave represented the INMO internationally for many years as part of the European Workforce Forum, a subcommittee of the International Council of Nurses (ICN), and forged many alliances from which the INMO has benefited. One such alliance was with a representative from the Royal College of Midwifery (RCM), John Skews. Together they undertook to establish a joint education forum through the RCM platform for midwives in the Republic of Ireland who are members of the INMO. This became a reality in January 2018 with a memorandum of understanding between the RCM and the INMO and continues to be a useful and practical tool for INMO midwife members seeking to further their education.

Delegates who attended annual conference over many years will also remember Dave as quiz master at the



the INMO



Dave Hughes pictured with colleagues over the years, including Liam Doran, Phil Ní Sheaghda and Edward Mathews

Wednesday night quiz, which is now legendary.

I know all of you who have been represented, trained as reps or indeed simply met with Dave throughout his career wish him the very best in his retirement and thank him for his contribution to the improvement of conditions for nurses and midwives over his 23 years of employment with the INMO.

I know you join with me and all of the staff at the INMO in thanking him most sincerely for a unique contribution to services for members and for maintaining perspective and good humour even in the most difficult of times.

We wish you good health to enjoy good times ahead with your family, Dave, and we hope you will join delegates at ADC 2022 to mark your huge contribution to the INMO.

Go raibh maith agat agus go n-éirí go geal leat ar an bothar seo romhat.

– Phil Ní Sheaghda,
INMO general secretary

Farewell to Mary Power

THIS month we also bid farewell to our colleague Mary Power after 32 years of dedicated service with the INMO.

Mary was a qualified nurse and midwife having worked in various settings in Ireland and overseas before commencing with the Organisation in 1989 as an industrial relations officer.

She moved to the role of section development officer in 1999 following the national strike and the implementation of the Commission on Nursing recommendations where she

successfully undertook this role for over a decade. During this time many of the existing INMO sections were set up and developed.

In 2011 Mary returned to the INMO IR team within the HSE South, working with and on behalf of nurses and midwives in the Kerry, Waterford, South Tipperary and Cork regions.

In 2019 Mary was promoted to the role of assistant director of industrial relations for the whole Southern region.

We wish Mary the very best

in her retirement and to enjoy this new life with her husband and two sons. We also acknowledge her role over the years in always protecting the interests and rights of nurses and midwives and the positive impact this has made to the Organisation and to the wider health service.

The best of good luck, health and happiness to enjoy your retirement Mary from all your colleagues and friends at the INMO.

– Phil Ní Sheaghda,
INMO general secretary



*(Above)
Mary Power with various colleagues over the years and (right) protesting with members outside South Infirmary Victoria University Hospital, Cork*



New appointments at the INMO

SIOBHÁN de Paor is the INMO's new head of communications. She will lead the media and communications team overseeing all aspects of the Organisation's media and social media output and setting out its communication strategy.

Ms de Paor is originally from Tipperary. She completed her undergraduate and postgraduate studies at University College Cork. On graduating college she moved to Dublin to work in the Dáil where she worked for the Labour Party, both inside and outside of government, for eight years. During that time she held the roles of deputy head of communications and adviser to the party leader, Alan Kelly. Both roles were heavily communications focused and she brings this wealth of

experience along with her in depth knowledge of the political system to her new role with the INMO. She plans to amplify the voices of nurses and midwives in the media as part of her new role.

"Throughout the pandemic, it was clear that the media focused on the voices of doctors and scientists over the voices of other healthcare workers, such as nurses and midwives. One of my top priorities is ensuring that the media sees the INMO and the nursing and midwifery professions on par with other patient-facing healthcare workers."

Ms de Paor has always advocated that all workers should join a trade union and she is acutely aware of the gains nurses and midwives have made by working

together and having a collective voice as part of the INMO.

"The INMO is a union that has had significant wins in recent years. While union density is low in some sectors of society, nurses and midwives can really see the benefit of being in a union because of the strength of the INMO. I'm really proud to join a team of people that so obviously care about the wellbeing of those they represent," said Ms de Paor.



KAREN McCann is the new industrial relations executive for the Dublin Northeast region, covering Westmeath, Longford and North Dublin. She has worked with the INMO since 2010, firstly in the IR department before becoming an information officer in 2014. Here her role involved supporting and advising members and industrial relations staff on employment law, salary, national policies, conditions of employment and rights and entitlements. While working in that role she completed an advanced diploma in applied employment law at the King's Inns in Dublin.

Ms McCann has developed lasting relationships with members over the past 11 years and was instrumental in ensuring the enhanced practice contract and terms of the 2019 Labour Court recommendation

post-strike were applied correctly for members. Throughout the pandemic Ms McCann was proactive in ensuring members had access to the most up-to-date guidance regarding health and safety and welfare in the workplace and the provisions available for those suffering from Covid-19.

"I believe, with the workplace becoming quite a volatile environment and with a tough winter ahead, it is vital for nurses and midwives to be protected in their professions, not only for their registration, but for their mental and physical wellbeing, as these past 18 months have taken a tremendous toll. Being part of a union provides a support network and a collective voice. Having a collective voice is of utmost importance and investing in

the protection of your registration and employment rights is essential.

"Nurses and midwives did not have the option of working from home and so when the rest of the country was locked down, they turned up for work and got the job done in an extremely unpredictable and unrelenting environment. I am delighted to be able to meet these members in person and support them in the best way I can," said Ms McCann.



CATHERINE O'Connor is our new information officer. She will be joining Lorraine Monaghan and Catherine Hopkins in the INMO's Information Office, having previously held the role of student and new graduate officer from January 2020 to December 2021.

Ms O'Connor trained as a general nurse and graduated from UCD in 2015. She worked in a large acute hospital in Dublin for five years gaining a good all-round knowledge of acute care. While training she also worked as a healthcare assistant in the community sector, working with older people, which gave her a great appreciation for community nursing.

While working as a nurse she joined the

INMO's Dublin Youth Forum and became an activist, voicing the concerns of new graduates in the run up to the INMO's national strike in 2019. Her passion and enthusiasm led to her taking on the role of INMO student and new graduate officer, a position which she has really enjoyed. "It's been a privilege working with students and new graduates. They've been through such a difficult time that no other students in living memory have had to go through. They've handled it with such resilience and grace. I wish the new student/new graduate officer the best of luck and success in terms of continuing to support them.

"In my new role I want to provide timely, up-to-date, accurate and reliable

information to members. When you're stressed on the ward, you need to have someone you can call to clarify matters quickly. There's often a sense of urgency and little or no time when you're working in an already over-stretched health service. I think having so many trained nurses and midwives working for the INMO allows us to really tune into the needs of our members," she added.



Knowledge is power

The INMO Information Office is the first port of call for members seeking accurate advice, says its new head Lorraine Monaghan. Interview by Tara Horan



A PASSION for research combined with an innate sense of curiosity makes Lorraine Monaghan the perfect fit for her new role as INMO head of information services. Add to this more than 18 years of practical and academic experience in industrial relations and employment law, Ms Monaghan is well equipped to head up the Organisation's information office team.

Currently completing her work as assistant director of IR for the Dublin/Mid-Leinster region, Ms Monaghan has been with the INMO since 2003. She feels she has now come full circle in her career, returning to head up the information office where she worked for her first five years with the Organisation, before going out in the field as an IRO from 2008 and assistant director of IR from April 2019.

"The information office gave me a really good base to be able to go out into the field and represent members and apply what I had learned. I was well equipped with knowledge on everything from rights and entitlements, the various policies and procedures and how they operate in the workplace. I was also well prepared for taking cases on behalf of members as an industrial relations officer.

"To me, knowledge is power and I used that knowledge to get the best possible outcome for members," she said.

"It feels like I've come full circle in the Organisation and come back to my roots. The INMO Information Office is the first port of call for members to get accurate information and guidance, so that they can go back to their workplace and address their issue and hopefully resolve it at that level.

"Unfortunately, that's not always the way the world works and sometimes the issue cannot be resolved at this point. The next stage is for members, or the

information office on their behalf, to contact the local industrial relations field staff," she said.

As well as giving advice and guidance, the information office can provide members with supporting documentation. "For example, if there is a collective agreement from 10 years ago, we'll have it in our database and will be able to provide that to the member or to the IR team. This enables members to go back to their manager armed with proof of their entitlements.

"It's about sharing information and this puts weight behind the argument. So you would hope that the member could resolve the issue at that point and, in many cases, they are able to without it going any further."

For example, if a member believes they are entitled to a specialist qualification allowance but their manager tells them otherwise, they can contact the information office for advice. "We'll take the details. Listening is key here. It's important to listen to the detail and the background to be able to advise accordingly. In this case, if the member meets the criteria for a specialist qualification allowance, the information officer will advise them of this and why. They'll also be able to provide a copy of the collective agreement on this from 1999 for the member to show their employer. The matter should be resolved at that level," Ms Monaghan said.

The information office is also a valuable resource for the entire IR team. "If an IRO was dealing with a complex situation, they may contact the information officers or myself for advice and guidance to assist them in dealing with the matter. It could be a case where a member is being discriminated against on the grounds of disability, for example. In that case I would provide

the official with information on the relevant sections of the employment equality legislation. I could also provide supporting case law to demonstrate how the legislation is applied in that kind of scenario. The official would be able to make representations to the employer with that information in their hands and hope to resolve it," she said.

However, if a matter is not resolved at that point, it can be referred to a third party, such as the Workplace Relations Commission. Again the information office will be involved in assisting the IR team in preparing a case for submission to the third party.

"I'm always realistic and honest with members in terms of what can and cannot be achieved. I would explore all angles when dealing with a particular case. I listen closely and I ask a lot of questions to get down to the nuts and bolts of the issue and what we're trying to achieve," she said.

Ms Monaghan is a strong believer in continuing professional development and has built on her degree in industrial relations and human resources management with numerous postgraduate IR, employment law and management courses. She is also due to embark on a bachelor of law degree in 2022. Originally from Galway, she has lived in Dublin since the age of seven. As well as having a keen interest in politics and current affairs, she loves cycling, sea swimming and yoga.

Information office team

With Ms Monaghan now at the helm, since the retirement of Collette Mullin after many years with the Organisation, the information office team also includes information officers Catherine Hopkins and Catherine O'Connor, with a new officer set to be appointed to the student/new graduate role shortly.

Pandemic reflections

Freda Hughes spoke to representatives from the many INMO sections about how the pandemic has affected their practice

SINCE the 1950s each specialist area of nursing or midwifery has a subgroup or national section within the INMO. Sections are an essential part of the union, enabling members to influence policy and campaign on issues of concern regionally, nationally or internationally. The sections also allow members to link with their colleagues across the country for specialised networking, information sharing and

support. Sections are run by members for members.

We contacted all active workplace sections and asked them how the pandemic was affecting their area of work and what positive developments they would like to see in their sectors. We would like to extend our gratitude to and show our immense pride in all of the sections who have worked so hard throughout the

pandemic, within a health service that was already overstretched. We commend our members for the fortitude and resilience they have shown since patients started to present with Covid-19 in early 2020.

Section AGMs will soon begin taking place in advance of the 2022 annual delegate conference. If you would like to join a section relevant to your work, please email: jean.carroll@inmo.ie

Assistant Directors of Nursing, Midwifery and Public Health Nursing and Night Superintendents Section

THE pandemic has presented both challenges and opportunities to the members of our section in delivering safe, quality care to our patients. The greatest challenges came from depleted staffing levels due to Covid-19 or suspected Covid-19, and the impact of long Covid. We were hugely affected by death and serious illness among our colleagues and this really took its toll on us.

Staff morale was low due to these pressures and this often led to burnout and further depletion of staffing levels. We struggled to ensure the health and safety of our staff, especially at the beginning of the pandemic when it was difficult to access adequate PPE. Managers struggled to provide supervision and support to their teams as they covered for absent staff. We now face a backlog of work as non-Covid services resume despite staff being redeployed to other areas.

When our demands exceeded our resources and our patient outcomes were not what we hoped, we saw great team work and team spirit emerge in our departments and this was inspiring. Nurses and midwives have gone above and beyond during the pandemic and peer support has played a huge role in getting us through the challenges we have faced. Moving education, professional development and section meetings online has increased their accessibility. We would love to see a continuation of this in future as it creates equal opportunities in nurse and midwife education.

There is a huge range of courses and workshops available through INMO Professional and increased access to these has been a really positive aspect of the pandemic. We would like to see nurses and midwives given the option to attend courses and meetings either in person or online in future to promote greater inclusivity.



Emergency Department Nurses Section

COVID-19 has been extremely hard for all staff in the emergency section. This has been illustrated by the number of staff leaving the field. The elevated levels of stress along with recent increased levels of ED admissions have been a major factor in this. We have been asked to run a two-stream service with, at times, no increase in our staffing complement. We have been asked to adapt and have changed the way in which we work.

We have taken on extra roles and responsibilities but now nurses feel that the cyber-attack and the pandemic are still the excuses given for lengthy delays in recruitment and for pay errors. Cancelled elective procedures, difficulty in seeing a GP, social isolation, visitor restrictions in hospitals have all added to the increased workload and stress. Staff are exhausted. They feel undervalued and over worked and this has been exacerbated by not receiving recognition for our work during the pandemic.

We hope that in future the workplace will be a safe place to be and that health and safety is noted in overcrowded, poorly ventilated emergency departments. The poor conditions that our nurses work in and that other organisations with responsibly for seem to ignore are unbelievable.

We hope that younger, newly qualified nurses look for a career in emergency nursing – it is an excellent area to work in and we could do with the extra staff. The way that everyone has worked together has been amazing, it was good before the pandemic, but we have never been prouder of being nurses. The work we have done over the past two years has been utterly amazing.



Third Level Student Health Nurses Section

WHEN the pandemic hit it felt like the service turned into a call centre overnight. Students were still able to avail of phone consultations in most cases, but face to face consultations were very limited/not available at times. This brought challenges to staff working from home while the colleges were closed. We had to develop skills to carry out consultations via phone or video. Listening skills have become so important when dealing with mental health issues if consultation is over the phone, as we cannot see patients' body language.



Telephone consultations have proved very popular among our students. It allows for more flexibility to access medical advice as there is no travel time to and from the appointments. This also helps reduce the spread of respiratory illness. If a student is feeling unwell at home/in student accommodation they can have a telephone consultation and receive advice without having to use public transport.

We have been forced to embrace technology and we have expanded our means of communication. Accessing educational courses online is easier but obviously lacks the advantage of networking, so a mixed approach going forward would be preferable. We will embrace the changes brought about by technology which may help in integrating more health promotion into our service. Students now appreciate student health services much more as GP services have become so busy. They are grateful to have an onsite nurse-led service available. Staffing issues were a concern when nurses and doctors became infected or were deemed close contacts. Consultations are evolving all the time and we need to be able to adapt to this and the constant information regarding the ever changing Covid-19 advice. On a positive note, we have been included in senior management Covid-19 meetings, which has in turn increased the profile of the nurses in the colleges and we have had more time for inter campus health meetings by making best use of technology.

Care of the Older Person Section

CARE of the older person residential units came under extreme scrutiny from the onset of Covid-19. Our units became the 'most vulnerable cohort'. Daily reporting of clusters and deaths in nursing homes led to increased fear and anxiety among families, residents and staff. Communicating became a very important nursing skill, engaging with management and staff in other units, updating families and residents was ongoing everyday. Communication and relaying information between managers and frontline staff greatly increased during Covid-19 and we must ensure this continues.



There were so many changes and so many unknowns during the first few months. We felt overwhelmed with new information. Nurses were often the implementers of these changes from public health/NPHET guidelines to the frontline daily routines. Our sector, like all sectors, was totally unprepared for the pandemic. However our training and experience focused our attention. We adapted and adjusted, ever mindful that protecting our residents and keeping each other safe was our priority. There were many changes in our units as a result of the Covid-19 pandemic. Some we will be happy to see go, however other changes have been beneficial. The increased awareness of infection prevention and control has heightened our vigilance around infection and cross-infection. Proper hand hygiene is a measure every healthcare worker can take responsibility for to eradicate the spread of infection. It has always been essential that nurses take all necessary precautions in their units for the safety of their residents and their own safety and wellbeing, but the pandemic brought this into sharp focus.



Older people in our society are especially vulnerable and we must remain vigilant and continue to adhere to the advice of public health experts. I would envisage that for the year ahead our section will offer support and further develop our members' coping strategies, resilience and skills by focusing our education sessions on these topics. Phase 3 of the Framework for Safe Nurse Staffing and Skill-Mix is being carried out at the moment in long-term residential care facilities. We would hope that there will be a positive outcome on staffing levels and that the nuances of older person care will be addressed. We want to empower our nurses working in public, private and voluntary organisations.

Children's Nursing Section

COVID-19 infection had been relatively low in children and children's PICU nurses worked in adult ICUs during the surge on a voluntary basis. Paediatrics has reported associated new incidence of multi-system inflammatory syndrome in children, similar to Kawasaki Syndrome. The majority of children's health professionals have availed of the vaccine. Increased levels of psychological stress, anxiety, exhaustion and burnout has been reported and staff shortages have been evident in clinical areas.



All nursing meetings/educational programmes were delivered via a variety of online platforms, resulting in logistical and learning curve challenges. Guest international nursing contributions were facilitated on programmes including international and regional participants from across Ireland. However wholly online education/meetings were not popular as it was felt that personal interaction, spontaneity and depth of discussion and communication decreased. It was also felt that the restrictions in students' hospital placements have affected clinical outcomes of formal programmes. We also feel that the burden on children's psychological needs requires examination. One-parent visiting restrictions have affected children's nursing philosophy of family-centred care. Mask wearing has affected normal communication with the child, the majority of which is non-verbal. There have been reports of increased incidence in self-harm, eating disorders/anxiety and exacerbation of chronic conditions. Homecare for complex community patients and children with special needs such as autism has been severely disrupted.

The psychological effect on children in some cases has been detrimental. The use of limited blended online education and outpatient follow up for stable patients, may be an adjunct opportunity for the future, but concerns have been expressed regarding lack of critical analysis or debate in the decision-making process regarding children. Risk versus benefit in children requires further scientific investigation and myocarditis/pericarditis have raised alarm in paediatrics. Paediatric nurses want our employers to prioritise strategies to support their physical, mental, spiritual and emotional wellbeing.

Clinical Placement Co-ordinators Section

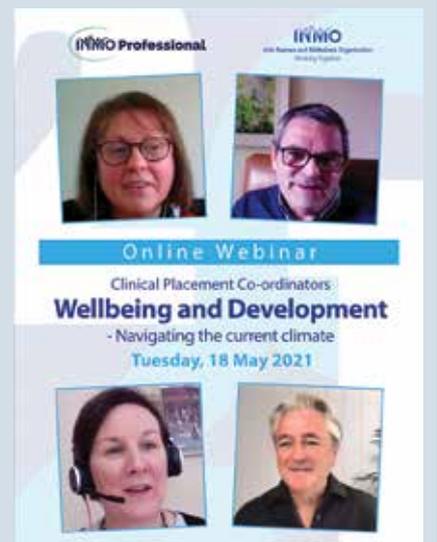
CLINICAL Placement Co-ordinators (CPC) Section meetings and our annual seminar were rescheduled due to CPC redeployment and staffing challenges. However Zoom meetings from November 2020 meant the section was accessible to a large number of CPCs.

CPCs were required to act autonomously and be resourceful, upskilling themselves for redeployment, practical education of staff and students in relation infection prevention and control, scheduling testing and referring students for screening. We were also involved with facilitating and supporting a transition to online education, including the modification of the internship induction programme which also involved repeating face to face training due to social distancing and student capacity issues.

We increased our collaboration with higher education institutes and the Covid-19 National Oversight Group regarding student issues including placement re-allocation while considering NMBI standards and requirements. Throughout this process, the safety and well-being of students and patients was paramount.

The burden of the pandemic on the mental health of CPCs, students, preceptors, midwifery and nursing staff, continues to be significant. There was an unprecedented 'fear of the unknown' coupled with an increased workload and challenging staffing levels. This required the demonstration of CPC leadership and new and challenging ways of working. We had to work through this fear and support students and our colleagues both clinically and pastorally, which in turn gave us great pride. The section would like to see a combination of face-to-face meetings and online networking and the advancement of blended learning as an accessible and flexible educational resource going forward. There is also a need to advocate for a clear CPC career pathway.

We would also like increased CPC engagement in high-level discussions/working groups regarding changes to the NMBI standards and requirements for pre-registration education programmes (eg. clinical placement requirements). Publication of a report on the role of the CPC based on the CPC section focus group (2019) and a follow-on survey (2021) is planned for 2022. The findings highlighted a need for clearer role definition in light of the evolving and multifaceted nature of the role and key CPD needs around pastoral care, mental health and training/IT skills. We hope to welcome new members to the section soon as the CPC role is now being established in community areas.



International Nurses/Midwives Section

THE pandemic has indeed affected the whole world. As nurses and midwives, it seems our workload increased as soon as the pandemic hit and we are still dealing with rising case numbers and a return to overcrowding in our hospitals. Many of our members who contracted Covid-19 now suffer from long-Covid, anxiety and stress. Some of our members don't have their families in Ireland and therefore did not have family support there for them, which has been very hard. We have tried to support each other through the section and the union.

There were some positive developments during the pandemic that we would like to see continued. As nurses and midwives are crucial to the Irish health service, we believe that free carparking, subsidised meals, health checks, workshops and the option to work from home for vulnerable workers should continue while we are still dealing with Covid-19. The pandemic is not over yet and it's important that nurses and midwives as well as student nurses and midwives are supported and valued for the work that we do.

Most of our section meetings during the pandemic are being held online but we hope we will be able to meet face to face again in the coming year and resume our regular cultural events. We continue to support new nurses and midwives to settle into Ireland and prepare for their exams but this will get easier when we can meet them in person. Section officers are anxious to get out to visit new staff in hospitals and facilities around the country who have come to work in Ireland from abroad. Many of them feel lost and need our support and guidance to help in their early stages of settling in. We hope that more nurses and midwives will join the International Section and bring fresh ideas and new energy on board.



