The University of Sheffield School of Nursing and Midwifery is celebrating ten years of International Nursing and Midwifery Link Up by taking the opportunity to reflect on the past and explore the future.

Some things remain the same: Paul Hancock and Kathy Milner are still working in the International Section although many of the staff have moved further afield. June James is currently working in China and Marie Roberts Davis, who was Head of the International Section from 1997 until 2001, is now supporting nursing students in Guernsey. The Sheffield Level Scholarship which was held in 1995 has been won this year by a member of staff, Dorothy Ellis.

This year has seen Peter Goyard and Bobbi Richards continuing the links with Pakistan which were first developed by Janet James over ten years ago. Staff from the Department of Mental Health and Learning Disability have recently been involved with the Centre for the Aged in Psychiatry, which aims to improve mental health care in Eastern Europe.

Research links with Sweden led by Professor Mike Nolan have developed to such an extent that we have had a wedding. He is also working with Professor Gordon Grant on our research links within the World University Network in the USA. These quality research links helped deliver an excellent five star rating in the Research Assessment Exercise. The wider world has welcomed us and we have welcomed them. Our specialist Summer School this year welcomed nurses from the University of Sheffield, Japan. Paula Prenter and Linda Nicklin continue to introduce IT to the nurses in Eastern Europe and Angela Brown had a Visiting Fellowship to the University of Wollongong, Australia. Several members of the Advanced and Critical Care Team have supported nursing developments in the Middle East and Egypt by providing short programmes for clinical staff. Gerry Naylor from the Community, Ageing, Rehabilitation, Education, and Research Department along with colleagues from the Sheffield Teaching Hospitals NHS Trust are developing curriculum links with China. The Gibraltar School of Health Studies held its first degree ceremony on 10 October 2002 and celebrating over ten years of partnership Sheffield will be hosting a joint conference with the School of Nursing and Midwifery in September 2004.

Finally a week goes by without a visitor. All are welcome, all bringing experience and experience to share with us. Please continue to keep the links going and let's make the next ten years even friendlier.

Betty Keecham Dean
It was early in the life of the Sheffield and North Trent College of Nursing and Midwifery. We, Janet James, Pete Goward and myself were pondering the desirability of bidding for an opportunity to develop post-registration courses in the provinces of Baluchistan and the North West Frontier in Pakistan.

If we were to bid we needed to take an innovative approach which ensured that ownership of the project was created in partnership with nursing and midwifery colleagues in the host country. We also needed to recognise that sustainable ‘in-country’ development and delivery of courses was the optimum objective.

It soon became apparent that there would be a commitment from within the School to support such a project and a bid was submitted to the British Council.

The successful outcome has had many very positive implications for the School of Nursing and Midwifery.

We have established an international reputation as a leading provider in nursing and midwifery education.

Staff have had the opportunity of working overseas and have gained a wide understanding of the international healthcare scene and of global politics.

The School has hosted many students from overseas and have enhanced the region’s reputation for friendliness and hospitality.

Friendships have been established in all parts of the world and these in the recent past have been revived as a consequence of international events.

It has been an inevitable consequence of the changing nature of educational contracting that priorities for Schools of Nursing and Midwifery have had to be reassessed.

However, the foundation and reputation that exists in Sheffield will, I am confident, allow for future developments in international activities to be pursued if considered appropriate.

Best wishes for the next ten years.

Professor David Jones Emeritus Professor of Nursing

Rounding Dean
The Longest Journey

Chairman Mao said that the longest journey begins with a single step. For me the single step into international work came in 1952 when I was asked to lead a 5-year project in Pakistan to develop post-basic nursing programmes. I did not realize at the time how long my journey would be, more than 10 years so far, or how much the experience would change my life.

The project was a significant step for the School of Nursing and Midwifery. It signalled its emergence as a key player within the international field of nursing and midwifery.

Those of us who lacked international experience at the beginning benefited enormously from the support of colleagues who had been on a similar journey before. We relied on our professional and technical experience and huge amounts of enthusiasm and motivation to carry us through many new challenges. We were fortunate that our partners in Pakistan felt the same way! I remember very well our first visits to Peshawar and Quetta and then to Sheffield. We were all completely captivated by the sights, sounds and culture of our new destination. Functioning as a tourist was no problem, functioning in a professional capacity was another matter. Perhaps the first thing that international work teaches you is humility. Although the partner organization may wish to draw on your expertise when you are newly immersed in a completely different context, with limited understanding of the culture, the professional norms and values, the resources and the capacities for development you seriously question your status as an expert. With advice from your international partners you start trying to identify the enabling and disabling factors in the situation and to recognize the key issues and those areas personal or organisational, which may be open to development. You also begin to realize that in developed countries nurses take for granted the very things that provide a strong professional support structure, such as regulatory bodies, professional organizations, education and opportunities for professional development, roles that carry autonomy and responsibility.