GP Nurses Section

THE pandemic escalated quickly and practice nurses had to adapt rapidly with daily updates and changes from the HSE which modified our practice. The general practice nurse (GPN) was often the lead in applying those changes. Initially, we also faced the practical issues of sourcing PPE, upgrading clinical areas and ensuring all of the practice staff were adept and confident about the changes.

The needs of our patients were still paramount and GPNs still provided essential face-to-face care such as antenatal/postnatal care and childhood vaccinations while also delivering consultations by telemedicine. Statistically, we are seeing more patients now than before the pandemic which has increased our workload and lengthened the surgery day.

We see a continued role for telemedicine/phone triage alongside face-to-face consultations which will increase the availability of consultations for the patient. There is a heightened awareness of the potential for spread of infectious diseases and we have seen the effect of this on the increased uptake of seasonal vaccines. The availability of e-prescribing and e-referral is a change that we hope will continue.

The aim of the GP Nurses Section is to increase the profile of the practice nurse so that it is in line with our nursing colleagues working within the HSE. The role of the GP nurse has expanded into a specialist role and now includes advanced nurse practitioners, clinical nurse specialists and registered nurse prescribers who enhance the nursing care delivered within the general practice team. This has been acknowledged by our medical colleagues and is well documented. However, audits of the GPN levels of pay, access to pensions, maternity, sick and study leave are not always comparable to our public sector colleagues and can be a barrier to nurses and midwives applying for a GPN post. We would like to see this change.



Occupational Health Nurses Section

OCCUPATIONAL health is an integral part of the organisation both in the public and private sector. The foundation of what we do is to promote, maintain and facilitate a holistic integrated approach to employee health, safety and wellbeing in the workplace.

Throughout the pandemic, occupational health nurses (OHNs) have played a critical key role in the protection of our employees. This has been achieved by educating, supporting and providing independent and impartial advice to employers and employees. We have achieved this by making informed decisions based on a Covid-19 risk assessment process and effective case management. Occupational health played a critical role in the development of policies and procedures and the implementation of controls for the prevention and mitigation of transmission of Covid-19 in the workplace. With the reliance on occupational health services during the pandemic, it was essential for us to react rapidly to the increased demand of our services with limited resources. The pandemic has had an adverse effect on the physical and psychological health and wellbeing of the employee population. OHNs have worked with employees to assess individual vulnerability to serious illness or death from Covid-19, in relation to all known risk factors including age, sex, ethnicity, body mass index and underlying medical conditions.

With the support of the INMO, a national OHN WhatsApp group with over 115 OHNs was established. This facilitates a support system enabling benchmarking and sharing of information in an ever-evolving fluid situation to OHNs where many work alone within an organisation. With the emergence of a new way of remote and hybrid working, and as people return to the workplace, this brings new health and wellbeing challenges for organisations. Going forward occupational health will be a key stakeholder in facilitating, promoting and working with senior management to improve employee morale, ensure business continuity and create a positive brand image. To achieve this, it requires governments and organisations to invest in occupational health to positively influence the health and wellbeing of the working population as an integral part of the organisation through improving access to occupational health services, and consequently improving the prosperity of the nation.



Special School Nurses Section

THE Special School Nurses Section was established in May 2020 during the pandemic and has 45 members from Donegal to Cork, representing 27 special schools in Ireland. This sector works with children who have complex physical disabilities and medical needs who attend specialised schools. Many have life limiting conditions and are not vaccinated, as only those over 12 years are vaccinated, so they are even more vulnerable.

During the pandemic vigilance around infection control within the school setting, donning and doffing PPE, scrupulous hand washing, limiting the numbers of children in a treatment room and facilitating social distancing slowed us down despite having the same workload.

Nurses were involved in educating staff and parents on the common and not so common symptoms of Covid-19, when to be swabbed, when to self isolate and advising principals when to send symptomatic children home. We had the added challenge of deciding whether children who have thermo-regulation difficulties and spike high temperatures should go home (this warranted securing letters from consultant paediatricians). We had a robust policy in place regarding children who became unwell in school and warranted being sent home. Some parents challenged this decision but the majority understood the long-term goal was to keep everyone safe and keep the school operational. As a sector we had very little support, guidance and clinical governance around PPE and decisions around aerosol generating procedures, such as suctioning and nebulised treatments, so we had to upskill and research best practices ourselves, hence the setup of this INMO section in the midst of the pandemic.

In an effort to support our colleagues in the HSE, special school nurses volunteered for redeployment to swabbing centres, nursing homes, and the Jack & Jill Foundation while still supporting the needs of the children and families attending our own services. Day respite facilities were offered by the nurses during lockdown where staff followed IPC guidelines and children were cared for in an individual pod.

Online platforms like Zoom and Teams have brought connectivity to nurses nationally. The section has grown substantially since inception and it would be nice to meet in person face to face. We would also like to secure further CPD for our section. In the longer-term, clinical governance would be a plus for the sector and there is scope nationally for a manager to clinically supervise this sector of nurses.



Orthopaedic Nurses Section

THE pandemic significantly affected the orthopaedic setting as many orthopaedic wards had to change to meet the demands of the services. Many trauma settings became Covid-19 wards while elective hospitals had to change to meet the demands of trauma from some of the trauma centres that were overwhelmed with Covid-19 cases. Sick leave and Covid leave due to the pandemic also had a huge impact on the availability of services and how they were run, with many clinical nurse specialists and advanced nurse practitioners re-deployed onto the wards to meet the increased demands on the health service.

Members of our section will be glad to get back to normal and return to working in our own departments, supporting our patients and enhancing our knowledge within our specialised area of orthopaedics. We will be very glad to leave the pandemic behind us.

Members of our section would really like to create greater awareness of orthopaedics as a specialty. We would also love for more nurses working in orthopaedics to join the section. The peer support we offer each other is unrivalled and it allows us to share best practice, host workshops and seminars and advocate for our sector within the union and the wider health service.



Community RGN section

OUR section has around 200 members. Our WhatsApp group has been very active since the emergence of Covid-19 but we look forward to being able to meet again in person. Since the pandemic began our increased workload coupled with unrealistic expectations from management and not enough support to get through it has been frustrating for us all. We have been unable to take our breaks and annual leave as staff get redeployed and we have no one to cover us. We ended up buying clothes, and cutting hair and nails for patients who were isolated. Home help services have been a saviour to us and to our patients in the community.



Childcare was a huge issue as we continued to go out to work while most people were directed to stay at home. The cost of childcare was huge but finding childcare also proved really challenging. It has been hard to switch off from work and most of us always carry our work phones in case we're needed.

Poor discharge planning from acute services and lack of safety protocols for home visits have compromised our safety when we arrive for house calls uninformed that a patient has Covid-19. The cyber attack on the HSE also hit us hard and slowed down our work. We had to revert to using fax machines.

Having uniforms/scrubs was a really positive change. We used to wear our own clothes but having designated work clothes is definitely something we plan to maintain. Unfortunately we had to buy our own uniforms but it would be great to see this officially sanctioned in future.

As a sector we would like to be better acknowledged for the work we do rather than be seen as a side kick to the PHN services. The role of the RGN within community nursing is under-appreciated and often misunderstood. We would also like to see the option to continue working from home permanently for those high-risk nurses who have maintained productivity while working from home. It has really worked well for certain nursing roles and these RGNs who are high risk or have children at high risk should be allowed to continue in those roles.

Midwives Section

COVID-19 has affected midwives in our work and in our personal lives. We worried about the spread of the disease and how it would affect the women and babies in our care. We worried about contracting it and bringing it home. Our whole philosophy of family-centred care had to adapt to the new restrictions. Antenatal classes and physio were initially cancelled and then went online in some units. Home visits couldn't happen so new parents had to come back to the hospital with their newborns. Midwifery students lost out on clinical exposure as teaching was carried out online. One of the toughest things was not allowing partners attend and support during early labour/induction process, scans and antenatal visits and only allowing one parent visit their babies in ICU. Wearing full PPE on busy wards meant we spent our 12-hour shifts hot and sweaty, often unable to take breaks. We struggled with staffing as staff got infected, meaning already short-staffed services came under extra pressure. Constant increases in infection rates brought huge fear across midwifery services and we became tired of the precautions, isolation and fear. Midwives are tired of the pressures of working in a continuously short-staffed service. Some midwives feel obliged to stay beyond retirement age in order to support their over-stretched colleagues.



However, there were some necessary innovations that we hope will continue post-pandemic. Outreach clinics have been beneficial and midwifery-led clinics are becoming more commonplace. Meetings and study days became accessible to more midwives than before as they went online. In future we would like to see blended options for meetings and education offered as attendance dramatically increases when these options are available. Our section is focused on staying well, but we would like to see efforts made to retain staff and recover morale. This will require a push to achieve safe staffing levels across midwifery services in Ireland along with listening to midwives and giving us a seat at the decision-making table.

Student Section

THE pandemic has affected student nurses and midwives in a number of ways. Firstly, it has opened our eyes to how much we are needed in the healthcare system but how under-appreciated we are by this same system. When interns asked for extra pay, they were hampered at every corner. Supernumerary students were used to plug gaps until placements were called off and when interns were finally given a payment for services during the pandemic, it was hampered and complicated and delayed at nearly every opportunity.



We would like to change the number of days that need to be made up when a student is off sick. During the pandemic, students who were missing from work due to Covid-19 did not have to make up those days. Prior to the pandemic, a student nurse would need to have had nearly perfect health for four years to ensure they would not need to repeat any days or placements. When one thinks of this, it is incredibly unfair and stressful for students when they do inevitably feel sick. Wards tell students not to come in when they feel sick but what is the alternative if they miss days?

We would like to see student nurses and interns valued more and their learning status acknowledged. Supernumerary students are given large workloads that impair learning as they may feel overwhelmed. This leads to enormous pressure on students. They are unpaid and yet there are high expectations on these students. We would like to see this issue eliminated so that student nurses and midwives are able to train in their chosen profession without feeling either overwhelmed or like a burden on the ward.

Nurse/Midwife Education Section

OUR section is open to registered nurse/midwifery tutors, nurse/midwifery educators, specialist co-ordinators and clinical teachers who are all employed in voluntary and HSE centres of nursing and midwifery education, centres of midwifery education and centres of children's nurses education. The centres were set up following the move of nurse and midwifery education to third level in 2002 and 2006 respectively. Historically, there are around 18 centres all formed following agreement between the key stakeholders, the HSEA and the INMO. Over the past two decades all centres have struggled for the correct environments and employer recognition and support for the CPD work that they do.



With the onset of the pandemic, for many educational staff in centres, the provision of face-to-face education ceased overnight and saw the redeployment of educational staff to nursing units, test centres, vaccination sites and track and trace services. However, in many instances the role of the educator was still being carried out in tandem, planning and developing timely educational programmes, that supported the diverse requirements of the pandemic, eg. anaphylaxis training, injection technique, basic life support, donning and doffing and infection prevention and control measures in collaboration with clinical colleagues. Blended learning has now gained greater prominence and while this is welcome, as with our clinical colleagues we are resource poor. Flexibility regarding offsite working must be balanced by the requirement to enhance the clinical competence of nursing and midwifery staff. This requires fit for purpose buildings, infrastructures and support services, for many centres this has not been realised. We would like to see more involvement, consultation and recognition of nurse and midwifery educational staff as highly educated and motivated members of the health service with a valued contribution to make to the professional development of nurses and midwives.

This section and its members hope that it will grow in numbers and strength over the next years in order to progress and to seek positive outcomes on the issues that challenge the provision of nurse and midwifery post-registration education in the health service.

Operating Department Nurses Section

PERIOPERATIVE nurses, like many of our colleagues, played a significant role during the pandemic. The urgent requirement to increase ICU staffing and the recognition that theatre nurses held transferable skills saw their significant redeployment to this area. However, although skilled in perioperative nursing, they were not trained in critical care nursing. Due to the limited time available to upskill and receive appropriate and sufficient education, many found the experience of offering support to our ICU colleagues both stressful and professionally challenging.

Fatigue among perioperative nurses was already present pre Covid-19, due to onerous on-call shifts, operating list overruns, lack of compensatory rest, insufficient staffing and increased workloads. Redeployment to unfamiliar work locations, while maintaining the emergency theatre service 24/7, added considerably to this fatigue.

Nurses and midwives have a high-risk of developing Covid-19 and are seven times more likely to suffer from long-Covid. Due to the pandemic, nurses and midwives have increased awareness of the occupational health and safety workplace risks that directly affect them as well as increased recognition for the requirement of risk assessments. The INMO health and safety strategy, facilitating safety representatives in all work locations will support and drive this forward positively.

When the pandemic finally ends we would like to see recognition of the level of psychosocial stress among our workforce and measures taken to positively address it. Staff development has seriously been affected during the pandemic and needs to be afforded the necessary funding for training. It is essential that agreements reached at our recent WRC are fully implemented, such as the workforce planning for theatres and national recommendation for staffing levels starts immediately and that a formal escalation protocol to deal with the surgical procedure backlog is established nationally when the re-introduction of full elective surgical lists recommences, recognising additional staffing requirements to facilitate this.



Telephone Triage Section

IN THE GP out-of-hours service telephone triage nursing has always played a paramount role in patient care and with the onset of the Covid-19 pandemic its function has grown exponentially.

In the out-of-hours setting triage nurses carefully streamline patients and once symptoms have been assessed we direct the patient to an appropriate level of care. Notably, with the arrival of Covid-19, patients have heightened anxieties when contacting any medical service. There is a huge reluctance to go to hospital or even to have a face-to-face consultation with a GP, so great is the fear of 'catching it'. Thankfully the uptake of Covid-19 vaccines has helped in this regard.

Telephone triage nursing is a very specialised area of nursing. A lot of information has to be obtained and filtered in a short period of time. With the pandemic we have seen a massive increase in telephone consultations in medicine with GP surgeries and hospital clinics coming to rely on triage more and more. Our hope for triage nursing going forward is to see it become assimilated appropriately into clinical practice learning from our experiences so far on our journey with Covid-19. We are also excited to think about the further development of triage through the use of video consultations.

One great advantage of triage nursing is that it is one of the few nursing disciplines which lends itself extremely well to nurses working from home. As the pandemic continues and with the realisation that Covid-19 is going to be with us into the future, triage nursing services are continuing to expand the number of nurses who can safely work from home. This is something many of our nurses have really appreciated. Triage nurses working from home is here to stay.



Public Health Nurses Section

THE effects of Covid-19 can be felt in all aspects of nursing/midwifery and the community is no different. At the beginning of the pandemic community services were curtailed as public health nurses and community registered general nurses were redeployed to swabbing centres, contact tracing, community assessment hubs, nursing homes, and vaccination centres, while the remaining skeleton staff cross-covered priority work. This included new born infant blood screening, statutory first visit to mothers and babies, insulin administration, hospital discharges, palliative care, wound care, care of patients with complex needs and vulnerable older patients. Staff are burned out and anxious due to large caseloads and the huge shortage of staff. There was a staffing shortage pre-Covid and the pandemic has further exacerbated this. Staff miss breaks, eat lunch at their desks and stay late in the evenings. This all impacts on one's personal life and causes burnout. When developmental clinics are delayed, referrals are also delayed. There were also delays to school immunisation and screening programmes. Services such as breastfeeding and toddler support groups and day-care for older patients had to be scaled back.

Since PHN section meetings went online attendance and the engagement has increased. We are considering having an option to attend future conferences online or in person to make them more accessible. We have had two successful conferences which can be accessed on the INMO Professional website. We hope that as Sláintecare is being rolled out our expertise will be called on.

We would like to continue our engagement with the Department of Health's chief nurse, INMO and ONMSD on the future role of the PHN. Consultation with the relevant stakeholders prior to the introduction of new initiatives is so important to us. We need safe staffing levels and manageable workloads. We would like to see PHNs encouraged and supported to become advanced nurse practitioners (ANPs) along with more training places for nurses who want to specialise in public health nursing. We would also like to see nurses and midwives remunerated, valued and supported for their work during the pandemic.



Radiology Section

RADIOLOGY departments have kept operating throughout the pandemic, performing emergency and elective diagnostics procedures and treatments. Elective cases have frequently had to be rescheduled due to radiology staff absent due to Covid-related sickness. There has also been difficulty accessing day beds for patients as day wards in hospitals have been turned into inpatient wards or outpatient waiting areas. Long delays have also been reported for inpatient beds, requiring patients to be monitored in radiology departments after their procedures until late in the evening - which has an impact on availability of radiology nurses for on-call out of hours emergency cases. In several hospitals radiology nurses were redeployed to ICU or to vaccination centres, exacerbating the shortage in radiology departments. Many section members have worked huge amounts of overtime and extra on-call to keep their departments functioning.

Some work practises have changed, for example CT prep is now posted out to patients by administrative staff instead of the patient travelling to the hospital to collect it from the radiology nurse. We would like to see continued redistribution of administrative work to allow our section members to remain focused on patient care. The expansion of the location allowance to all nurses working in hospital wards following the 2019 dispute did not include those nurses working in radiology departments. Nationally some hospitals do pay the location allowance in radiology, and all pay the qualification allowance to nurses holding the post graduate diploma. In hospitals where the location allowance is not paid it means a pay cut for nurses moving from other clinical areas in the hospital, which is a barrier to staffing the departments. In the next year we would hope to see a successful result to the ongoing work the INMO industrial relations team is doing in relation to getting the location allowance extended to radiology nurses - a long overdue recognition of the specialised work performed by section members.



School Nurses Section

THE pandemic has had a huge impact on school nurses as many are lone practitioners and rely heavily on evidence-based international best practice for guidance on their specific role. The boarding environment is similar to a residential care setting in many ways although residents are generally fit and well. Our sector had to swiftly and comprehensively update and enhance infection control policies, introduce pod systems and Covid-screening procedures as well as facilitate testing and implement isolation strategies for resident students. Our role in the education of pupils and staff on personal responsibility, masks and social distancing became more acute. Informal education and dissemination of accurate information around vaccination has had a positive effect on staff and we have been a valuable resource to schools.

Pandemic-related changes that have been positive are that we have been forced to develop policies more quickly than we would have otherwise. Communication from the HSE and Public Health has been accurate, plentiful, easy to access and readily adaptable to our particular setting. This, alongside collaboration with colleagues in the sector and multidisciplinary team such as GPs, has helped us feel supported and we hope we have supported them. Increased hygiene awareness because of Covid-19 has given pupils a good foundation in personal hygiene.

Our hopes for the sector next year are: that pupils will return to a more normal pattern of school and recreation and be able to enjoy school and more social mixing; that the process of collaboration and development of links and resources will continue; that the role of the school nurse will be valued and respected more by our educational colleagues and will be highlighted as a positive addition to every school; and that we will also continue to educate both pupils and staff on health issues and updates on Covid-19 research, treatments and best practice.



RNID Section

ACCORDING to the 2016 census there are more than 66,000 people with intellectual disabilities in Ireland. The pandemic hugely affected residential care as well as the families of those in care. We are fortunate that the intellectual disability sector did not experience large numbers of fatalities however those who died are sadly missed by their families, friends and staff.

During the pandemic we RNIDs were the backbone of the services, implementing infection control guidelines, managing isolation centres, vaccinating, testing for Covid-19 and providing critical care to clients. There was no clear direction and/or delayed responses from the HSE and the Department of Health at times during the pandemic and this highlighted the lack of knowledge and understanding about the unique medical needs of the service users. Chronological age instead of comorbidity was used to determine the level of vulnerability of this group. Lack of informed thinking caused us anxiety and frustration. The role of RNIDs as advocates for this vulnerable demographic has never been more important.

The use of agency nurses was of great benefit in an already short-staffed area. It allowed us to provide a more consistent approach and continuity of care.

Recognition of the value of nursing and our leadership in this sector is important and should be developed further. Further strengthening of relationships developed between bodies such as palliative care, HSE and service providers during the pandemic would be very positive.

The pandemic highlighted the unique service that we provide to our client group. From intensive nursing needs to participation and living in the community, the needs of this cohort can only be met in a holistic manner embracing a person centred approach. To ensure that these on-going needs are met locally we need more RNIDs who are strategically placed to deliver this service. We would like to see the number of RNID student places increase and more support for clinical nurse specialist and advanced practitioner roles with ID nursing in line with Sláintecare objectives. We need a more uniform approach to meet the needs of people with intellectual disabilities and suggest an RNID advisor to the HSE and Department of Health to develop a plan on meeting the ongoing health needs of individuals.



Irish Nurses and Midwives Organisation
Working Together

**Attention
New
Graduates**

New grads who received their NMBI PIN in 2021 **start out on point 1** of the salary scale (€31,109). Once you have **completed 16 weeks of work** post internship (including pre-reg experience), under the strike settlement you get to **skip the 2nd point** of the salary scale and **progress straight to the 3rd point**, worth **€33,888** in basic salary. If you **qualified in 2020**, you should be **moving to point 4** of the salary scale on your next increment date and so **can apply for the Enhanced Practice contract** in order to be placed on the new salary scale starting at **€37,661**.



You may also be entitled to the **new medical/ surgical ward allowance** worth **€2,371** per annum. Many of you will have moved up the scale and had the location allowance applied automatically, but be sure to check with your payroll/HR department.

If you have any questions get in touch with INMO Student / New Grad Officer Catherine at catherine.oconnor@inmo.ie

If you're not a new graduate but have questions about your pay call our information office on **016640600**

5 Day PROGRAMME

Day 1 **Tues 8 March**
Day 2 **Wed 9 March**
Day 3 **Thurs 10 March**
Day 4 **Tues 5 April**
Day 5 **Wed 6 April**

9.30am to 5.00pm

30 NMBI
CEUs

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

Training, Delivery and Evaluation

MARCH / APRIL 2022

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.

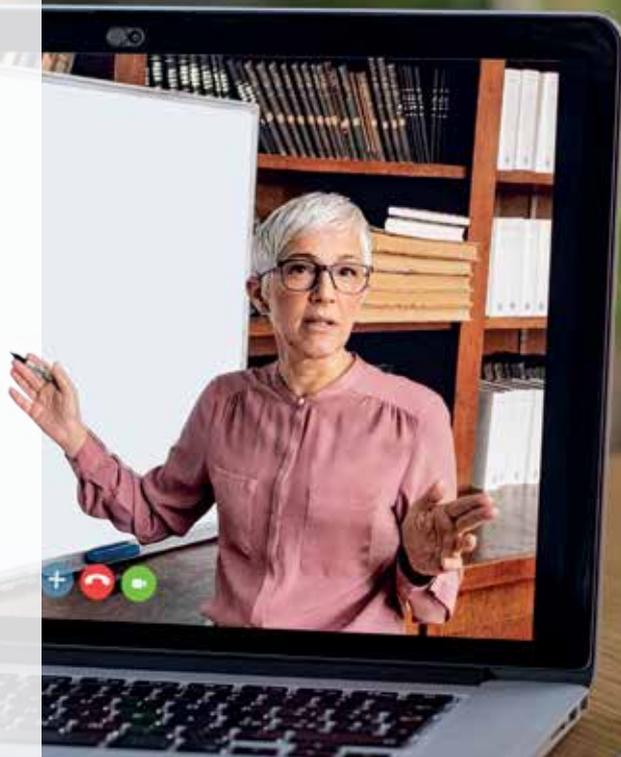
The course is delivered over five days from 9.30am to 5.00pm each day.

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). 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 30 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, 11 February 2021.**



INMO Members

€550

before Friday,
28 January 2022

after this date

€625 INMO members
€875 non members

**EARLY BIRD
DISCOUNT**



FOR MORE INFORMATION CONTACT:

Tel: 01 6640642 | Email: education@inmo.ie

Please note: This training is due to take place online, pending further review closer to the time and government's guidelines.

Contact freda.hughes@inmo.ie to submit news about your section for inclusion in *WIN*

PHN Section conference covers menopause, postnatal depression and advanced practice

IT IS essential that public health nurses (PHNs) are equipped with the skills to identify and support parents who may be struggling with their mental health, according to INMO PHN Section chairperson Eilish Fitzgerald.

Speaking to *WIN* following the section's second annual conference in October, which took place online, Ms Fitzgerald also discussed the importance of raising awareness around menopause in the workplace.

"We need policies for dealing with menopause in the workplace. It is something that will affect all women but it is still a somewhat taboo subject," she told *WIN*.

At the conference, during a session on menopause and positive ageing, former International Council of Nurses president Annette Kennedy discussed the council's recent report *Ageing Well? Policies to support older nurses at work* and the World Health Organization's policy goals around ageing.

Also speaking at this session,

Loretta Dignam, co-founder of the Menopause Hub, and Steve Pitman, INMO head of education, discussed the results of the INMO's recent menopause survey (see page 50).

Ursula Nagle, registered advanced midwifery practitioner in perinatal mental health and trauma, spoke about postnatal depression, while a panel discussion on the importance of the ANP role within public health nursing looked at the need for employers to support PHNs who decide to progress to advanced practice.

"Directors need to see the value of having highly skilled nurses on the frontline. However, it can be difficult for PHNs to progress down this path as we don't have any one to cover our caseloads due to chronic understaffing in the community," said Ms Fitzgerald.

Ms Fitzgerald added that many PHNs are now returning to full caseloads after being redeployed during the pandemic and that staffing is an issue for them when it comes



The PHN Section held its second national conference online in October 2021

to health and safety, as chronic understaffing leaves them overworked.

Being a lone worker also brings its own health and safety issues, according to Ms Fitzgerald, so the section is trying to establish health and safety representatives within PHN networks and in the larger health centres.

"Given that PHNs often work alone, the peer support at events like this is inspiring.

The section is a vehicle to lobby and organise on behalf of PHNs within the wider union structure. It's a platform where we can voice our concerns, support one and other and learn about our rights and entitlements."

"Events like this are so important to us. We can ask questions and discuss issues that affect us in work. It's not all academic, it's practical too," Ms Fitzgerald added.

2021 All-Ireland Midwifery Conference held virtually

WORLD Health Organization (WHO) midwifery advisor Prof Fran McConville delivered the keynote speech at the 2021 All-Ireland Midwifery Conference, which took place in November.

The conference, which was a collaboration between the INMO and the Royal College of Midwifery (RCM), also heard from speakers from

the International Council of Midwives.

A session on practice innovations during the pandemic was led by advanced midwifery practitioners Clare Kennedy and Roisin Lennon, while the conference also featured sessions on homebirth, women-centred models of care, psychological wellbeing and the impact of Covid-19.

Future in focus at Children's Nurses Section webinar

ROSEMARY Sheehan, project officer at Children's Health Ireland (CHI), led a discussion on the HSE's National Strategy for the Future of Children's Nursing in Ireland at the recent National Children's Nurses Section webinar, which took place as *WIN* went to press.

Dr Claire Magnier, lecturer in children's nursing at University

College Dublin (UCD), also spoke at the event, discussing the psychological impact of Covid-19 on healthcare workers.

Other topics that were covered on the day included many of the issues faced by nurses working with children and adolescents, such as paediatric sepsis, self harm, eating disorders and autism in children.



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ME**



INMO EDUCATION PROGRAMMES

In the pull-out this month...



New Year's Resolutions – continuing professional development (CPD) for you and your staff

As we head towards the new year, now is the time to plan and maintain the skills you need in your current role and unlock your full career potential. If you are an employer who invests in learning and development programmes for your employees, you will achieve high standards, positivity, healthy working relations and a more efficient and motivated workforce. INMO CPD courses will help keep your employees' knowledge current and contribute to their loyalty. If you would like to provide learning opportunities to your staff, email education@inmo.ie or call 01 6640641/18 to discuss our special rates and customised programmes.

New Year Goals

Morning Retreat Informed by MBSR Practices

Wednesday, December 15, 2021 (10am-1pm)

Let's say goodbye to 2021 and step into the new year by joining INMO Professional for this special retreat with Aparna Shukla. This programme is for nurses and midwives who are experiencing stress from working during unprecedented times in hospitals and other clinical settings. These practices will support nurses/midwives in minimising compassion fatigue and burnout while they learn how to nourish and nurture their body, mind and spirit. The retreat is free for INMO members. To book, visit www.inmoprofessional.ie or send your name, INMO number and email to education@inmo.ie. Early booking is advisable.



Maximising Your Potential using a Coaching Approach for Nurses and Midwives

This new online course will provide nurses and midwives with techniques for adopting a coaching mindset. Nurses and midwives help other nurses/midwives by mentoring, which is crucial to maintaining competency, encouraging professional expertise and promoting leadership. This course will cover the following: how to build rapport and actively listen; identifying areas of your life that are in and out of balance; learning how to set goals for change and decide on actions; gaining insight into your strengths and resources. The programme will be facilitated by PJ Boyle, European Mentoring and Coaching Council-accredited practitioner and fellow of the Institute of Biomedical Science.





Steve Pitman
Head of Education and
Professional Development

THIS year has been extremely challenging for nurses and midwives given the pandemic and the increasing demands on the health service. The spike in infections across Europe is evidence of a fourth wave. Ireland has seen increases in daily infections, hospital admission and admissions to intensive care throughout November. The government, HSE and other health employers need to fully implement emergency plans to protect the health service and healthcare workers. Action is required to ensure that services can continue to respond to surges in infection rates and resulting hospital admissions as well as continue to deliver health services.

The results of the INMO Psychological Impact of Covid-19 on Nurses and Midwives surveys provide stark evidence of the pressure, levels of exhaustion and distress that nurses and midwives are experiencing. The call by the INMO for Covid-19 booster vaccines to be made available to nurses and midwives was a huge success and produced a tangible result to protect the healthcare workforce. Further action is required to effectively manage the pandemic-era record number of patients waiting on trolleys by increasing capacity and implementing the winter plan.

INMO Professional plans for 2022

INMO Professional strives to provide the highest quality of professional development services to members and the wider nursing and midwifery community. In 2022, INMO Professional will introduce new online services to support members and assist them in maintaining their professional competency. Early in the year, we will introduce a new and enhanced booking system on www.inmoprofessional.ie that will make booking and accessing courses, webinars and conferences much easier. Members will also be able to access a record of their INMO Professional activities, including attendance, course certificates and NMBI CEUs.

During 2022, a new virtual learning environment will be introduced that will be the most comprehensive resource available to support the professional development needs of nurses and midwives in Ireland. This resource will be free to INMO members. This will be supported by an enhanced and expanded library portal, which will provide access to additional learning resources and journal content. Further information about these developments will appear in *WIN* and on the INMO website.

Global access to Covid-19 vaccinations

The INMO continues to support the call for equality in access to Covid-19 vaccines for all countries. The global crisis of vaccine inequity is not only morally unacceptable, but also self-defeating if we are to bring Covid-19 under control globally. In addition to vaccine inequity, there are also major concerns about the availability and affordability of diagnostics and

therapeutics that are essential for an effective pandemic response in low- and middle-income countries.

The INMO co-signed with Access to Medicine Ireland a letter to the Taoiseach calling on the Irish government to support the call for the EU to revise its position on the World Trade Organization TRIPS Waiver. We call on the EU to support the temporary waiver of the TRIPS Agreement, which would enable Covid-19 vaccination technology to be shared with low- and middle-income countries to ensure that vaccines are accessible, affordable and available to all. Visit www.accesstomedicines.ie for more information.

ICN NP/APN Network Conference 2022

The 12th ICN NP/AP Network Conference will be held in Dublin in August/September 2022. The INMO, in partnership with the Irish Association of Advanced Nurse and Midwife Practitioners (IAANMP), will be hosting this major advanced nursing practice event. A call for abstracts will be advertised soon and we are eager to ensure that nurses in Ireland can use the event as a platform to showcase the phenomenal developments in advanced and specialist practice over the past two decades.

Midwifery and nursing festivals

The INMO will be supporting the Maternity and Midwifery Festival and Nursing Festivals in 2022. These popular events will run in March, and it is hoped that the festivals will be delivered in Dublin as in-person events. More details are available on *page 72* and on the INMO website and social media

International nurses and midwives

Following the successful 'Online orientation programme to the Irish healthcare system and culture,' INMO Professional will repeat this programme in February 2022.

On-site Education

INMO Professional offers an extensive range of on-site programmes facilitated by expert practitioners. If you are interested in booking one, email marian.godley@inmo.ie or call 01 6640642.

Delivering courses and writing for *WIN*

We are eager to offer members the opportunity to work with us in delivering education courses. If you are an advanced nurse or midwife practitioner; a clinical nurse/midwife specialist or a nurse/midwife with expertise in clinical or management practice, we would like to hear from you by email: education@inmo.ie or Tel: 01 6640642.

We are also interested in hearing from members who would like to write professional and clinical articles for *WIN*. Please email steve.pitman@inmo.ie

Online Education Programmes

Tel: 01 6640641/18
Email: education@inmo.ie

All of the following programmes are category I approved by the NMBI and allocated continuous education units
Fee: €30 members; €65 non-members
Time: 10am-1pm



Season's Greetings and Best Wishes for 2022 from the INMO



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Dec 7 Introduction to Treating and Preventing Pressure Ulcers

This short online programme will advise participants on pressure ulcer prevention. Topics covered on the day include; causes of pressure ulcers, risk assessment and prevention of pressure ulcers. Learning outcomes: discuss the causes of pressure ulcers; identify the factors that place a person at risk of developing pressure ulcers; have an understanding of the key principles of preventing ulcers and be able to take action to prevent pressure ulcers in the clinical environment; have an understanding of pressure ulcer classifications and grading; have an understanding of the key principles of the SSKIN Bundle (surface, skin infection, keep moving, incontinence and nutrition) and how to implement it in the clinical environment.

Dec 8 Restrictive Practices in Residential Care Settings for Older People

This short online course encourages participants to reflect on interventions that could be seen as restraining residents if viewed from a resident's perspective. Many interventions within healthcare environments can restrict movement of older people. They are unintentional and can be argued as in the best interest or for the protection of residents, for example, a nursing home locked at night to protect residents and staff from intruders.

Dec 9 Competency-based Interview Preparation

This programme assists participants to prepare for a competency-based interview. 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 CV 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.

Dec 14 Tools for Safe Practice

This programme provides safe practice tools to protect the nurse, midwife and patient against the backdrop of staff shortages and skill mix realignment. This is an awareness session to ensure participants have an understanding of the processes involved regarding patient alerts, clinical incidents and thorough assessment, while remaining focused on the patient. This programme is free for INMO members.

Dec 14 Risk Management and Incident Reporting

This programme outlines the principles of best practice in managing risk. It will enable participants to understand terms related to risk management in healthcare, outline the stages of the risk management process based on the international standard and framework for risk management, outline the five steps of risk assessment, understand the purpose of a risk register and complete accurate records of incidents.

Dec 15 Morning Retreat Informed by MBSR Practices

This online wellness morning retreat is designed for nurses and midwives experiencing stress from working in unprecedented times in hospitals and other clinical settings. These practices will support nurses in minimising compassion fatigue and burnout, while learning how to nourish and nurture their body, mind and spirit. This programme is free for INMO members.



Cancellation policy: For cancellations five days before the course due date, a full credit to transfer onto a course at a future date will be offered. For non-attendance, there is no refund or transfer. If a course is cancelled due to insufficient numbers, a full online refund will be issued.

Dec 15 The Sociology of Health

This course is an introduction to the sociology of health and illness. It examines the meaning of health, disease, illness and sickness. The impact of social inequality will also be explored, along with other topics such as the sick role and the role of healthcare professionals.

Jan 12 Infection Control Regulation 27: Guide to Thematic/Focused Inspections in your Facility

This course is for staff who are interested in infection prevention and control standards. It will identify key areas relevant to the new focused HIQA infection control guidelines/inspections (October 2021). This programme will provide information and outline the actions required by registered providers to ensure that procedures, consistent with the National Standards for infection prevention and control in community services, published by HIQA, are implemented by staff.

Jan 19 Medication Management Best Practice – Guidance for Nurses and Midwives

This programme supports nurses and midwives in providing safe, evidence-based practice in the area of medication management thus preventing medication errors and near misses. 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. Participants will have the opportunity to update their knowledge in line with the most up-to-date Nursing and Midwifery Board of Ireland Guidance for Registered Nurses and Midwives Administration (2020) and Health Information and Quality Authority requirements for medication management.

Jan 20 Retirement Planning Webinar

Planning for retirement is more important than ever. There are many factors to consider as you approach retirement. It is good to start by reviewing your finances to ensure your future income will allow you to enjoy the lifestyle you want. This webinar will cover: superannuation, AVCs, lump sum and investments. This event is free for INMO members. Prior booking is essential. Time: 2pm-3.30pm.

Jan 25 End of Life Care in Residential Care Settings for Older Persons

This online programme outlines information specific to the care and support of residents and their families in end of life care. The course aims to recognise signs and symptoms of deterioration, and will assess, monitor and review physical, psychological, social and spiritual areas of care at the end of a person's life. Participants will be able to identify and apply effective interpersonal communication with families of a loved one at end of life during this difficult period. Furthermore, the outline of debriefing of staff and bereavement care for residents and relatives is addressed.

Jan 26 Best Practice for Clinical Audit for Nurses and Midwives

This programme equips nurses and midwives with the necessary skills to plan and implement a clinical audit in their practice and enable them to deliver evidence of improved performance for safer and better care for patients and improved quality service. 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.

Jan 27 Introduction to Management and Leadership Skills for Nurses and Midwives

The aim of this course is to identify managerial and leadership competencies for frontline managers and to explore how these are applied in practice. The course will include management theory, effective leadership and teamwork, as well as delegation and clinical supervision.

Feb 2 Tools for Safe Practice

This programme provides safe practice tools to protect the nurse, midwife and patient against the backdrop of staff shortages and skill mix realignment. This is an awareness session to ensure participants have an understanding of the processes involved regarding patient alerts, clinical incidents and thorough assessment, while remaining focused on the patient. This programme is free for INMO members.

Feb 3 Adult Asthma – Getting the Basics Right

This programme is aimed at nurses and midwives who are working in clinical practice and who require basic knowledge and skills in order to care for people with asthma on a day-to-day basis. The programme will assist participants in gaining an understanding of the clinical evidence underpinning the diagnosis and ongoing care and management of the person with asthma, utilising current best practice.

Feb 8 Infection Control Regulation 27: Guide to Thematic/Focused Inspections in your Facility

This course is for staff who are interested in infection prevention and control standards. It will identify key areas relevant to the new focused HIQA infection control guidelines/inspections (October 2021). This programme will provide information and outline the actions required by registered providers to ensure that procedures, consistent with the National Standards for infection prevention and control in community services, published by HIQA, are implemented by staff.

When booking online courses please note:

Places must be booked in advance. You will need a reliable computer and internet access. Please ensure a correct email is provided when registering. Certificates for participation will be issued in digital form and sent by email. Do not hesitate to contact us at Tel: 01 6640641/18 or email: education@inmo.ie

Feb 8 Competency-based Interview Preparation for Nurses and Midwives

This programme will assist participants for a competency-based interview 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, dealt with and handled previous workplace situations. It will explore preparation, presentation and performance during the interview and briefly focus on CV preparation.

Feb 9 Chronic Obstructive Pulmonary Disease (COPD) – Getting the Basics Right

This online programme is aimed at nurses working in clinical practice who require basic knowledge and skills to care for people with chronic obstructive pulmonary disease (COPD). It will help participants to understand the clinical evidence underpinning the diagnosis and ongoing care of patients with COPD.

Feb 10 Become More Assertive

This short online programme is designed to help nurses and midwives develop their skills to be more assertive to help them to make decisions with conviction and deal with difficult situations.

Feb 14 Introduction to Effective Library Search Skills

This course is aimed at nurses and midwives who would like to develop their searching skills to effectively find the most relevant information for clinical practice, reflection and policy development. This course will also be of benefit to those who are undertaking, or about to commence, post-registration academic programmes.

Feb 15 Complaints Management for Healthcare Staff

This course is aimed towards senior nurse managers within the acute or residential healthcare settings to provide them with the key skills of communication tools to minimize the negative impact complaints can have in their workplace. Therefore, effective management of complaints is central to improve services and prioritise an open, honest and transparent health service.

Feb 16 Falls Reduction, Assessment and Review

The purpose of this programme is to promote a consistent approach to falls reduction for older people through assessment, individualised care planning and post-falls review. It promotes excellence among nurses who provide care to the patients at risk of falls, informed by current evidence. The main aim is to assist nurses to identify those patients or residents who are at risk of falls and to reduce that risk by providing knowledge on falls reduction techniques, ultimately improving patient safety and minimising injuries in the older population.

Feb 16 Introduction to Wound Management for Nurses and Midwives

Topics covered in this programme will include wound healing, wound bed preparation, treatment options and dressing selections. Participants will learn about the anatomy and physiology of wound management, the factors influencing wound healing, the differences between acute and chronic wounds, implementation of a holistic assessment of individuals with wounds and different types of dressing and their application.

Feb 17 Understanding and Developing Care Plans for Nurses and Midwives

This short programme provides nurses and midwives with the most up-to-date information regarding policy and standards. It will enhance their understanding of nursing care plans, reflecting on the past, present and future use of care planning and its importance in the workplace. It will focus on the need for comprehensive assessment, including risk assessment and care planning. Participants will be provided with practical tips on how to prepare for and carry out a comprehensive assessment, enabling them to develop a person-centred care plan.

Feb 22 The Importance of Documentation – Getting it Right

This short programme will assist nurses and midwives in understanding their duty of care and responsibility in the area of best practice in documentation, keeping good records and their ethical and legal responsibility of getting it right. Introduction to legal and professional requirements: NMBI Code and Guidance for Recording Clinical Practice; relevant HIQA regulations and standards; adhering to consent and data protection legislation in record-keeping; purpose of healthcare records; the 'dos' of documentation.

Feb 22 Orientation programme to Irish Healthcare System and Culture to International Nurses and Midwives

This programme is designed specifically for nurses and midwives who recently arrived or are coming to Ireland. It will give participants valuable information to support them in transitioning to life in Ireland and the Irish healthcare system. For more information, visit www.inmoprofessional.ie Please tell your colleagues and friends who are interested in working in Ireland about this free event. Email: education@inmo.ie with your name, email address and mobile number, as well as your INMO number, if you have one.





Feb 23

Delegation Principles and Practice

This programme will explore the issues surrounding delegation and decision-making. 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.

Feb 24 Telephone Assessment and Advice Skills

This short online programme is for nurses and midwives involved in providing telephone assessment and advice, in the emergency department, general practice and other community settings. Such calls assess patients' needs and may provide advice for self care, prompt the caller to seek immediate medical attention or refer the patient to another healthcare professional or agency. This programme will provide strategies and guidance on how best to communicate with each caller and handle each call in a professional and tactful manner.

Feb 25 Overview of Nursing Assessment and Management of Stroke

This course will give participants an overview of nursing assessment and management of stroke during the Covid-19 pandemic. At the end of the training participants will be able to: identify and discuss the two types of strokes; identify and ascertain the various treatment options; understand best practice for the nursing care of people who have suffered an acute stroke, including secondary prevention; be aware of aetiology of stroke and rationale for specific diagnostic tests.

Feb 28 Understanding Epilepsy for Nurses and Midwives

This short course will provide a good foundation and increase participants' knowledge when caring for patients with epilepsy. Nurses who are not specialists in epilepsy can play a central role in providing optimal care, education, and support to their patients with epilepsy given the proper tools. This course will provide a foundation on which to build increasing knowledge of epilepsy and care of the patient.

Mar 1 Restrictive Practices in Residential Care Settings for Older People

This course encourages participants to reflect on interventions that could be seen as restraining if viewed from a resident's perspective. Many interventions within healthcare environments can restrict movement of older people. They are unintentional and can be argued as in the best interest or for the protection of residents, eg. a nursing home locked at night to protect residents and staff from intruders.

Mar 2 Introduction to Leg Ulcer Management

This short online course will advise participants on leg ulcer management. Topics covered on the day include; pathophysiology, assessment and management of leg ulcers. Upon completion, participants will: have an understanding of the theory and concepts of the different causes of leg ulcerations; have gained a deeper understanding of the pathophysiology of leg ulceration; be aware of different non-invasive assessment for leg ulcerations; understand the importance of compression for venous leg ulcerations.

Mar 3 Type 1 Diabetes Management for Nurses and Midwives

This programme will provide nurses and midwives with knowledge and skills regarding type 1 diabetes. The literature would suggest that diabetes, chronic disease management and the self-care that is associated with it brings high incidence rates of depression, anxiety and negative thoughts. The use of different strategies, self-management, treatment options, insulin pump therapy and constant glucose monitoring will be looked at to improve patient self-management. The exploration of these strategies and management of type 1 diabetes is a necessary component to help nurses and midwives to formulate plans to combat issues that clients face.

Mar 8 Training Delivery and Evaluation

The purpose of this five-day programme is to equip the nurse/midwife with the knowledge, skill and confidence in course planning, training delivery, learning assessment and in the evaluation of training provision. Several training methods, including role-play, small group work, case studies, action learning and forums will be used to enhance the learning process. Places are limited so book your place now.

Mar 8 Maximising Your Potential using a Coaching Approach for Nurses and Midwives

This course will cover the following: how to build rapport and actively listen; identifying areas of your life that are in and out of balance; learning how to set goals for change and decide on actions; gaining insight into your strengths and resources.

Mar 10 Risk Management and Incident Reporting

This programme outlines the principles of best practice in managing risk. It will enable participants to understand terms related to risk management in healthcare, outline the stages of the risk management process based on the international standard and framework for risk management, outline the five steps of risk assessment, understand the purpose of a risk register and complete accurate records of incidents.

Mar 23 Strategies for Managing Conflict

The learning outcome for this course will be to help participants develop the insights and skills necessary to navigate conflict situations and reach satisfactory solutions. In many ways, workplaces are perfect breeding grounds for conflict. As well as our skills, we bring our individual needs, goals, ambitions, personalities, perspectives, backgrounds and vulnerabilities with us to work. It is hardly surprising, then, that conflict can arise from time to time as we interact with others with their own unique take on the world. While a moderate amount of conflict can be healthy, unresolved conflict can lead to many negative outcomes, with consequences for wellbeing and careers.

Mar 23 Introduction to Treating and Preventing Pressure Ulcers

This programme will advise participants on pressure ulcer prevention. Topics covered on the day include: causes of pressure ulcers, risk assessment and prevention of pressure ulcers. Learning outcomes: the causes of pressure ulcers; the factors that place a person at risk of developing pressure ulcers; key principles of preventing ulcers and the action needed to prevent them in the clinical environment; pressure ulcer classifications and grading; key principles of the SSKIN Bundle (surface, skin infection, keep moving, incontinence and nutrition) and how to implement it in the clinical environment.

Mar 24 The 'Know How' of Inhaler Technique

This short, two-hour online programme for nurses and midwives will address issues around inhaler technique. The programme will introduce the participant to current best practice in relation to inhaler technique and assist in the understanding of the role of inhaled medication with the correct use of inhalation devices (fee for members: €20).

Mar 30 Introduction to Management and Leadership for Nurses and Midwives

The aim of this short course is to identify managerial and leadership competencies for frontline managers and to explore how these are applied in practice. The course will include management theory, effective leadership and teamwork, as well as delegation and clinical supervision. Topic/content: management theory; effective leadership and team working; delegation and clinical supervision; understanding the nature and approaches to leadership; leading nursing and midwifery in your workplace; understanding yourself; leading others; professionalism, regulation and fitness to practice.

Mar 30 Introduction to Oncology: Terminology and Patient Pathways

This short three-hour session will give participants an increased understanding of the language of oncology in order to improve fluency with patients and colleagues, increased insight into the oncology journey and stages the patient is at which will improve overall patient care and outcomes. There will also be an opportunity to ask questions.

Mar 31 Paediatric Asthma – Understanding the Basics

This short online programme is aimed at nurses working in clinical practice who require basic knowledge and skills to care for children and their families with asthma on a day-to-day basis. The programme will assist participants in gaining an understanding of the clinical evidence underpinning the diagnosis and ongoing care and management of the child with asthma utilising current best practice.



“Therapeutic Use of Mindfulness” for Nurses and Midwives

Wednesday, 23 February, Wednesday, 2 March and Wednesday, 9 March 2022

This three-day online course is for Nurses and Midwives who work in the area of chronic illness, mental health, maternity care, parent education, palliative care, old age care and want to support their patients by teaching them Mindful Breathing and Meditation Techniques.

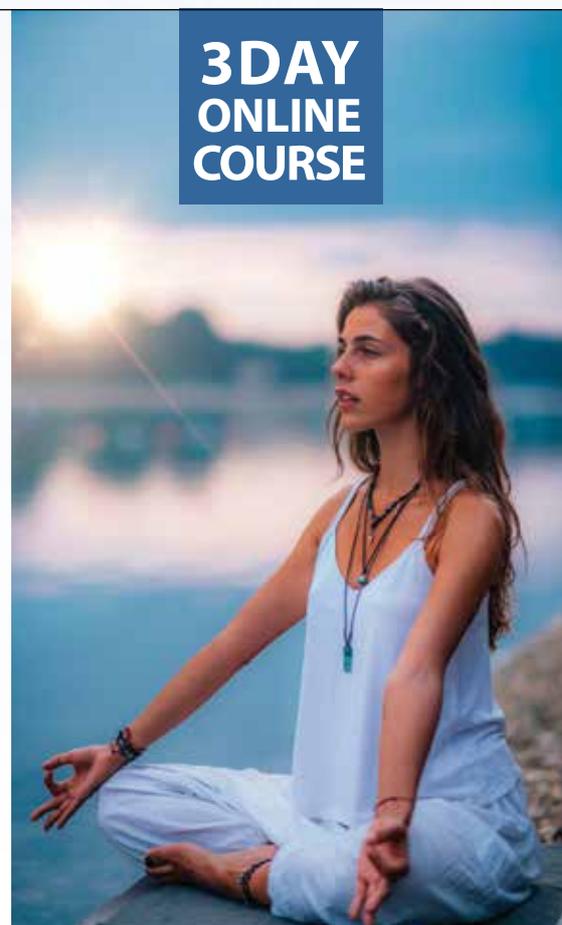
If you embrace the holistic aspect of nursing care and keen to explore innovative ways of providing health care with the therapeutic use of mindfulness, then this course is for you. Mindfulness cultivates a stable healing presence that benefits patients and providers alike. Mindful Nurses/Midwives can teach their patients how to use breath as an anchor to bring the mind home to the body and experience more peace and calm.

Early bird:
€130 INMO members (book before 14/1/22)

Fee:
€180 INMO members; €390 non-members



3 DAY
ONLINE
COURSE



For more information log on to
www.inmoprofessional.ie or

SCAN
ME



Children's nursing



This month the library highlights recent articles of interest to children's nurses or nurses who work with children

CPD articles

- Purssell E, Sagoo R. Managing fever in children: developing guidelines that turn evidence into practice. *Nursing Children and Young People*. 2021. doi: 10.7748/ncyp.2021.e1411
- Dowling L. Effective management of type 1 diabetes in children and young people. *Nursing Children and Young People* 2021. doi: 10.7748/ncyp.2021.e1310
- Syrett-Page J, Heaton PA, Jenner L, Paul SP. Acute abdominal surgical presentations in children. *British Journal of Nursing* 2021;30(13):780–6
- Thomas M, Gabe-Walters M, Coveney E. Living with lymphoedema: children's and young people's perspectives. *Nursing Children and Young People* 2021. doi: 10.7748/ncyp.2021.e1363
- Daly M, Howe R. Myringotomy and insertion of grommets as day surgery: a case study. *British Journal of Nursing* 2021;30(3):142–7
- Davies K, Hewitt C. Biological basis of child health 13: structure and functions of the skin, and common children's skin conditions. *Nursing Children and Young People*. doi: 10.7748/ncyp.2021.e1359
- Davies K, Batt R, Crawford D. Biological basis of child health 14: understanding the immune system, vaccines, allergy and disease. *Nursing Children and Young People*. 2021. doi: 10.7748/ncyp.2021.e1341
- Henry H. Focus on asthma 3: the psychosocial effects of asthma on the child and the family. *Nursing Children and Young People*. 2021. doi: 10.7748/ncyp.2021.e1379 (This article is the third in a series on asthma. The first article explored global trends in asthma and asthma care as they relate to children and young people, while the second article identified the adverse effects of air pollution on children, particularly those with asthma)

Nursing education

- Bartley N, Huntley-Moore S. Supporting the transition from nursing student to newly qualified children's nurse. *Nursing Children and Young People* 2021. doi: 10.7748/ncyp.2021.e1372
- Brady MP, Price J, Ooms A et al. Enhancing knowledge of mental health issues among children's nursing students: evaluation of a service user-led workshop. *Nursing Children and Young People* 2021. doi: 10.7748/ncyp.2021.e1383
- Nyhan T, Howlin F. From registered nurse to nursing student - Exploring registered nurses' transition to nursing student during a post-registration children's nurse programme: A qualitative descriptive research study. *Nurse Education Today* 2021; 105:105046. doi: 10.1016/j.nedt.2021.105046

Library services

The library has a number of services to support your practice and educational requirements, including literature searching, document supply, reference desk assistance and searching consultations. To find out more, call 016640614 or email: library@inmo.ie

Emergency care

- McDonnell T, Nicholson E, Barrett M, Bury G, Collins C, Cummins F, et al. Policy of free GP care for children under 6 years: The impact on emergency department attendance. *Social Science & Medicine* 2021 Jun 15 279:113988. doi: 10.1016/j.socscimed.2021.113988
- Edmonds J, Bignell M, Coward P et al. Managing children's forearm fractures in the emergency department. *Emergency Nurse* 2021. doi: 10.7748/en.2021.e2099
- Biagioli V, Pol A, Gawronski O, Carlin C, Cirulli L, Piga S, et al. Pediatric patients accessing Accident and Emergency Department (A&E) for non-urgent treatment: Why do parents take their children to the A&E? *International Emergency Nursing*. 2021;58:N.PAG
- Lafferty M, Lyttle MD, Mullen N. Ingestion of metallic foreign bodies: A Paediatric Emergency Research in the United Kingdom and Ireland survey of current practice and hand-held metal detector use. *Journal of Paediatrics & Child Health*. 2021;57(6):867–71
- Janhunen K, Kankkunen P, Kvist T. Nurse staffing and care process factors in paediatric emergency department –An administrative data study. *Journal of Clinical Nursing* 2020 Dec;29(23/24):4554–60
- Ma X et al. The accuracy of the pediatric assessment triangle in assessing triage of critically ill patients in emergency pediatric department. *International Emergency Nursing* 2021

Research articles

- Kelsall-Knight L. Experiences of LGBT parents when accessing healthcare for their children: a literature review. *Nursing Children and Young People* 2021. doi: 10.7748/ncyp.2021.e1346
- Green J et al. Developing nursing knowledge on COVID-19 in children and adolescents: An integrative review. *Pediatric Nursing* 2021. 47(4), 163-174
- Kenny M et al. "It can be difficult to find the right words": Parents' needs when breaking news and communicating to children with cancer and their siblings. *Journal of Psychosocial Oncology*. 2021;39(4):571–85
- Devitt A, Hara MO. Perceptions of nurses caring for children with life-limiting conditions in an acute setting in the Republic of Ireland. *International Journal of Palliative Nursing* 2021;27(6):281–91

Online – Introduction to Effective Library Search Skills

Next course date: Monday, February 14

Fee: €30 INMO members; €65 non-members

This course is aimed at nurses and midwives who would like to develop their searching skills to effectively find the most relevant information for clinical practice, reflection and policy development. This course will also be of benefit to those who are undertaking, or about to commence, post-registration academic programmes.



Learning resources at your fingertips

Midwife members have access to the RCM's i-learn repository offering a range of modules designed to support professional development

RCM i-learn has a range of online learning modules designed to support members' continuous professional development. i-learn is easy to use and provides around-the-clock access to online learning. You can enrol on as many modules as you wish and work through them when and where you like.

Course content

The RCM i-learn modules are constantly being updated, with more being developed all the time: from 10-minute tasters that can be taken on your coffee break to packages of courses, such as 'Examination of the Newborn'. There are also courses for developing your career or leadership skills.

Courses feature interactive activities, animation, video, audio, activities and quizzes to help reinforce your learning. Case studies and reflective activities are also included and you are encouraged to make notes in preparation for career development opportunities.

Courses available

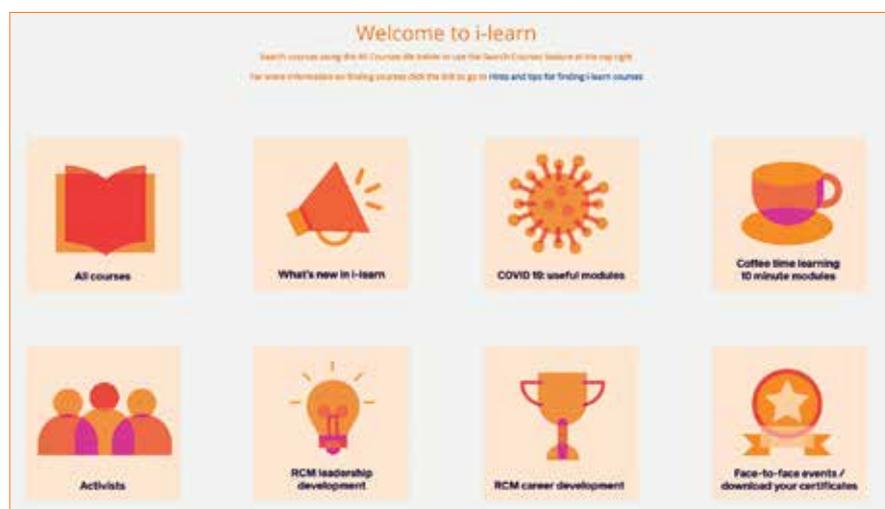
There are more than 150 RCM i-learn modules with more being developed all the time, as well as updates being made to older courses.

New courses include:

- Surrogacy
- Tongue-tie management (updated 2021)
- Epilepsy (revised 2021)
- Scoring tool for documentation audit
- Midwifery out-patient antenatal care
- Cancer in pregnancy and beyond (2021 update)

How to Access

The RCM i-learn resource is only available to those working as midwives or those on the NMBI Midwifery register. Firstly you need to register your interest with the INMO and once this is done you can register with RCM to gain access.



- Please complete the form available at: <https://inmoprofessional.com/RCMAccess/Request> or email: library@inmo.ie with your details
- Once your details have been confirmed you will receive an email from the INMO and you can proceed to the RCM website: www.rcm.org.uk/registration/ to register for access. You must use the email address you used on the form
- A confirmation message will display prompting you to go to your email account. Click the link in the email. This is essential. Your account will not be fully created if you do not activate it via this link. The account activation message will be visible on your screen.

To login:

- Go to: www.rcm.org.uk
- Click 'login' at the top right.
- Enter your email address (the one used to create your account) and the password you set up
- Your MyRCM page will display. Check that your email address is displayed at the top right

- To access i-learn, click the i-learn icon which displays on the right of the page, just above the envelope
- You will now see the i-learn front page. Check that your name is shown at the top right. If it is not displayed, you are not logged into i-learn.

Troubleshooting

If you are having any difficulties accessing RCM i-learn please do contact us and we can help to investigate the issue.

For any further information or assistance please contact library@inmo.ie or Tel: 01-6640614.

RCM i-learn access for INMO midwife members

Free access is available to all midwife members of the INMO. If you are interested in learning more about the modules outlined or in completing a learning module, visit www.inmoprofessional.ie/RCMAccess or email the INMO library at library@inmo.ie for further information

Looking back in anger at 2021 - a year of protest

THE INMO started 2021 calling for strict new infection control measures to reduce Covid-19 rates among members at work and seeking clarity on student nurse and midwife placement arrangements. We also made numerous calls for adherence to the vaccine prioritisation protocol as frontline workers began to receive their first vaccine doses.

In the following weeks and months, the union continued the campaign for compensation for frontline workers, having lodged a claim in November 2020, the only union to do so at the time, subsequently pursuing it for members through the industrial relations process. Since then, other health service unions joined this claim but the matter was not resolved in direct dialogue with the HSE or at conciliation at the WRC

and was therefore the subject of a Labour Court hearing in September 2021.

At the time of going to press the outcome of that Labour Court hearing is the subject of dialogue between government and the trade unions at national level. The INMO continues to seek compensation for those who led the fight against this pandemic in the eye of the storm.

An important milestone, which resulted from INMO campaigning, occurred in March when the maternity services working group issued its report recommending the Midwifery Led Unit (MLU) in Cavan was maintained. This marked the culmination of months of advocacy by INMO members. Later in the year members also successfully fought the closure of the

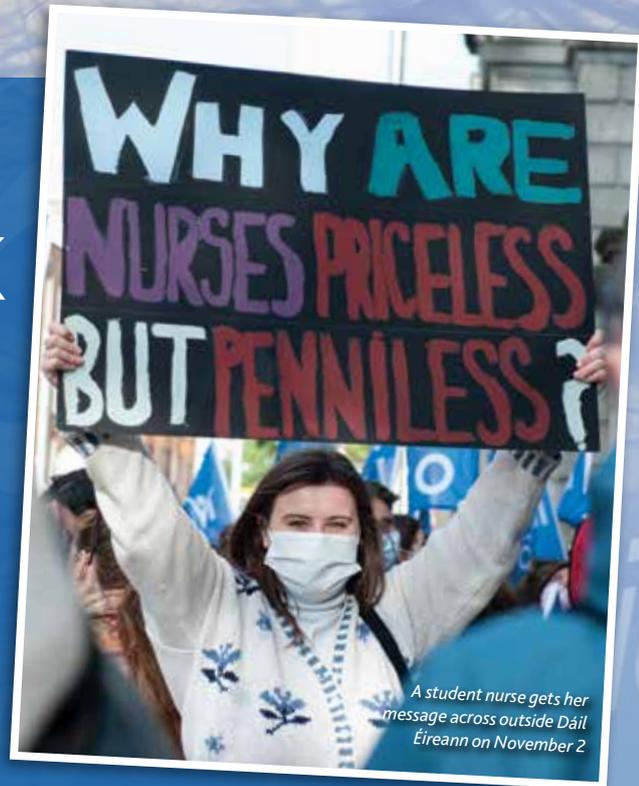
medical assessment unit (MAU) at Mallow Hospital.

In May, INMO members held their 102nd annual delegate conference online – the second remote ADC since the start of the pandemic – where delegates called for government action on 'long Covid' and sought an urgent response to the health-care workers' compensation claim.

As overcrowding and workload spiralled throughout the summer, INMO members staged a protest in July at Midlands Regional Hospital, Mullingar and called for ministerial intervention in University Hospital Limerick as well as curtailment of services in Sligo and Letterkenny. Calls for action continued over the following weeks and months as trolley figures reverted to pre-pandemic levels and even record highs.

Autumn saw more protests as staff at Connolly Hospital held a lunchtime protest around unsafe conditions in October, student nurses and midwives gathered at the Dáil on November 2 to protest their training conditions on the frontline and on November 15 staff at Mayo University Hospital protested ongoing staffing issues and conditions. The right to protest and the collective voice of members joining together to publicly expose the reality of working in our health services continues to be a very important part of membership participation in the INMO.

This year we will say goodbye to some long-serving staff (see pages 18-19) and welcome the appointment of Edward Mathews as deputy general secretary designate in advance of the retirement of Dave Hughes at the end of the year.



A student nurse gets her message across outside Dáil Éireann on November 2



Phil Ní Sheaghda addresses the crowd at a demonstration outside Dáil Éireann on November 2 to protest the training conditions of student nurses on the frontline



Members making their voices heard outside Connolly Hospital during a lunchtime protest in October



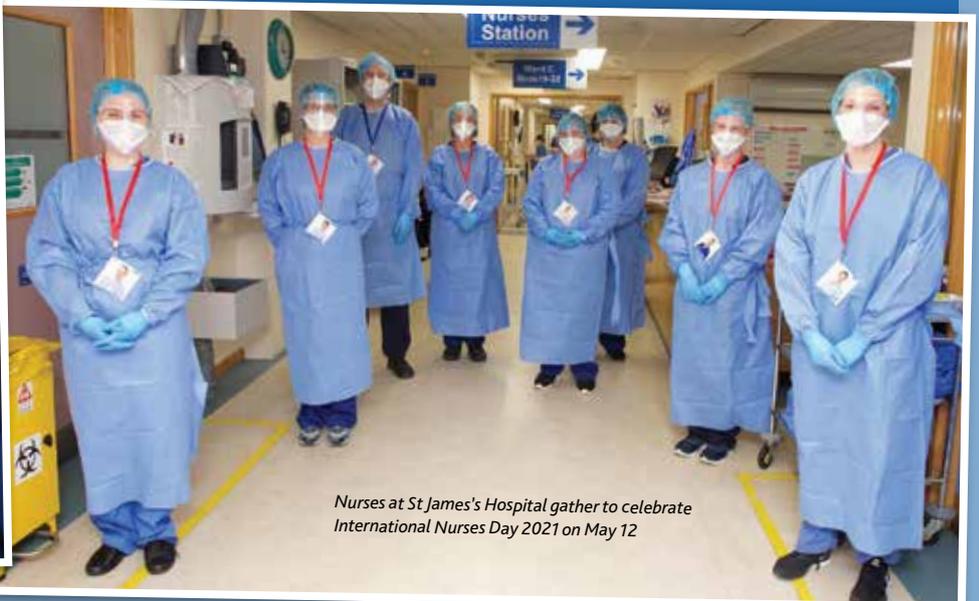
Deborah Cross, CNM3 SACC directorate, surgical area and Bernie Waterhouse, CNM2, Covid ward, St James's Hospital Dublin on December 29, 2020, the day Ireland's first Covid-19 vaccine was delivered. Photo credit: Marc O'Sullivan



Above and right: Student nurses campaign for better pay and improved conditions during a demonstration outside Dáil Éireann in November



Staff midwife Anyim Chinemerem from the Coombe pictured on May 5 2021, the International Day of the midwife



Nurses at St James's Hospital gather to celebrate International Nurses Day 2021 on May 12

Quality & Safety

A column by
Maureen Flynn



The Clinical Leadership Competency Framework

IN THIS month's column we are sharing information on a new resource to help you with your clinical leadership development. The Clinical Leadership Competency Framework (CLCF) is an e-learning resource, designed to provide healthcare professionals with the necessary knowledge and tools to support their clinical leadership competency development.

Background

The CLCF was originally developed as a face to face programme by nursing and midwifery colleagues in HSE South. It was adapted to an e learning resource, the Clinical Leadership Competency ePortfolio (CLCeP) by the National Clinical Leadership Centre for Nursing and Midwifery in 2015. In recognition of the increasing numbers of health and social care professionals using the CLCeP (30% of users), the NCLC and National Health and Social Care Professions (HSCP) Office came together to develop the CLCF which was launched in October 2021.

The CLCF has been designed to support clinical leadership development for:

- All nursing and midwifery in staff nurse/ midwife and clinical nurse manager or clinical midwife managers 1 and 2 positions or equivalent
- Health and social care professions in staff grade and senior grade positions or equivalent.

Access and use

You can access CLCF by:

- Logging into www.HSEland.ie
 - Clicking on the 'HUBS' option
 - Clicking on the CLCF HUB.
- The CLCF has been designed as a virtual resource to offer flexibility, enabling users to choose the sections they wish

to access at a time that suits you. You can assess yourself in seven leadership competencies, self-awareness, communication, decision making, empowerment, quality and safety, teamwork and advocacy (see Figure).

This assessment supports you to plan and develop your clinical leadership competencies using a comprehensive resource section and a professional development plan.

Professional development

Clinical leadership is for all nurses and midwives regardless of grade role or position.¹

- The CLCF assists you to develop clinical leadership knowledge and skills leading to improved patient outcomes. By working together, clinical leaders help create cultures that lead to improved care delivery and peoples experience of care
- It is a flexible, individualised mode of learning that can be used independently or as part of other learning and development initiatives
- The assessment aspect of the CLCF supports you to measure and benchmark your leadership strengths and development opportunities
- The suite of leadership resources supports your clinical leadership development
- The CLCF also supports you in the creation of your professional development plan and records evidence of your clinical

Figure: Clinical leadership competencies



leadership development.

Further information

Please go to www.HSEland.ie where you can access the explainer video and further information in the CLCF HUB.

Follow NCLC on Twitter to continue the conversation on your experience of using the Clinical Leadership Competency Framework: @NCLChse.

Maureen Flynn is the director of nursing ONMSD, QI Connections lead, HSE Quality and Patient Safety Directorate

Acknowledgements: Thank you to Marie Kilduff, director of the National Clinical Leadership Centre for Nursing and Midwifery and Jackie Reid, national lead, National Health and Social Care Professions Office for supporting the development of the CLCF. Catherine White, leadership advisor, NCLC lead for CLCF and Alison Enright, HSCP development manager, HSCP lead for CLCF and their colleagues Ann Gilmartin, leadership advisor, NCLC and Nuala Flynn, HSCP development manager, HSCP, for their ongoing support with the CLCF Hub

Reference

1. Kilduff, M (2020). <https://healthmanager.ie/2020/10/clinical-leadership-is-responsibility-of-all-nurses-and-midwives/>



Quality Improvement forms a central focus of the newly formed HSE National Quality and Patient Safety (NQPS) Directorate led by Dr Orla Healy. We work in partnership with those who provide and access our health and social care services to build quality and patient safety capacity and capability in practice; and drive and monitor implementation of the Patient Safety Strategy 2019-2024 including reducing common causes of harm, enhancing processes for safety-related surveillance, safe systems of care and sustainable improvements. Read more at hse.ie or link with us on Twitter: @nationalQI or email @NQPS.ie





Bulletin Board

With INMO director of industrial relations Tony Fitzpatrick



What leave do I get after an assault at work?

Q. I WAS working on a ward and was assaulted by a patient. I am out on sick leave as a result of this assault at work, my employer advised I would be paid sick pay under the normal sick leave rules. I am now concerned especially with the changes to the sick leave scheme. Can you advise if there is any other scheme available if you are assaulted at work?

There is a scheme that covers physical assault in the workplace. This scheme allows for pay inclusive of premiums that you would have earned had you not been assaulted to be paid to you. In addition, the period of time spent absent from work is not considered as sick leave. You should immediately make contact with your employer and request to be included in the 'Serious Physical Assault at Work Scheme' for nurses and midwives. If this is denied, you have the right of appeal to an appeals board and you should seek assistance with your appeal from your local industrial relations officer or industrial relations executive. For information on the Serious Physical Assault at Work Scheme you may contact the INMO Information Office.

Payment under the Serious Physical Assault at Work Scheme

All nurses/midwives who are absent from work as a result of a serious physical assault by a patient/client incurred in the course of their duties are covered by the Serious Physical Assault at Work Scheme. Payment is granted on the assault occurring in the actual discharge of the employee's duties and without his/her own default.

A serious physical assault is defined as: "The intention or reckless applications of force against the person by another without lawful justification, or causing another to be subjected to such force without lawful justification, resulting in physical injury."

The Assault at Work scheme provides as follows:

- a) Full pay based on the earnings an employee would have earned if still at work and working the hospital/community approved roster
- b) Such full pay which would include basic pay, allowances and premium earnings may be paid for a period of up to:
 - Six months for officer grades
 - Three months for support employee grades
- c) Payment made under (b) above shall be reduced by the amount of social welfare benefit to which the employee is entitled arising from absence due to the injury
- (d) Salary paid to an employee in the circumstances outlined above will not affect an employee's entitlement under the sick pay scheme.

Special extensions for nurses

In the case of nurses, the following special extensions to the above scheme apply:

First special extension

A medical assessment to review the employee's progress should be carried out no later than six weeks into the period of absence. If it is unlikely that the employee will be fit to return to work within the six-month period covered by the scheme or immediately thereafter, but there remains a reasonable expectation that the employee will return to work, a first special extension may be granted up to a maximum period of three months.

Second special extension

A medical assessment to review the employee's progress should be carried out no later than six weeks into the first special extension. If it is unlikely that the employee will be fit to return to work during the three-month period covered by the first special extension or immediately thereafter, but there still remains a reasonable expectation that the employee will return to work, a further final extension may be granted. The second special extension provides for basic pay only and is for a maximum period of three months.

Hospital expenses

Expenses incurred in respect of hospital/medical charges will be recouped as follows:

- (a) A refund of expenditure incurred in respect of treatment provided by Irish public health service
- (b) General practitioner, casualty and consultant visits
- (c) Prescription charges.

Nurses/midwives are obliged to claim under medical insurance schemes where appropriate (eg. VHI Refund of Drug Schemes, etc) and any payments made in respect of hospital/medical expenses will be solely in respect of excess expenditure by the individual. Payments made under this scheme do not confer any admission of liability on the part of the employer.

You can seek the Serious Physical Assault Scheme Leave Application Form – HSEHR 108 (m) from your HR department or line manager.

24-hour legal advice helpline

Every INMO member has access to a 24-hour legal advice helpline service. A team of legal experts is on call 24 hours a day, seven days a week, ready to provide a member with practical legal advice over the phone. The service provides legal advice on the Republic of Ireland's laws and the UK if required. With lawyers in both jurisdictions, together with computerised legal research facilities, the helpline staff aim to sort out even the most complex legal problem faced by INMO members. However, the legal helpline is not designed to deal with workplace issues that your local INMO industrial relations officer can assist with. The helpline can be reached at Tel: 1850 670707 or 01 6707472.



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Navigating your rostered internship

Catherine O'Connor guides fourth-year students through their pay entitlements as they begin life in the workplace

AS FOURTH-year students prepare for rostered internships it is important to understand how the related workplace rights and entitlements differ to those of supernumerary clinical placements. While nursing and midwifery interns remain students, you are also now considered an employee and as such there are some points of which you should be aware.

While supernumerary placements are typically 35 hours per week, internship placements are calculated as an average of 35 hours of clinical placement with a minimum of four hours of protected reflective time (PRT) per week, in line with HSE HR Circular 030/2009 and a 2014 Labour Relations Commission agreement.

PRT is paid time, however there is some variation in how it is delivered between areas and sometimes this is calculated as an average, eg. having a day of structured reflection with clinical placement coordinators (CPCs) could count as PRT for multiple weeks of placement. In terms of break entitlements, all employees are entitled to breaks as outlined in the Organisation of Working Time Act 1997 (see www.inmo.ie/Pay_Rights). You are entitled to a 15-minute break once you have worked up to four-and-a-half hours, and a 30-minute break once you have worked up to six hours, which may include the first break.

Many internship students wonder about premium pay entitlements. Premium rates of pay apply where employees work unsociable hours. Internship students should have access to premium hours in line with their staff nurse/midwife colleagues, as interns are employees and so should not be treated differently to other employees, unless it is objectively justifiable to do so. A nurse/midwife who works a five-over-seven roster (liable to work weekends), and is scheduled to work on Saturday, is entitled to a premium payment of €16.26. This is a fixed amount and



is payable irrespective of the number of hours worked.

Sunday and public holiday premiums are both calculated as time plus time, ie. double time, for each hour worked. Night duty premium is calculated as time plus one-quarter per hour worked for the entire designated night duty shift. For hours worked between 8pm and midnight (when not part of a designated night duty shift), the rate of pay is calculated at time plus one-sixth per hour worked. Additionally, for hours worked between 6pm to 8pm (twilight rate), nursing/midwifery students are paid at a rate of time plus one-sixth. To calculate your hourly rate of pay, you can do this by dividing your annual salary by 52.18 and then dividing this by 39. To work out one-quarter or one-sixth simply divide your answer by four or six respectively.

As you are now employees in your clinical areas, it is important to make sure you are paying the correct amount of tax. This can be done by visiting revenue.ie and clicking on the 'myAccount' button in the top right-hand corner, followed by 'register now'. This will bring you through the steps of registering with Revenue and will allow you to apply for tax credits.

Should you be ill during your internship, you need to refer to your local sick leave policy, which will outline the steps you

need to follow. Interns may be granted up to eight weeks of paid sick leave during their internship, provided they comply with the sick leave policy in their area, as per the HSE HR Circular 030/2009. The hours required to be paid back in order to meet the NMBI mandatory requirements will be paid.

Seeking support

It is important to note that going from being a supernumerary student in third year to being counted as 0.5 of a nurse/midwife in the roster can be daunting in the beginning, so do reach out for support if you feel you're not coping. If you have a good relationship with your preceptor or clinical nurse manager (CNM), talk to them about concerns you're having. If you feel more comfortable with your CPC, link in with them. There is also support in your college, eg. tutors, programme co-ordinators and counselling services.

The INMO also provides access to a 24/7 telephone counselling helpline for members. Remember that it's normal to feel nervous in the beginning and to wonder if it's ever going to improve. Things will begin to 'click' in time – so give yourself some credit for making it this far and trust in yourself that you can make it through the rest of the internship.

Catherine O'Connor is the INMO's student and new graduate officer, email: catherine.oconnor@inmo.ie

Sleep rituals for nurses and midwives

THERE is a growing appreciation for the importance of sleep and its effect on our mood, productivity, mental health and physical health. For nurses and midwives working shifts, the change of hours can make unwinding before sleep very difficult. Zevo Health has provided some tailored tips and rituals for INMO members to implement for a better night's sleep:

- Try to keep a regular sleep schedule. Sleep and wake at the same times when working a night shift or day shift. This helps support a healthy aligned circadian rhythm
- Going to sleep should be done gradually, preparing the body and mind for sleep. Engage in a relaxing activity before bedtime like reading, listening to calming music, yoga or mindfulness. Mindfulness practice evokes a relaxation response in our bodies, conducive to sleep
- Warm bath/shower before sleep. A warm bath/shower can assist an individual fall asleep faster as body temperature tends to drop after a warm bath/shower,

increasing the production of melatonin which aids sleep. A warm bath can also help relieve tense muscles after a long shift, helping release anxiety and stress

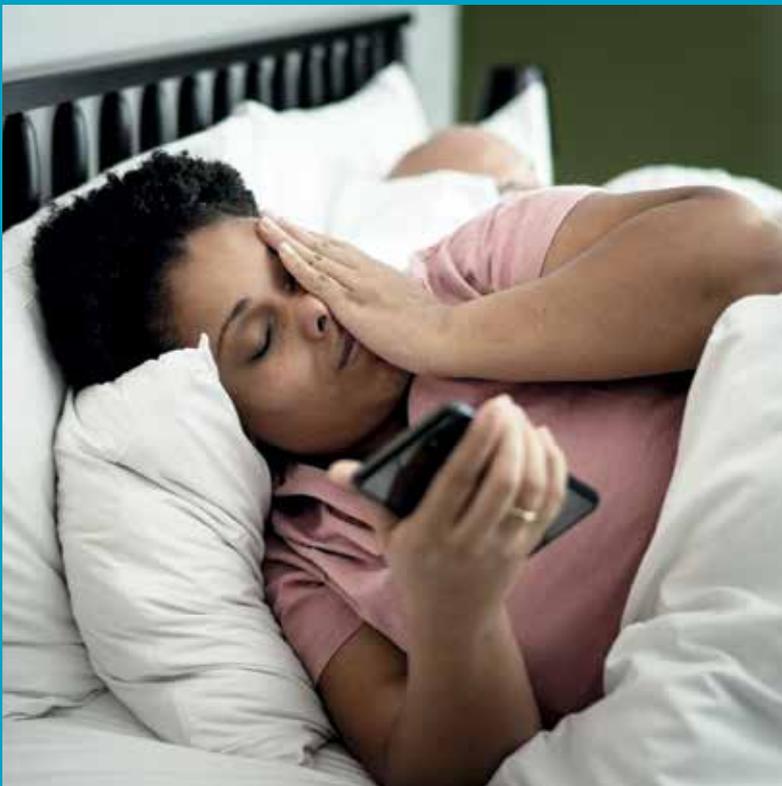
- Create a dark, calm and cool environment in your bedroom. Remove devices that are associated with alertness, such as TVs, laptops and other similar devices. Use blackout curtains or a sleep mask to block out light if you're trying to sleep after an evening/night shift; this can help decrease sleep disturbance caused by light
- Add some mindfulness meditations to your bedtime routine as it can significantly improve sleep quality
- Reframe unhelpful thoughts around sleep. Thinking "If I don't get X hours of sleep, I'll be exhausted and have a terrible shift" can lead to agitation, worry and stress, and can make it even more difficult to sleep. A more helpful thought process might be "If I can't sleep after 20 minutes, I'll read for 10 minutes in another room, then try to sleep again when I feel tired". After all, sleep quality is the primary



determinant of how well rested we feel after sleep, not solely sleep duration.

The Let's Talk About It Digital Hub has courses, webinars, articles and more on sleep care and wellbeing for nurses and midwives. Get free access by visiting cornmarket.ie/lets-talk-about-it/resources and start sleeping better today.

This article has been created by Zevo Health as a part of the Let's Talk About It campaign. Let's Talk About It, a mental health collective for INMO members, is brought to you by Cornmarket and the INMO



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Spotlight on Leadership

The importance of advocacy in nursing and midwifery leadership

ADVOCACY is an essential element for nurse and midwife leaders. It promotes equitable access to healthcare, ensures patient safety, and influences public health policy. It is also central to creating system change, which is relevant to the health service.

The power of advocacy also means that its use can move beyond the health agenda into broader areas such as climate change, health technology innovation and childcare.¹

Nationally and internationally, nursing and midwifery organisations provide essential leadership and advocate for the nursing and midwifery professions. Organisations such as the INMO offer a clear voice, advocating for nurses and midwives, influencing health policy, striving to ensure patient care excellence and delivering nursing/midwifery practice as safely as possible.

Globally, professional organisations provide leadership for the nursing and midwifery professions, and advocacy is strongly linked with the leadership provided at this high level. The International Council of Nurses, International Confederation of Midwives and the European Federation of Nurses Associations are just a few examples of organisations that provide a platform for nurses and midwives to collaborate, influence policy and ensure care excellence.

The World Health Organization (WHO) recognised the importance of having appropriate nursing representation when it created the position of WHO chief nurse in 2018. In Ireland, the role of chief nursing officer (CNO) has been a significant step in developing nursing and health policy in Ireland over the past two decades. It is vital that this role is further supported and advanced to ensure that nurses and midwives have a voice at the

decision-making level of health service policy and strategy.

A chief midwife officer position would be a further step in advocating for midwives across the country and is also an essential strategic leadership and influencing role, critical to policy direction and development. Such positions are central to raising the profile of the professions.

The Triple-Impact Report² identified the need for nurses' visibility, value and credibility to be raised through strong and effective leadership. The report identified the importance of the need for "political, strategic and advocacy skills to navigate, negotiate and influence evidence-based health and social care policy". Leadership at all grades of the nursing and midwifery professions can establish the critical mass required.

There are several examples where advocacy has assisted in advancing the professions and influencing health policy and patient outcomes. The National Taskforce on Nurse Staffing and Skill Mix has established a model for setting nurse staffing to provide optimal patient outcomes. Advanced practice roles, including nurse/midwife-led clinics, nurse prescribing and the roles of advanced nurse and midwife practitioners, not only deliver effective and safe healthcare but are advocating and leading "in primary healthcare, education/teaching, professional leadership, quality management and research".³

The Nurses Together campaign was created to assist nurses and midwives in the area of advocacy and lobbying, providing tools, advice and other valuable supports. The campaign identifies several skills required to advocate successfully, including communication, problem solving and influencing, in all of which nurses and midwives are well versed. Nurses and midwives are on the frontline, are holistically focused

on the patient or client and treat people at all stages of life. Advocacy for patients, clients and service users is intrinsically linked to the roles; the real challenge is using these skills to advocate for the professions.

Planning is central to advocacy, and the Nurses Together campaign offers a step-by-step guide on how to achieve this.

Step 1 centres around identifying the case for change, telling your unique story and making a human connection.

Step 2 relates to targeting the correct individual, organisation or group and knowing your audience.

Step 3 identifies the importance of backing up your case with appropriate evidence.

Step 4 requires the identification of other stakeholders who can influence the target audience. The final step is the call to action and identifies how the message will be delivered.

Further information on this guide and other useful advocacy supports can be found at <https://nursingnow.pageflow.io/nurses-together>

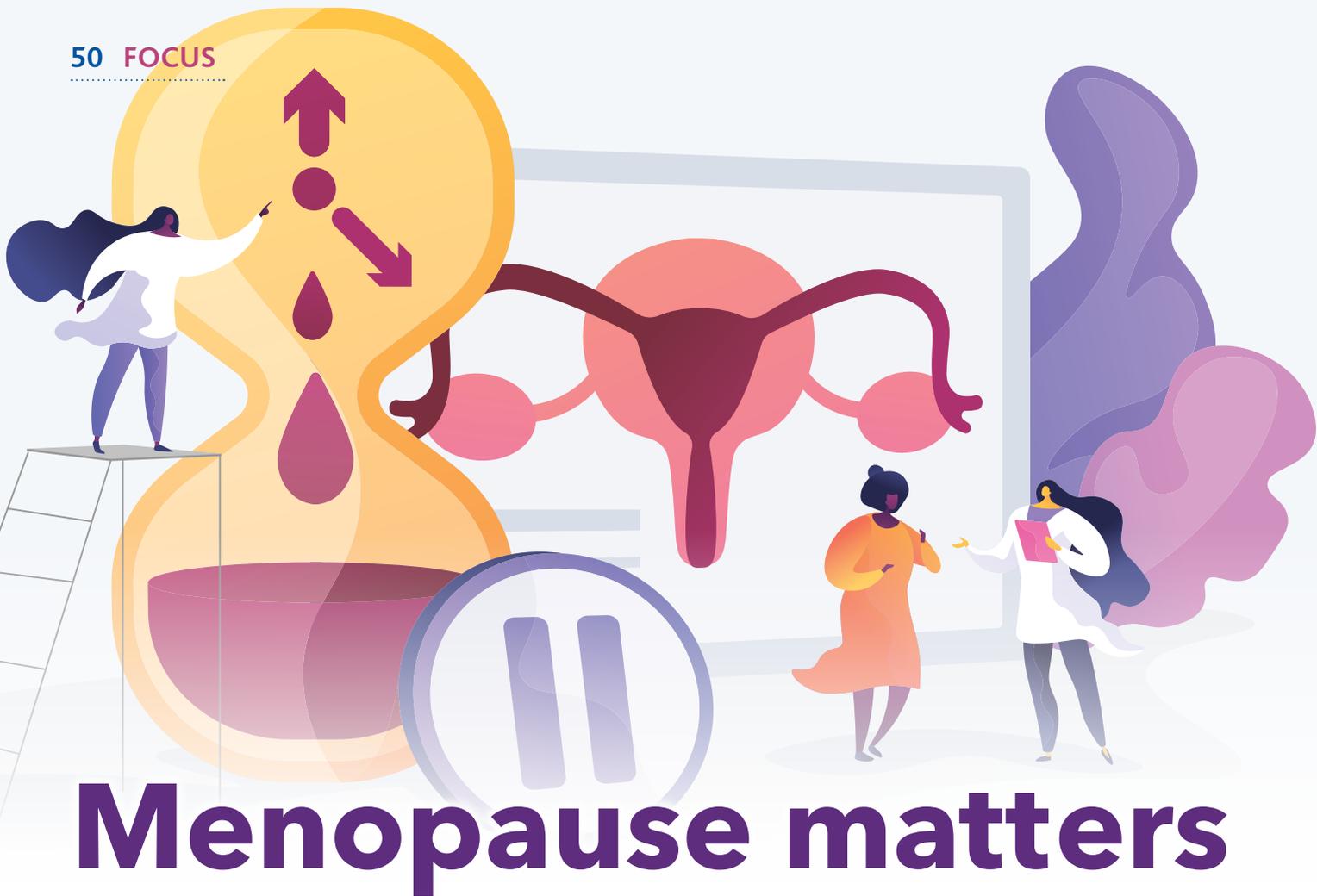
Niamh Adams is head of library services and Steve Pitman is head of professional development, both with the INMO

Launched in 2021, the Nursing Now Challenge brings forward the Nightingale Challenge mandate, which focuses on developing leadership opportunities for nurses and midwives globally. Visit www.nursingnowireland.ie

If you are interested in writing or contributing to this series of leadership articles, please get contact Steve Pitman by email to: steve.pitman@inmo.ie.

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Menopause matters

Loretta Dignam argues the case for change in how we approach the issue of menopause in the workplace

MENOPAUSE has been a hot topic of late in Ireland, courtesy of Joe Duffy's *Liveline* in June of this year and the focus by UK celebrities such as Davina McCall on the topic. The lid is being lifted off this taboo subject and the women of Ireland have spoken out on the airwaves, in the media and across support forums about their menopausal experience.

In June, Health Minister Stephen Donnelly announced that there are motions underway to develop a workplace policy for businesses that will help offer better support for women going through menopause. In September he announced plans to open a dedicated public menopause clinic in the National Maternity Hospital.

The INMO was at the forefront of trade unions raising awareness about menopause and creating menopause-friendly workplaces.

According to the latest census, there are 570,000 women in the menopausal cohort in Ireland, of which 350,000 are in paid employment, therefore a great number of women are affected. Nine out of 10 nurses and midwives are women, so a significant number will be impacted in these professions.

Survey

In a recent national survey conducted by the Menopause Hub (1,137 menopausal women) in September/October 2021, 90% of respondents said that they experienced symptoms of menopause and 30% were described as severe, ie. debilitating. This survey very much reflects the results of the INMO Menopause in the Workplace Survey conducted at a similar time. Some of the key highlights were not entirely surprising, given what we hear anecdotally, but are shocking, nonetheless.

Key findings:

- 88% said that their performance was affected at work, with 30% saying their performance was affected a lot at work
- 40% of women said that they took time off work due to their symptoms
- 22% said that they took three or more days off work due to their symptoms.
- 43% considered giving up work
- 12% gave up work.

Business case for change

It is clear that menopause is an issue for women in the workplace. The average age of menopause is 51 and for perimenopause it is 45. This age cohort are the fastest growing workforce demographic and with

the recent change in pension age, it is likely that more women will be working into later life. The implication of this changing demography is that employers should ensure that they have the appropriate policies and procedures in place.

There are four key areas where employers are at risk in ignoring menopause in the workplace:

- **Duty of care:** Employers have a duty of care to their employees under health and safety legislation. Employers need to create greater openness in discussing the difficulties faced by those experiencing menopausal symptoms. Menopause is not unlike where mental health was several years ago and is one of the last taboos to be addressed
- **Performance:** women experiencing issues that affect their performance may need to discuss it with their line manager or HR department and agree specific 'reasonable adjustments', which may be short-term or slightly longer-term
- **Talent retention:** This is a risk with 12% of menopausal women giving up work. Replacement of this talent, experience and skill will be costly and time consuming. Talent attraction will also become

Symptoms in the workplace

There are more than 40 symptoms of menopause, which can be divided into three key groups:

Psychological: emotional and mental symptoms including anxiety, mood, anger, depression, teary, feeling overwhelmed brain fog, memory loss, concentration issues, loss of confidence, loss of mojo

Physiological: insomnia and sleep disturbance, irregular periods, hot flushes, night sweats, headaches, migraines, weight gain, heart palpitations, dry eyes, stiffness, aches and pains

Genito-urinary: bladder issues, such as UTIs, incontinence, painful sex, loss of libido.

In the workplace the symptoms that are regularly reported as having a negative impact on menopausal women include brain fog, focus and concentration (34%), insomnia and fatigue (40%) anxiety (32%), hot flushes (35%).¹

Nurses and midwives can play a leading role in highlighting and recognising the importance of menopause as an issue and developing services to support women.

Reference: 1. Survey 2018, TUC, Open university of Bristol, Open University of Leicester



difficult, putting the employer brand at risk. Responding positively to the specific needs of individual employees is a key component of building an inclusive and welcoming working environment. An employer who seeks to understand and accommodate the needs, experiences and priorities of their employees is one that is likely to gain greater staff loyalty, lower rates of absenteeism and higher rates of productivity. It therefore makes good business sense. In nursing and midwifery menopause is an important factor that should be considered in the retention of these valuable employees

- **Legislative risk:** A failure to support women affected by menopausal symptoms may contravene certain equality laws, such as age, gender and disability discrimination. In fact, an increasing number of recent Employment Tribunal cases in the UK have ruled in favour of the menopausal woman on exactly those legal grounds.

Managing menopause in the workplace

Employers can do a lot of simple things to help menopausal women who need support and to create a menopause-friendly workplace. Here are the Menopause Hub's top tips.

- Raising awareness – this can be done easily through virtual talks/seminars/webinars with menopause experts who can demystify menopause by busting the many myths that surround menopause. Some 80% of respondents to the survey by the Menopause Hub say that they are unprepared for menopause and 66% say that they know little or nothing about it. Awareness and information sessions can be included as part of other health

About the Menopause Hub

The Menopause Hub is Ireland's first and only dedicated multidisciplinary menopause clinic, offering a range of services to optimise the health and wellbeing of menopausal women. The team of specialists includes a team of doctors (GPs and gynaecologists), psychologists, dietitians and nutritionists, women's health physiotherapists and acupuncturists.

The Hub offers a holistic, evidenced-based approach to menopause management and care. It also works with a range of organisations, across a variety of industries, including for profit and not for profit, to help make their workplaces menopause friendly. Support offered includes consulting on workplace policy setting, training seminars and workshops to educate human resources, managers and employees to break the taboo in the workplace.

Visit www.themenopausehub.ie for more details

programmes and supported by posters in the workplace

- Organising social support in the workplace can be done via appointing menopause champions, who are trained facilitators in menopause, or by setting up lunchtime support groups where women can avail of a buddy network
- As each woman is different, so too is her menopause. Reasonable adjustments can be made on an individual basis, which can include; flexible and agile working, job sharing, working from home, time off for medical appointments etc
- Temperature control can be very important to women, particularly those experiencing hot flushes and sweats. This can be done via access to open windows, ventilation, air conditioning or a simple personal desk or handheld fan
- Access to a rest room/area/easy access to bathroom facilities or changing facilities is critical, as women may have bladder issues, unexpected bleeding or just may need to have a few minutes to compose themselves, etc
- Although access to cold drinking water may seem like a given, the reality is that

not all staff have access to this facility

- For roles that involve a uniform or specific work clothes, it is critical to assess the uniforms through the eyes of a menopausal woman. This is particularly relevant for nurses and midwives. Is the fabric suitable? Is the design suitable? Does the staff member have enough pieces?
- Become a supportive manager. Training of HR and managers about understanding menopause is so important. They need to be given education, tools, tips and guides on how to confidently have a supportive conversation with a menopausal colleague
- Encourage women to discuss how they feel as these feelings are very normal but don't be prescriptive.

Ultimately, the creation and development of a policy on menopause in the workplace is best practice. However, this cannot be a box-ticking exercise, with the policy left on the shelf. It needs to be a living, breathing policy that becomes a key part of the organisation's culture and DNA.

Loretta Dignam is the chief executive and founder of the Menopause Hub



Facilitating virtual learning

With much of modern life set to stay online, **Geraldine Kyle** discusses ideas for successful virtual teaching for nurses and midwives

THERE have been exceptional changes to working life since March 2020. Nurses and midwives have made substantial progress in providing safe and evidence-based care in the post-Covid-19 world. Those who are engaged in delivering education have also made considerable adjustments to their practice, since social distancing requirements became a crucial concern. This article will explore some practical ideas for successful virtual teaching environments. It should have relevance to any nurse or midwife who is, or who will be involved in, delivering education remotely.

It is particularly timely to discuss these issues in light of the cyber attack on the HSE in May 2021.

Teaching online is different than teaching in the classroom.¹ When starting on a journey to facilitate learning in an online context, the educator must be prepared to develop new skills, take some chances and learn from their mistakes.

Five-stage model

Gilly Salmon² developed a five stage model for online learning participants. She has a range of written and video material to support learners in their journey. This model is also a useful framework for online educators to use as they develop skills and confidence. It will be used as a framework for this article.

Stage 1: Access and motivation²

If a nurse/midwife is asked to deliver education in an online capacity, they must have access to platforms to facilitate this

process, as well as the opportunity to learn how to use them. In addition to the training they receive in the workplace, there are numerous training videos on YouTube in relation to all of the common platforms and this is a good place to start preparing.

Choosing a method of registration is important for reasons of security, logging attendance and ensuring that the numbers attending are suitable for the planned session. Most educators use the learning management system (LMS) common to their workplace. There are numerous alternatives available.

HSELand is a commonly used repository within the Irish health and social care system. It has an LMS component which allows attendees to register and complete eLearning programmes on the portal as part of blended learning programmes. It also allows facilitators to message attendees, send resources and issue certificates of attendance.

For staff working in the HSE and HSE funded services, it would be beneficial to contact the Centre of Education attached to their service to establish local information. HSELand was temporarily offline following the cyber-attack in May 2021, but is fully functioning as of August 2021.

Other tools for registering and organising education and training include EventBrite, Microsoft Teams and Microsoft Forms, ARLO, Blackboard and Moodle. Whatever system is used, it is important that learners are sent the correct

information to allow them to join the session efficiently and securely, and that their data is stored safely. If the organiser emails participants with a meeting link, they should use the BCC or blind copy option to prevent the sharing of personal email addresses.

Stage 2: Online socialisation²

To enable the best experience for learners, the educator must develop confidence in using the available platform. The opportunity to practise in a safe space with co-workers is a great advantage in developing aptitude. This is also the stage to decide whether to use synchronous learning, asynchronous learning or a combination of methods.

Synchronous learning is when a group of people are engaged in learning at the same time.³ The traditional classroom setting where a group of 20 learners engage with an educator for a defined period of time is an example of synchronous learning. In the world of online learning, a virtual classroom where the learners and educator log into a meeting together and interact in real time is also an example of synchronous learning.

Conversely, in asynchronous learning, the teacher facilitates activities that enable the learners to engage with material at different times.³ This might involve an eLearning programme hosted on HSELand that each learner accesses at their own convenience. Another example is recording a live online class and making

it available for learners to watch after the event is over. Combining modes of synchronous and asynchronous learning is useful in delivering effective and meaningful learning.

Material that was previously delivered in a face-to-face classroom setting needs to be adapted and a medium selected that best suits the topic at hand. For example, if an educator is asked to provide training for individuals on how to use a hospital computer system, they might consider recording a short instructional video that can be viewed multiple times. This could be supplemented with activities to promote engagement and allow for clarification of the material, eg. a quiz or an opportunity to ask questions in a separate forum such as an individual phone call. This combination of methods is often known as blended learning and might also be categorised as flipped learning.⁴

If the educator wishes to deliver a talk on a topic that may generate a larger audience, a webinar may be a suitable choice. During a webinar, the audience members do not have their cameras or microphones enabled, but they can participate in polls/quiz questions or may be invited to pose questions in the chat box feature of the platform selected. The webinar can be recorded and watched at a later time by participants who were unable to attend the live event.

For certain topics, educators may prefer to recreate a more intimate and interactive classroom or workshop experience. In this instance, it is wise to limit numbers attending the session, ensure that mechanisms are in place for technological support and use tools such as breakout rooms to facilitate discussions.

A breakout room is the online equivalent of allocating group work and putting participants into separate spaces to discuss a particular topic. They are straightforward to set up on most platforms. A strong internet connection is required to facilitate the rooms, and the educator needs to account for the time spent entering and exiting the rooms. However, they mimic the sense of classroom based group work quite satisfactorily, so for certain topics, it is time well spent.

Stage 3: Information Exchange²

As both the educator and learners develop confidence in accessing learning via online methods, this is an important stage for professional collaboration and sharing what works well and what pitfalls to avoid.

Timing is even more important in the virtual environment than in face to face settings. Although most people are becoming more adept at navigating online calls, there will be technological issues to consider.

It is recommended to run a brief orientation session in advance of the main event, to identify and proactively address difficulties.⁵ This is particularly helpful for longer sessions with many attendees and will save time in the long run. It also works very well in enabling practice for speakers who are not accustomed to delivering content online. Another strategy, which can run in tandem, is to allocate more than one facilitator. While one person is speaking, the other can be monitoring the chat box for questions and assist attendees with technological issues that would not be possible for the speaker to address.

The facilitator can use the technology available on the platform to assist with the smooth running of the education. When Webinar mode is enabled on platforms such as Web Ex, Zoom or MS Teams, it automatically limits participants to interacting via chat box option. These options can further be limited so that only the facilitators see the questions posed.

When setting up a virtual classroom where people are permitted to speak at certain times, it is possible to mute everybody and then allow them to unmute when it is time to speak. It can be helpful to provide guidelines for preferred etiquette in the virtual classroom.

Stage 4: Knowledge construction and Stage 5: Development²

At these stages, both educators and learners should have confidence in using their online platforms. The educator may be using their skills in facilitating multiple groups and it is a good time to reflect on their own learning journey and the skills they can apply to future programmes.

Presentation tips

When presenting online, it is important to maintain the individual's personality and teaching style. Teaching and learning involves effective communication and making connections with people. A lack of confidence in technology should not dissuade anyone from making the transition to online or virtual teaching. When speaking and not sharing the screen, educators should remember to look into the camera. In most laptops, it is at the top and middle of the screen. The laptop may need to be raised onto a stand or some books so that the camera is at eye level. Taking the time to do this can really impact

on the connection made with the audience.

It works well to have a neutral background and to have a light source behind the computer rather than behind the speaker. Most platforms have a choice as to how participants see the class. 'Gallery' view allows for seeing multiple participants on the screen. The educator can choose their preferred view and also guide their learners. It is worth noting that gallery view is not always possible on a mobile phone or tablet and this may impact on the viewing experience of the learner.

When screen sharing to deliver a presentation, it is important to ensure that nothing confidential or private is shared. Close all tabs apart from the one that is being used for the class and disable email notifications for the duration of the presentation. Some platforms automatically turn off the speaker's camera when the screen is shared. It is important to turn it back on after the screen sharing is complete to reconnect with the audience. It is important to have movement breaks/energiser exercises/games when delivering classes in an online mode over a prolonged period. These might only take two to three minutes, but if they are well planned, they will increase enjoyment and engagement.^{6,7}

Conclusion

This article provided a brief overview of some practical ideas for successful virtual teaching for nurses and midwives. It used a five stage model to discuss the evolution of online teaching and learning skills. It also explained some key concepts such as synchronous/asynchronous learning and some presentation tips and ideas.

Geraldine Kyle is a nurse tutor in Tallaght University Hospital in Dublin

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Motivating people to make positive changes

When used appropriately, motivational interviewing can be an effective tool that PHNs can integrate into preventive patient care. Emer Gartland looks at its role in preventing childhood obesity

THE World Health Organization (WHO) European Childhood Obesity Surveillance Initiative (COSI) has identified a consistent increase in worldwide childhood obesity rates, with a notable high rate of obesity in Ireland by international standards, particularly among younger school age children.¹

Obese children have a higher incidence of comorbidities related to early onset obesity such as hypertension and diabetes,² as well as from psychosocial issues such as bullying and absence from school.³ Children's media consumption has been found to be a robust factor for obesity risk,⁴ along with fewer family meals and reduced outdoor play.⁵

Public health nurses (PHNs) play an important role in ensuring positive outcomes for children in tackling childhood obesity. PHNs have access to preschool children and their parents as part of the early childhood programme. Given the PHN's longitudinal relationship with families and their regular monitoring of children's developmental progress, the PHN's office represents an important setting for the prevention or treatment of obesity.

Enhancing the PHN's ability to motivate their patients and improve their confidence in supporting their patients' willingness to change could ultimately improve clinical outcomes. With the national trend for obesity in children continuing to rise, the subsequent risk to future health and well-being means there is an urgent need for effective and easy-to-disseminate weight loss and healthy eating interventions that address both scalability and adherence.⁶

Consistent with these two identified

areas of concentration is motivational interviewing (MI), a person-centred counselling style that is used to promote behaviour change in relation to a wide variety of lifestyle issues. MI has been described as using a collaborative approach to strengthen a person's own motivation and commitment to change.⁷ MI seeks to elicit intrinsic motivation for changing behaviour and encourages patients to understand and resolve their ambivalence to change using a tone that is non-judgmental, emphatic and encouraging.⁷ Counselling techniques are calibrated to the patient's level of readiness to change and then an educational input is given only when the patient is ready and willing to hear the information.⁸

Motivational Interviewing has been shown to outperform comparison treatments in health behaviours such as physical activity, screen viewing and diet.⁸ There is evidence to support the use of parent-involved MI in improving a variety of paediatric health behaviours including diet, physical exercise and BMI.⁸

An intervention by PHNs in the US looked at behaviour changes in the family-focused obesity prevention HOME Plus programme⁹ and highlighted how MI with individual and group components can assist families in making lifestyle changes that result in improvements in child weight status. Each group was given education in nutrition and meal preparation and the primary meal maker was contacted five times by an MI-trained practitioner to provide additional support. The study concluded that the individualised, person-centred

nature of the programme helped meet the needs of different families, providing them with the support to make healthy behaviour changes.

Understanding how a family decision maker perceives risk is important in achieving positive outcomes to health interventions. The national longitudinal study of children growing up in Ireland found that 54% of parents of overweight children and 20% of parents of obese children reported that their children were the right weight for their height.¹⁰ There is a need for healthcare practitioners to amplify the potential risk of obesity for parents early in the development period.¹¹ The motivational interview is considered ideally suited to identifying risk perception and to supporting the acquisition of improved eating habits and physical activity behaviours. However, the effectiveness of MI depends on the level of acculturation of the family and effective communication between parent and healthcare professional.¹¹

One possible intervention that could ensure consistent training and upskilling of nurses as MI practitioners was identified in the US in a study that used technology to support MI. This found that virtual training has the potential of preparing providers to use MI to address childhood obesity.¹² In this study, technology-generated, tailored patient education materials were used with standard growth charts used and health risks identified to assist MI counsellors. The result identified a high level of provider satisfaction with web-based training, MI counselling proficiency improving after



training and improved technology with parents' education for healthy eating.¹²

Overall, the evidence shows the use of MI to be an effective intervention and a parent-child response to education on healthy habits and weight maintenance. Further research is needed to establish whether the limited intervention effects in some trials were a result of a failure of theory, implementation, evaluation or a combination. The literature supports the need for health professionals to offer nutritional and activity recommendations as a means to prevent childhood obesity and subsequent chronic disease in adulthood.

PHNs are uniquely positioned to address the growing trend of childhood obesity by promoting positive dietary habits for improved weight management as part of their early childhood programme. Rather than adhering to the traditional authoritative method of dispensing information and advice, a more collaborative approach such as MI can be more effective.

Future studies are needed to identify effective techniques that PHNs can incorporate into their practice, as well as studies of how the effects of parental involvement

Key points

- Motivational interviewing is a person-centred counselling style aimed at promoting behaviour change
- PHNs play an important role in tackling childhood obesity through their work with families and preschool children
- The evidence review supports the effectiveness of parent involved motivational interviewing in improving a variety of paediatric health behaviours including diet, physical exercise and body mass index
- With specific motivational interviewing training and regular upskilling, PHNs are ideally placed to be effective practitioners in promoting healthy lifestyles and tackling childhood obesity in Ireland

could vary according to the gender, age, family cooking habits and the quality of family relationships.

Overall, the evidence shows that MI, when used appropriately, can be an effective tool that PHNs can integrate into preventive patient care.

Emer Gartland is a liaison PHN for children with disability at Bethany House in Carlow

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Code of

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Learning by hand: Knowing the code of conduct

Anne Fallon explains the 'learning by hand' tool which facilitates the understanding of the Code of Professional Conduct and Ethics

CODES of professional and ethical conduct are important to guide values and practice in nursing and midwifery.¹ The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives was recently updated.² Understanding the code is important as the Nursing and Midwifery Board of Ireland (NMBI) states "all registered nurses and midwives in each area of practice should adhere to the Code's principles, values and standards of conduct" and "nursing and midwifery students should become familiar with the Code as part of their education".²

The Code is relevant to the Scope of Nursing and Midwifery Practice framework,² and the principles are used with the Practice Standards for Midwives, and the National Student Midwife Competency Assessment Tool for registration. Although research from Ireland on nurses' and midwives' views and experiences of the Code is limited, a study from Australia reported that nurses believed their code of conduct was relevant to their practice.¹

The Code is structured around five principles:

- Respect for dignity of the person
- Professional responsibility and accountability

- Quality of practice
- Trust and confidentiality
- Collaboration with others.²

Each principle has values and standards of conduct to guide practice.

Learning by hand

Despite the importance of the Code and its explicit principles, it is difficult to learn, as the principles reflect abstract rather than tangible concepts and the connection between the principles is not obvious. In addition, codes differ in content and structure in different countries, as some focus solely on conduct while others address both conduct and ethics.³ Furthermore, codes change as legislation and other influences on practice change.

In order to understand and apply the Code in practice, it is important to firstly know the Code. It is often easier to learn abstract concepts when connections are made with tangible objects. For the purpose of learning the Code, the fingers of the hand have attributes that are easily linked with each of the five principles.

The hand has also been used to teach other healthcare related topics, such as complex HIV medications.⁴ The aim of this article is not to critique the Code, but to describe and explain the 'learning by hand'

tool (see *Figure 1*), which was developed by the author. The purpose of the tool is to facilitate learning. Learners may include student nurses and midwives, and nurses and midwives registering with NMBI or updating and maintaining their knowledge of the Code.

Principle 1: Respect for dignity of the person

The thumb is the first and most important finger. It is unique in terms of its size, shape and movement, and is the only finger that can be positioned to face and easily touch all other fingers. The thumb adds to the strength of the hand, without it the function of the hand would be greatly reduced.

Similarly, respect for the dignity of the person is the first principle of the Code, where the uniqueness of each person is valued. This includes persons receiving care, colleagues and nurses and midwives themselves. Respect for dignity of the person touches all the other four principles and establishes at the outset the importance of the person. The right to self-determination, the requirement for informed consent and non-discrimination are values inherent to this principle.²

Revisions to the standards of conduct were included in the recent update of the

Figure 1.
The Code: learning
by hand

principle, which include termination of pregnancy, conscientious objection and capacity of the individual.²

Principle 2: Professional responsibility and accountability

The index finger is the second finger of the hand. It is one of the most frequently used fingers. It is often used to gesture, particularly to point or indicate, although, pointing with the index finger is not practiced in the same way by all cultures.⁵

For the purpose of learning the Code, the pointing gesture of the index finger points towards nurses and midwives' professional responsibility and accountability. High standards of professional behaviour, accountability, advocacy and management of resources are values inherent to this principle.² Recent revisions to the standards of conduct to this principle include personal safety, health and safety of the patient and conscientious objection. Standards of conduct are outlined in the Code.²

Principle 3: Quality of practice

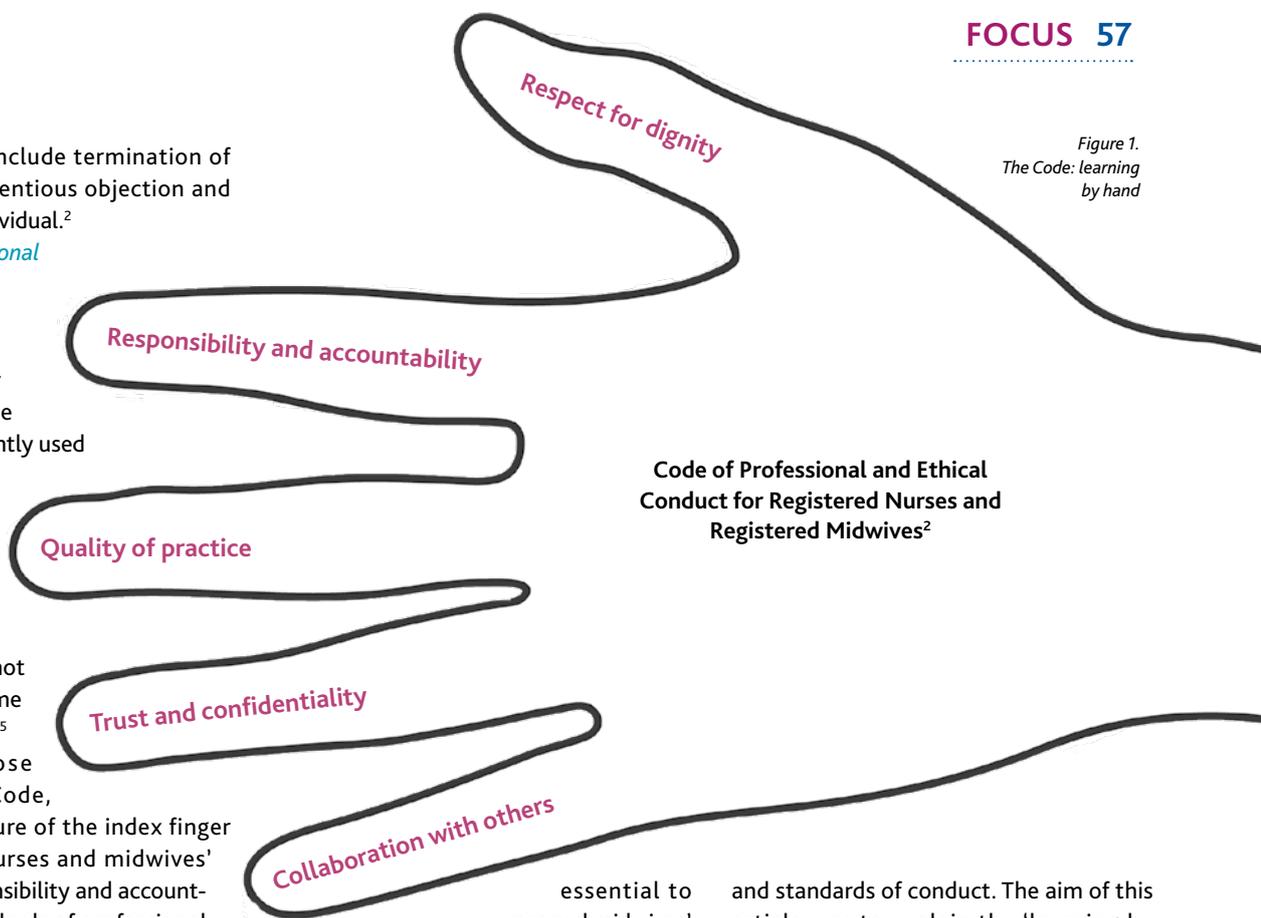
The third or middle finger is the tallest finger. It stands proudly straight and centre. It is also used with the thumb to create a clicking sound which draws attention.

In the same way, the middle finger represents the high standing given to quality of practice. The attention of nurses and midwives is drawn to the importance of maintaining safety, competence, compassion, caring and protection from harm. Safety consciousness including that of the environment, evidence-based practice and appreciation of research are values inherent to this principle.² Standards of conduct which include continuous professional development, scope of practice and others are outlined in the Code.²

Principle 4: Trust and confidentiality

The fourth finger is otherwise known as the ring finger. A ring on this finger frequently represents a relationship and commitment between one person and another. Trust and confidentiality are crucial to establishing and maintaining strong relationships.

Likewise, trust and confidentiality are



Code of Professional and Ethical Conduct for Registered Nurses and Registered Midwives²

essential to nurses and midwives' relationships with patients, persons receiving their care and colleagues. Trust, confidentiality, and honesty are values inherent to this principle.² These values require that nurses and midwives ensure that a person's information is kept private. The Code outlines possible rare exceptions to this requirement and other standards of conduct.²

Principle 5: Collaboration with others

The fifth or baby finger is the smallest finger. It is vulnerable on its own but contributes to the strength of the hand when used with the other fingers. Similarly, the fifth principle highlights the importance of collaboration with others, which emphasises team-working, communication and documentation. Values which are inherent to this principle include mutual respect and trust between colleagues, shared responsibility for care, consistent documentation, delegation and supervision.² Standards of conduct including the importance of collaboration with patients, persons receiving nursing and midwifery care, colleagues and the multidisciplinary team are outlined in the Code.²

Conclusion

The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives guides practice and informs nurses and midwives about their professional requirements and responsibilities.

The Code is structured around five principles, which are underpinned with values

and standards of conduct. The aim of this article was to explain the 'learning by hand' tool which facilitates learning the Code. Attributes of the fingers are linked with the five principles, which include: respect for dignity of the person, professional responsibility and accountability, quality of practice, trust and confidentiality and collaboration with others.

Although the whole is greater than the sum of its parts, it is important to know the parts (principles) before an understanding of the whole (Code) can be achieved and applied in practice.

Anne Fallon is a lecturer at the School of Nursing and Midwifery, National University of Ireland Galway (NUIG)

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Essential reading
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Epilepsy in children

Niamh McSweeney gives an overview of the importance of early diagnosis and subsequent management of childhood epilepsy

EPILEPSY is the most common chronic neurological disorder, occurring in 1-2% of the population.^{1,2} Paediatric epilepsy is the most common serious neurological disorder, accounting for 50-70 cases per 100,000 per year. There is a childhood prevalence of five to 10 cases per 1,000 population, accounting for 0.7% of all children. Up to one-third of children will continue to have seizures that are resistant to anticonvulsant treatment. Societal costs are considerable.³

Epilepsy is misdiagnosed in up to 30% of cases.⁴ Accurate diagnosis is critical and can be challenging in paediatrics due to the many seizure mimics including breath-holding, syncope, tics and migraine with confusion, to name just a few.^{5,6} Primary care will often be the first point of contact for a child who presents with a seizure. Therefore, differentiating an epileptic seizure from non-epileptic attacks is paramount to ensure appropriate early referral to secondary/tertiary care services.

It is important to remind parents that Epilepsy Ireland (www.epilepsy.ie) offers support and resources. This includes the Living Well with Epilepsy Toolkit, which is a free resource available for people with epilepsy and parents of children with the condition. The International League against Epilepsy (ILAE) has devised teaching videos

(www.epilepsydiagnosis.org) which are a fantastic online diagnostic manual of the epilepsies. The British Paediatric Neurology Association (www.bpna.org.uk) also has training courses in epilepsy diagnosis and management.

Epilepsy

The ILAE operational classification of epilepsy was revised in 2014 and states that it is "a disease of the brain defined by any of the following conditions:

- At least two unprovoked (or reflex) seizures occurring > 24 hours apart
- One unprovoked (or reflex) seizure and a probability of further seizures similar to the general recurrence risk (at least 60%) after two unprovoked seizures, occurring over the next 10 years
- Diagnosis of an epilepsy syndrome. Epilepsy is considered to be resolved for individuals who had an age-dependent epilepsy syndrome but are now past the applicable age or those who have remained seizure-free for the past 10 years, with no seizure medicines for the last five years".^{7,8}

The ILAE has recommended the use of the following five axes to ensure an accurate diagnosis of epilepsy.

A focused history must be taken. A pre-ictal account identifying whether there was a warning beforehand, what the child

was doing at the time, whether the seizure was witnessed or not, during sleep or not, any triggers, associated colour change as well as any motor manifestations are some of the points that can help differentiate an epileptic seizure from a non-epileptic seizure.

Features suggestive of epileptic seizures include a bitten tongue (lateral tongue-biting more predictive), head turning to one side during event, no memory of abnormal behaviour that was witnessed before, during or after the episode by someone else, unusual posturing, prolonged limb-jerking, confusion or drowsiness after the event (post-ictal), prodromal déjà vu or jamais vu.

Features not suggestive of epileptic seizures include prodromal symptoms that on other occasions remit by sitting or lying down, eg. sweating before the episode, prolonged standing that appeared to precipitate the event, pallor during the episode, other symptoms known to trigger vasovagal syncope (eg. pain, fear, hunger).^{5,6,7,8,9}

Seizure type

Focal or generalised

A generalised seizure originates at some point within and rapidly spreads to the bilateral hemisphere. It may include cortical and subcortical structures but not

necessarily include the entire cortex. Focal seizures originate within networks limited to one hemisphere.^{7,8}

Epilepsy syndrome

Benign childhood seizure susceptibility syndrome includes Rolandic epilepsy, Panayitopolous syndrome and benign occipital epilepsy. Remission occurs in Rolandic epilepsy within two to four years of onset and prior to age 16 years.

Epileptic encephalopathies are the severe epilepsy syndromes of infancy or early childhood in which the epileptiform EEG abnormalities themselves are believed to contribute to a progressive disturbance in cerebral function.^{7,8} They include the neonatal genetic epilepsies (KCNQ2, SCN2A channelopathies), West syndrome (flexor or extensor infantile spasms, developmental delay and hypsarhythmic EEG), Dravet syndrome (SCN1A mutation characterised by prolonged focal febrile seizures in first year of life often triggered by vaccination followed by atypical absences, myoclonic jerks and cognitive decline) and Lennox Gastaut syndrome (tonic seizures, atypical absences usually associated with profound intellectual disability).

Specific anticonvulsants such as sodium channel blockers eg. phenytoin /carbamazepine, can ameliorate the seizures in KCNQ2 epileptic encephalopathy but can exacerbate the absence seizures in Dravet syndrome and potentially evoke tonic status epilepticus.^{9,10,11,12} There are also age-limited epilepsies of early childhood where seizures remit within two years and development remains normal.

The most common childhood epilepsies include childhood absence epilepsy, benign Rolandic epilepsy and focal epilepsy. Childhood absence epilepsy accounts for approximately 10% of all epilepsies in children <15 years. Over 60% completely remit and children can discontinue treatment and remain seizure-free indefinitely; 15% will develop juvenile myoclonic epilepsy, characterised by early morning jerks, generalised tonic clonic seizures and usually lifelong treatment.^{13,14}

Underlying aetiology

Aetiology may be structural, genetic, infectious, metabolic, immune or unknown. According to the American Academy of Pediatrics (AAP) Practice Parameter 200015 neuroimaging should be considered in the following cases:

- Epilepsy onset is under two years or in adolescence
- Unexplained motor/cognitive impairment

- Todd's paresis/not returning to baseline within a few hours
- Abnormal neurological exam
- Focal seizure+/- bilateral tonic clonic seizure
- EEG not benign partial epilepsy of childhood/idiopathic generalised epilepsy.

The MRI brain epilepsy protocol is key in identifying subtle areas of cortical dysplasia which may not have been apparent on routine neuroimaging. This could then be amenable to surgical resection if a focal epilepsy was resistant to conventional anticonvulsant treatment.¹⁶

EEG NICE Guidelines¹⁷ should be used:

- To support a diagnosis of epilepsy in children in whom the clinical history suggests it
- To help determine seizure type
- To characterise the epilepsy syndrome
- Not to exclude a diagnosis of epilepsy
- Not in isolation to make a diagnosis of epilepsy
- Not in case of a probable syncope due to risk of false positive results.

EEG lacks sensitivity and specificity. Only 50% of awake EEGs are abnormal which increases to 80% with sleep. If a child undergoes repeated awake and sleep EEGs the probability of finding an abnormality increases to 92%. In addition, up to 5-10% of children without epilepsy will have EEG abnormalities. EEG can also be misinterpreted.^{16,17,18}

Genetics

The first epilepsy-related genes were identified in the late 1990s. Advances in DNA sequencing now have identified hundreds of genes that play a role in epilepsy. Some genes are specific to epilepsy and others are associated with both epilepsy and developmental delay/ASD or epilepsy and intellectual disability.^{19,20} If a person has a primary degree relative with epilepsy the risk of developing epilepsy by the age of 40 is 5%.²¹ The risk is higher if the relative has a generalised epilepsy. A genetic basis can be identified in 40% of children with epilepsy onset before the age of three. A microarray revealed the cause in 10% of the same population.

In the past two decades advances in genetic testing have led to a search for gene variations that could predict drug response and ultimately improve efficacy and safety of treatment.^{19,20}

Treatment is challenging due to the heterogeneous aetiology of the epilepsies, the large number of different epilepsy syndromes and seizure types and the individual variable response to anti-epileptic drugs (AEDs). Genetic factors explain the

interindividual variability in drug response. Different genes can be mutated thus affecting drug pharmacokinetics, pharmacodynamics or causing the epilepsy itself. Precision medicine is personalisation of treatment targeting the precise molecular pathogenesis of the disease.^{22,23,24,25}

The newer AEDs have a lower risk of adverse side effects and are also less likely to cause drug interactions. Developing targeted treatments is critical, particularly in the epileptic encephalopathies, where the disorder is characterised by marked epileptic activity associated with regression of neurological development.¹⁹

Associated morbidities

Anxiety, depression, bipolar disorder and migraine all occur at a higher incidence in people with epilepsy. Health-related quality-of-life (HRQOL) in children with refractory epilepsy is lower if increased seizure frequency, higher caregiver depression and anxiety, poorer family adaptation, lower family resources and greater number of AEDs. Interestingly, HRQOL was not found to be related to age, sex, age at seizure onset, duration of epilepsy, income or caregiver age.²⁶ Risk of sudden unexpected death in epilepsy (SUDEP) in paediatric epilepsy is one in 3,000 or 0.2-0.4 per 1,000 person years compared with one in 200 in adults with risk factors.²⁷

Post diagnosis

Following diagnosis, a care plan is discussed with the patient and their parents. This includes information on the diagnosis including the likely aetiology, epilepsy syndrome and identification of relevant comorbidities. A seizure diary can be useful to identify triggers and to document timing of the seizure. The advent of smart phones has transformed diagnosis, making it much easier to triage referrals if a video is available. Seizure management and a rescue medication plan are discussed where indicated. This includes a protocol for schools. Families are directed to Epilepsy Ireland for further support and information resources and an epilepsy nurse specialist provides ongoing input.

Drug resistance

Drug resistance is defined as failure of adequate trials of two tolerated and appropriately chosen AEDs either as monotherapies or in combination to achieve sustained seizure freedom. Drug responsiveness is defined as seizure freedom three times the longest pre-treatment seizure interval or 12 months, whichever is longer. Patient education regarding lifestyle triggers is important. These triggers include

exercise, alcohol, flashing lights, inter-current illness, lower dosed medication, non-compliance, sleep deprivation, stress, menstruation or recreational drugs.

Poor seizure control can result if the diagnosis is wrong or if the treatment is wrong. Some medication may exacerbate certain seizure types, eg. carbamazepine in childhood absence epilepsy. Occasionally, properly diagnosed seizures do not respond even to the best known medical treatment.

Classification of a patient with drug resistant epilepsy is valid only at the time of assessment and does not necessarily imply that the patient will never become seizure free with further manipulation of AED treatment. Unsurprisingly, the greater amount of polypharmacy the greater the risk of drug interaction and adverse effects. Learning difficulties, intellectual disability and epilepsy-related injury are all the sequelae of poorly controlled epilepsy. In those with drug resistance there is a higher incidence of SUDEP, increased emotional and behavioural problems, poorer occupational outcomes and higher risk of adverse effects due to polypharmacy.^{28,29}

Treatment options

Conventional anticonvulsants remain the mainstay of epilepsy treatment, with the majority of children becoming seizure-free and being able to discontinue medication within two to three years of seizure freedom. In selected cases other treatment options include resective epilepsy surgery, vagal nerve stimulation or corpus callosotomy for palliation in refractory drop seizures.³⁰

Specific metabolic treatment includes the ketogenic diet which promotes a high fat diet and is indicated as first line in glucose transport defect-related epilepsy and as an alternative when AEDs have been ineffective.³¹

Everolimus in tuberous sclerosis is just one example of precision medicine. It targets the causative mTOR pathway, thereby improving seizure control and as a consequence learning and development.³⁰

Epilepsy and Covid-19

Individuals with epilepsy are not more likely to be infected with Covid-19, nor are they more likely to have severe manifestations of the illness. In those who are

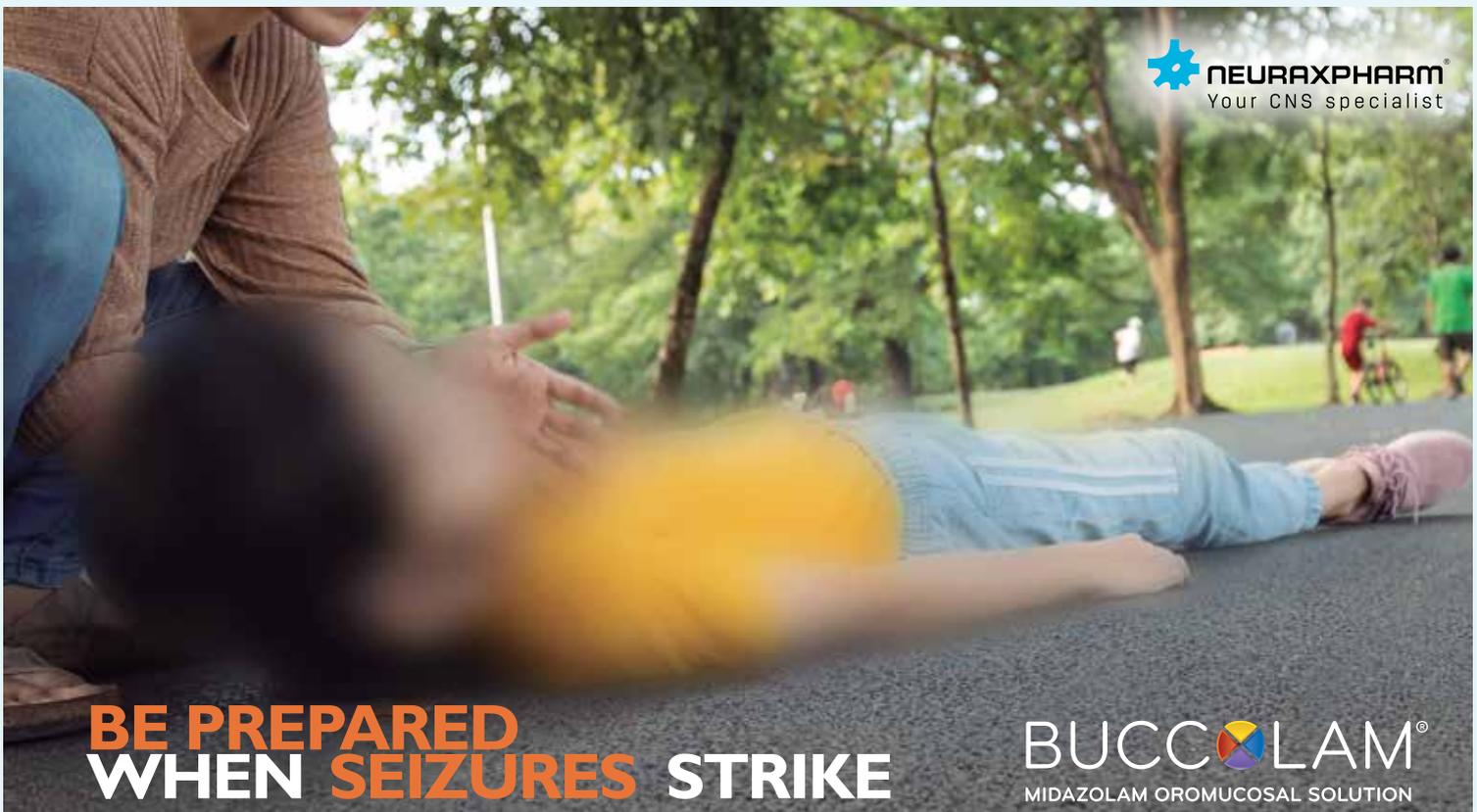
temperature-sensitive eg. Dravet's, a temporary increased frequency of seizures may occur.

Conclusion

Early referral of children with suspected epilepsy is critical so that timely diagnosis can be made. Associated comorbidities need to be addressed in a timely fashion to ensure the child's educational potential is reached. It is our role to reduce the social stigma of a label of epilepsy by encouraging inclusion and full participation within society.³²⁻³³

Precision medicine is the future for anti-epileptic treatment and future research should aim to identify specific pathogenic mechanisms to enable the development of gene replacement therapy. Education of the public and in particular those working in education and recreational activities will go a long way to ensure children with epilepsy continue to lead an active life and are enabled to live well within society.

*Niamh McSweeney is consultant paediatric neurologist at Cork University Hospital and Cork University Maternity Hospitals and part-time senior lecturer at UCC
References on request by email to nursing@medmedia.ie
(quote McSweeney: WIN 27(10):59-61)*



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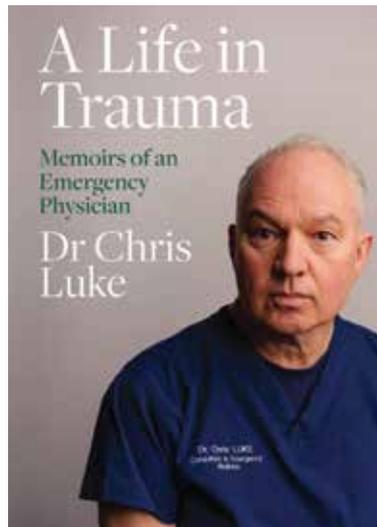
Memoir of a slightly militant altruist

OPENING his memoir *A Life in Trauma*, Chris Luke states his belief that Irish emergency departments are “beacons of hope and care in a sometimes-frightening world” but also “locations of human and organisational imperfection”. The former consultant in emergency medicine describes the effects of this organisational imperfection in the form of the trolley crisis – something to which INMO members need no introduction.

It was Dr Luke's frustration with years of such overcrowding, which politicians continued to fail to deal with, that in 2011 led to him making what he later admitted to be ill-judged comments on the radio about GPs referring inappropriate cases to EDs and locum doctors not carrying their weight in the department. The next morning he describes how the “sky fell in” on his head.

Hundreds of complaints were made to the ICGP, the IMO and Cork University Hospital (CUH), where he was subject to a disciplinary process. Due to the effect on his mental health, ultimately he needed to take several weeks' leave from work to recover.

Dr Luke's early life was unusual with



his first six years being spent in a Dublin orphanage. His parents worked together but his father was married to another woman, Doreen, with whom he had a family. It was Doreen who was instrumental in getting him out of the orphanage and into a good school, looking out for both him and his mother after his father's premature death – surely a very uncommon gesture

at any time, but especially in 1950s Ireland.

Dr Luke recounts his time in UCD and his ‘yellow pack’ years as a junior doctor. Subsequently moving to Edinburgh to work in the Royal Infirmary, where his emergency medicine career took seed and he met his future wife, nurse Vicky Wilkie. Liverpool beckoned next, which put emergency medicine into sharper focus for him with gun crime and drug issues prevalent.

By the time he was the father of three children and increasingly concerned about Liverpool's gang warfare, the decision was made to take a job in CUH. On arrival he recalls how he joked that he was “from the future” as he sadly knew the direction things would take.

He discusses the many issues of the health service including the drugs crisis, burnout and the intense need for more specialist nurses. This is a memoir that is immensely readable and will certainly resonate with those working in the Irish health service - one for the Christmas list.

– Alison Moore

A Life in Trauma is published by Gill Books. ISBN: 9780717191413



“Therapeutic Use of Mindfulness” for Nurses and Midwives

Wednesday, 23 February, Wednesday, 2 March and Wednesday, 9 March 2022

This three-day online course is for Nurses and Midwives who work in the area of chronic illness, mental health, maternity care, parent education, palliative care, old age care and want to support their patients by teaching them Mindful Breathing and Meditation Techniques.

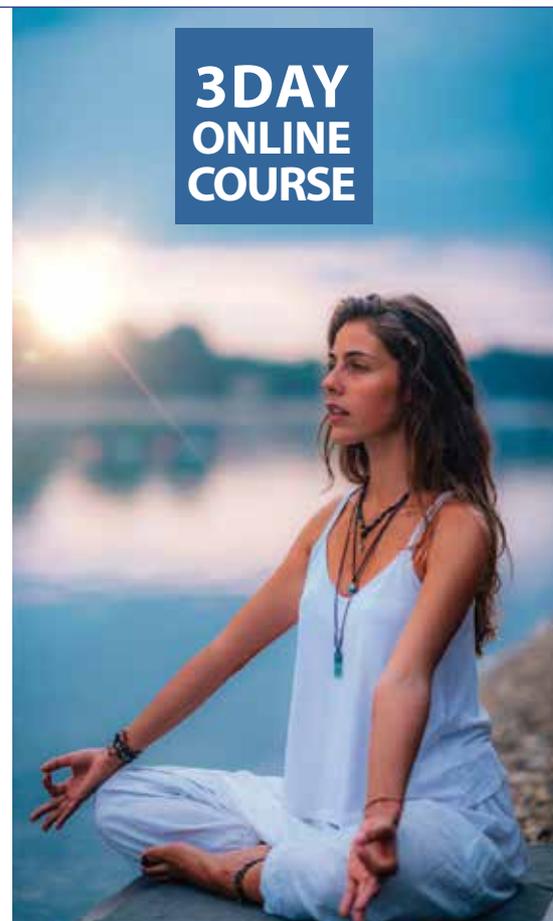
If you embrace the holistic aspect of nursing care and keen to explore innovative ways of providing health care with the therapeutic use of mindfulness, then this course is for you. Mindfulness cultivates a stable healing presence that benefits patients and providers alike. Mindful Nurses/Midwives can teach their patients how to use breath as an anchor to bring the mind home to the body and experience more peace and calm.

Early bird:

€130 INMO members (book before 14/1/22)

Fee:

€180 INMO members; €390 non-members



3 DAY
ONLINE
COURSE

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www.inmoprofessional.ie or

SCAN
ME



CROSSWORD

Competition



Across

- 1 Ms Hewson has been seen in part of Somalia (3)
- 3 Counts slant differently for these healthcare professionals (11)
- 8 & 18d 'Zapper' (6,7)
- 9 Description of Rudolph in song (3-5)
- 10 Raised a number to the power of three (5)
- 11 Phones or visits (5)
- 13 A hundred take a long time to make confining structures (5)
- 15 & 4d Do they reinvigorate you by keeping you warm while you bounce up and down? (7,7)
- 16 It looks like there is a prohibition on wearing a short skirt when getting a drink here in your hotel room! (7)
- 20 Freshwater fish (5)
- 21 Sad poem (5)
- 23 We celebrate his birth at Christmas (5)
- 24 It's very flighty around Christmas time (8)
- 25 Snack that allows one get a quarrel in (6)
- 26 Are pupils from this socioeconomic group placed centrally at school? (6,5)
- 27 Meadow (3)

1		2		3			4		5		6		7
8							9						
10									11				12
						13			14				
15									16			17	
									18				
						19			20				
21						22						23	
24										25			
26													27

Down

- 1 Farming (11)
- 2 Unable to move easily (8)
- 3 Quoted a new edict (5)
- 4 See 15 across
- 5 Pick-me-up (5)
- 6 Snuggle up (6)
- 7 Chap with southern identification (3)
- 12 The "Anonymous Giver" cassette ran out (6,5)
- 13 Where to detail a patient's progress, as part of the Munich Arts Festival (5)
- 14 As a satirist, Jonathan was rapid! (5)
- 17 Ecstatic (8)
- 18 See 8 across
- 19 Prompt one about the intellect (6)
- 22 Tyrollean call (5)
- 23 Prisons (5)
- 24 Drink made from molasses (3)

November crossword solution

Across: 1 Magic wands 6 Gash 10 Going viral 11 Guatemala 12 Tax disc 15 Sheds 17 Lime 18 Look 19 Rover 21 Gas mask 23 Oxeye 24 Scan 25 Tofu 26 Sigma 28 Pavlova 33 Gendarmes 35 Ream 36 Animal Farm

Down: Mugs 2 Go it alone 3 Caged 4 Angus 5 Draw 7 Agave 8 Headstrong 9 Berserk 13 Iowa 14 Clams up 16 Blood sugar level 20 Vice versa 21 Getaway 22 Slav 27 Genoa 29 Assam 30 Leave 31 G-Men 32 Plum



The winner of the November crossword is:
Ross Garrett,
Dunboyne, Co Meath

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: Tuesday, January 18, 2022

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

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

Medium

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

Hard

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

Nurses can lead the healthcare fight against climate change

WITH climate change posing the greatest public health threat of the 21st century, the Nurses Climate Challenge Europe is designed to help nurses become leaders in initiating the changes needed in health systems and society to combat this crisis.

The initiative provides a set of free, easy-to-use resources to empower nurses to achieve this aim.

Climate change already affects our patients, our work and our communities. It is expected that extreme weather events, changing disease patterns and the increasing socioeconomic impacts of climate change will put nurses and other health professionals at the forefront of fighting the health impact of climate change.

As nurses we need to learn about climate change and its health implications to protect our patients and communities. We have to empower each other to

acquire the necessary knowledge and speak up through advocacy and by educating others.

Healthcare needs to become resilient to climate change and reduce its own negative impact. As nurses, we are one of the most trusted professions worldwide and we can use this trust to advocate for climate action and teach others about the urgency of our situation.

Nursing practice also needs to change – by mitigating emissions from healthcare delivery (estimated to account for 4.4% of global net emissions), adapting our care and making healthcare more resilient. The Nurses Climate Challenge Europe collects resources and practical solutions to empower nurses to fight climate change. It is crucial to share knowledge and positive examples with our colleagues around the world to encourage replication

and thereby reduce the negative impacts of climate change on our patients.

Nursing education has to integrate the new challenges and opportunities posed by climate change into its curricula to adequately prepare the next generation of nurses. Through the Nursing School Commitment, nursing educators are pledging to include sustainability and planetary health in nursing education.

We invite you to join the Nurses Climate Challenge Europe, use its free resources to learn, educate others, become an advocate for climate-friendly healthcare and adapt your nursing practice to the challenge that climate change poses. Together we can protect our patients and communities from the health impacts of climate change.

– Anna Fuhrmann, climate officer,
Health Without Harm

New podcast to shed light on living with migraine

THE 'Beyond Migraine' podcast, in association with the Migraine Association of Ireland and Teva Pharmaceuticals, features a host of leading healthcare professionals with an interest in migraine, and covers topics such as its impact on mental health, managing a migraine in the workplace and the influence of hormones and pregnancy on the condition.

The podcast, which was developed in response to recent research that showed the serious impact that migraine has on quality of life, will also hear from well-known guests who live with the condition, including former Ireland soccer international Tony Cascarino and Virgin Media presenter and businesswoman Anna Daly.

Fifty-three percent of people living with migraine in Ireland experience exhaustion and 30% report feeling depressed as a result of their condition. It is estimated that 500,000 people in Ireland suffer from migraine.

For information on migraine support and services available in Ireland, visit migraine.ie or teva.ie to see the results of the Beyond Migraine survey.

New CHI Crumlin app keeps parents connected with premature babies



The neonatal and paediatric wards at Children's Health Ireland (CHI) Crumlin have launched a secure video messaging app to keep parents connected with their premature babies when they can't be at the hospital. VCreate Diaries allows nursing teams to record and share visual updates of babies with their parents. In Ireland, one in 16 babies is born prematurely, with one in seven needing support from a neonatal team. For parents of premature and sick babies who have been unable to spend time together as a family due to visiting restrictions and infection control, the Covid-19 pandemic has only exacerbated an already distressing situation. Funded by the Children's Health Foundation (CHF), VCreate will be rolled out in CHI at Crumlin and Temple Street hospitals through the neonatal department. Denise Fitzgerald, chief executive of CHF said: "We're delighted to support such a fantastic project which will have a positive, lasting impact on the parents and families of some of the youngest and sickest patients at CHI at Crumlin. Pictured above: New mother Sarah McNamara, neonatal nurse specialist Jenny Dunne and three-month-old Ellie at CHI Crumlin

Annette Kennedy's contribution to nursing recognised with WHO award

INTERNATIONAL Council of Nurses (ICN) president Annette Kennedy has received a special award from World Health Organization (WHO) director general Dr Tedros Adhanom Ghebreyesus, in recognition of her life-long contribution to nursing.

The director general's Health Leaders Award for Outstanding Leadership in Global Health was awarded on the last day of Ms Kennedy's four-year term as president.

Ms Kennedy is a registered nurse and midwife with a degree in nursing studies and an master's in public sector analysis. She was INMO director of professional development for 19 years, establishing the Organisation's professional development centre.

Ms Kennedy was elected 28th president of ICN in June 2017 after serving four years as its vice president. Previously she served as president of the European Federation of Nurses Associations (EFN),

where she was active in lobbying the European Parliament, Commission and Council.

As ICN president, Ms Kennedy oversaw the Council's transformation and steered it through the challenging events of the past 18 months, as nurses took control in the fight against Covid-19.

Presenting Ms Kennedy with the award on the last day of ICN's virtual congress in October, Dr Tedros said:

"I would like to personally thank you, president Kennedy for your outstanding and passionate leadership of the global nursing community. We began our respective roles around the same time, and we have worked closely our entire tenure. Your leadership, values and clear voice have played a crucial role in strengthening nursing these past four years.

"You have inspired and will continue to inspire generations of nurses and women globally. You will be greatly missed. I wish



Annette Kennedy, ICN president, pictured with Dr Tedros Adhanom, director general of the World Health Organization in June 2019

you every success in your next adventure. For your leadership, partnership, and dedication, it is therefore my great honour to present you with the Director-General's Leadership Award, on behalf of WHO."

Ms Kennedy said: "Thank you, Dr Tedros, for this award, which I accept, not for me, but on behalf of all the world's nurses. It has been an incredible journey and thank you for your kind words."

ICN backs Switzerland's nursing initiative 'YES' vote aiming to address shortages and improve safety and quality of care

THE International Council of Nurses (ICN) is backing Switzerland's nurses in their attempt to address nursing shortages and improve safety and quality of care through a referendum and is calling on more countries to give their people a say on the value and future of nursing.

ICN chief executive officer Howard Catton said that the Swiss vote is of great international significance because the conditions that brought it about are widely shared around the world. They include dire nursing shortages, which are affecting patient safety and the health and wellbeing of nurses, a lack of recognition for the value of nurses to societies, stagnant or falling pay in real terms, and a lack of career opportunities.

"Nurses around the world feel ignored. They are exhausted from the ongoing response to the pandemic, and tired of political platitudes in the absence of any real action and investment in nursing. As a result, we are increasingly seeing demonstrations, disputes and industrial action on the one hand, and a worrying increase in number of nurses leaving the profes-

sion on the other. The ICN supports the nurses of Switzerland who are using their country's referendum system to directly ask the people what they are worth. They are saying 'Let the people decide' because they believe the people know the true value of nursing. The public know that if there are not enough nurses their loved ones and family members will have to step in to provide care. The quality of their own care of their loved ones will also be hampered," said Mr Catton.

"The pandemic has shown us the frailties and weaknesses in our health systems and our societies but it has also shown us a great sense of solidarity and consensus on what are the most important things in life and what really matters, and that is why the public and healthcare workers coming together has the potential to be a powerful and positive force for change."

Switzerland's nursing initiative vote, the outcome of which will be decided on November 28, is about proposals to improve the lot of Switzerland's nurses, including:

- Expanding nurses' responsibilities

regarding prescribing in the field of nursing without having to have their decisions countersigned by a doctor

- Educating more nurses to take up the 11,000 job vacancies in nursing across Switzerland. The country and local cantons need to invest in education, increase numbers and improve payment of students in order to make nursing education more attractive
- Retaining nurses and improving working conditions. Currently four out of 10 nurses are leaving the profession very early. There is a need for more reliable work schedules, family compatible structures and good opportunities for professional development. Salaries must comply with all the requirements concerning competences and workload.

The Swiss Nurses Association has said that the Swiss government rejected the initiative without any alternative proposals. The parliament is suggesting a counter proposal, but only focusing at increasing the numbers in education. Any improvements of working conditions or adequate staffing have not been considered.

January

Wednesday 12

Operating Department Nurses
Section AGM. 7pm

Saturday 15

SEN School Section AGM. 10am

Thursday 20

Retired Nurses and Midwives
Section AGM. 11am

Friday 21

RNID Section AGM. 11am

Saturday 22

PHN Section AGM. 10.30am

Monday 24

National Children's Nurses Section
AGM. 11am

Tuesday 25

Care of the Older Person Section
AGM. 2pm

Thursday 27

Assistant Directors of Nursing
Section AGM. 2pm

February

Saturday 5

Midwives Section AGM. 11am

Notices

- ❖ Retired nurses night out in The Morrison Hotel, Ormond Quay, Dublin on Thursday, January 27, 2022. Dinner, bed and breakfast. Double €199; Single: €165. Contact retired nurses social committee member Ann Gee at Tel: 087 1459289
- ❖ Retired Nurses Section holiday, Castlerosse Hotel, Killarney, Co Kerry, May 2, 2022. €370 per person sharing, €30 extra for single room supplement. Contact the hotel at Tel: 074 9135201 to book your place.

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

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Opening Hours

Dec/Jan

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For further information on the library, please contact
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Fax: 01 01 661 0466
Email: library@inmo.ie

INMO Membership Fees 2021/22

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 members	No Fee

Condolences

- ❖ We extend our deepest sympathies to Ann O'Brien from the INMO's industrial relations department on the passing of her father Michael Dominic O'Brien in early November. Mr O'Brien will be sadly missed by his children Ann, Joe, Mark, Dom Jnr, Damien and Catherine, his grandchildren, his brother and sister, extended family and friends. *Ar dheis Dé go raibh a hanam.*
- ❖ We all send our deepest condolences to Kate Jones from the INMO Limerick Office on the recent passing of her beloved father John. Our thoughts are with his wife Kitty and their daughters, grandchildren and extended family. May he rest in peace.
- ❖ The INMO extends its sincere condolences to the family of Ita Murphy, who passed away recently in Cork University Hospital. Ita was an active INMO member in her workplace, the Mercy University Hospital, for many years and will be remembered fondly by all of her colleagues and friends.
- ❖ We were saddened to hear that nurse Anne Maria Neukirchner passed away recently after a short illness. Ms Neukirchner (née Quirke) will be sadly missed by colleagues in Cork University Hospital and in the Cork HSE branch. We offer our sincere condolences to her husband Andrew, her daughter Dáire, her parents, sisters and brothers, extended family and friends. May she rest in peace.
- ❖ It was with great sadness that we learned that nurse Daphne Company had recently passed away. Daphne worked at the Royal Hospital Donnybrook and was the INMO representative there. She was a great activist and organiser. Our thoughts are with her parents, her brother, her extended family and friends and co-workers.
- ❖ We were informed recently of the death of nurse Maura Kilcline. Maura had been a long-term member of the INMO during her working life and had worked as a nurse during WWII. Her life-long commitment to nursing is inspiring and her memory will live on within the INMO and the wider nursing and midwifery community in Ireland. *Ar dheis Dé go raibh a hanam.*
- ❖ We extend our deepest sympathies to GP Practice Nurses Section secretary Sharon Kinsella on the recent passing of her brother. Our thoughts are with his family and friends at this difficult time. May he rest in peace.
- ❖ The INMO extends deepest sympathy to the family of Anna Malone, senior staff nurse and former INMO hospital representative. We also extend sympathy to all of Anna's former work colleagues at University Hospital Limerick, where she worked for many years, supporting many members during that time. May she rest in peace.
- ❖ We wish Bairbre Webb O Maolagáin, vice chair of the National Children's Nurses Section, our sincere condolences on the recent passing of her mother. Our thoughts are with her and her extended family at this difficult time. May she rest in peace.

Retirements

- ❖ On behalf of all the staff and branch members in the Cork HSE Branch, we would like to wish our long-serving activist and representative Margaret Coughlan the very best in her retirement. Margaret has been an active advocate for older person services within the region and throughout localised issues and disputes. We would like to thank Margaret personally for her contributions and valued expertise and dedication to the trade union movement over the years.
- ❖ The INMO Clare Branch would like to extend its best wishes to CNM2 Breda Hannon, who has retired from Ennis Hospital. Breda was an INMO local rep and always advocated for nurses in Ennis. The staff in the INMO Limerick office also wishes Breda every happiness in her well-deserved retirement.

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We welcome applications from all qualified individuals who meet the eligibility criteria for these roles. Further information is available in the Job Specification for each position. Search 'Rezoomo CHO DNCC Jobs' or visit **Rezoomo CHO DNCC Jobs** for all our current vacancies.



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www.healthcarehq.com.au/work-with-us/

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It is an exciting time to join HSE CHE as we are significantly developing our services to our population through various initiatives such as the Enhanced Community Care Networks and Chronic Disease Management Hubs. The Community RGN will play an integral part in the success of these new programmes of care.

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If you're looking for a varied and rewarding nursing career with a friendly and forward-thinking organisation we would love to hear from you. For more information please visit <https://www.rezoo.com/company/community-healthcare-east/jobs/>

Irish Nurses Rest Association

A committee of management representing the Guild of Catholic Nurses of Ireland, the INMO, the Association of Irish Nurse Managers and Director of Public Health Nursing exists to administer the funds of the Irish Nurses Rest Association. It's open for applications from nurses in need of convalescence or a holiday for a limited period who are unable to defray expenses they may incur or for the provision of grants to defray other expenses incurred in purchase of a wheelchair/other medical aids.

Please send applications to:

Ms Margaret Philbin, Rotunda Hospital, Dublin 1.
email: mphilbin@rotunda.ie

Irish Cancer Society Nurses

The Irish Cancer Society are seeking registered nurses who can provide a minimum of two nights per week and have some palliative experience. Training will be provided.

- Job description on www.cancer.ie
- Email CV to recruitment@irishcancer.ie
- Informal enquiries to 01-231 0524 or mferns@irishcancer.ie



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- Limerick Ref: MWCH 21.147
- Co. Clare Ref: MWCH 21.155
- North Tipperary Ref: MWCH 21.158

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- Limerick Ref: MWCH 21.152
- Co. Clare Ref: MWCH 21.156
- North Tipperary Ref: MWCH 21.159

How to apply:

Suitably qualified candidates can apply online via www.hse.ie/jobsearch using the job references on the left:

For informal enquiries, please contact:

Ms. Grainne Ryan, Director of Public Health Nursing

Tel: 065 6868032 or Email: grainnea.ryan@hse.ie

Closing date for applications is
Sunday, 9th January 2022.

HSE Mid West
Community Healthcare