These are things that in many other countries are much less evident, with serious consequences for the quality and status of nursing and midwifery.

You begin to look at your own culture with new eyes. Especially when international colleagues ask why things are the way they are in your country, in its health care, universities, nursing and midwifery services etc.

Quite a few staff within the School and the local hospitals had their first taste of international work through the Pakistani project, or a whole range of other initiatives that followed. As the confidence and reputation of the School grew the collective horizon expanded to include projects in a wide range of countries with many different sponsors such as the World Health Organization, British Council, Department for International Development, and charitable foundations. This process coincided with the School’s move into the University of Sheffield and was further stimulated by the value it placed on international links for academic programmes and research.

The School has been fortunate throughout to have the leadership and support of two Deans, first David Jones and now Betty Kershaw, who recognized the value of international work and is committed to making a contribution to the world-wide development of nursing and midwifery.

So the School’s international portfolio has gone from strength to strength in the last 20 years and throughout that process Link Up has recorded its progress and sent the news out to all our constituents at home and around the globe. Paula Hancock and Kathy Millett have done a great job of pulling the issues together on a regular basis. They have overcome for articles. Apparenly there is no such thing as a free lunch. In their view if you have been involved in international work in any way you owe them an article about it.

I know that our alumni and colleagues around the world enjoy the issues and believe Link Up keeps them in touch with the School. It also prompts people we don’t know to get in touch and develop a new link.

This tenth anniversary issue has prompted me to reflect on what it is that we offer our partners in international work and what lessons are brought back into the School. Which brings me to the second major lesson in international work.

You always get back much more than you are able to give.

As a School we offer a high level of technical skills in nursing and midwifery, especially through our links with the local Trust. We can provide professional support for those struggling to improve the status of the professions in their own countries, academic expertise in teaching and research, personal support and mentorship for international students, and the opportunity for partners to learn something of British culture and society.

What do we gain? The most striking thing is a broader knowledge and understanding of other cultures and a heightened level of cultural awareness, which is equally important and relevant to working within the diverse population of Britain as it is to international work. There are enormous opportunities for self-development. With new skills to be learned in project management and international relations, but equally for the further development of existing skills in curriculum development, education management, nursing practice or research. If you really want to learn about transferable skills ask a nurse or an academic who studied elsewhere and has had to adapt to life in Britain, or a member of the School who has made a similar transition overseas.

International work is both personally and professionally challenging, usually not quite in the ways you might have expected it to be. But I think that’s part of its attraction. You learn a lot about yourself, your attitudes and values and your strengths and weaknesses. Sometimes that involves learning things we would rather not have known, but perhaps we are the better for it. More often it’s great fun and the people you meet are some really interesting and impressive people. So it’s personal as well as a professional journey and so far it has taken me to work in Denmark, Kazakhstan, Kirghistan, Bangladesh, and currently China.

Lesson number three is that it takes time for international partners to get to know one another, develop trust in the relationship and build effective partnerships. I like the quote from Chairman Mao because involvement in this kind of work is a long journey for the individuals concerned and for the School as a whole. I am sure it will continue to offer new directions and new learning around every corner.

Janet James
Partnership to Develop Mental Health Care in Eastern Europe

The asylum era of psychiatry (with all its attendant problems of confinement, containment and institutionalisation) is alive and well and living in Central and Eastern Europe and the newly independent states of the former Soviet Union (usually abbreviated to CEE/NIS). It is a sad fact that mental health care in these nations lags so far behind the UK and Western Europe that the old stabilisation of the eighteenth century would not be out of place working there. It is the aim of the Geneva Initiative on Psychiatry (GIP) to improve mental health care in these nations, and to facilitate this aim a partnership has been forged between GIP and the School of Nursing and Midwifery in Sheffield.

GIP is a non-profit non-governmental organisation, based in the Netherlands, which came into existence in 1989 to campaign against the political use of psychiatry. By the end of the 1980s political prisoners were no longer routinely sent to psychiatric hospitals and GIP was able to focus on developing and improving mental health care in CEE/NIS. Its strategy is one of working with and enabling local mental health care professionals and workers to establish sustainable projects rather than imposing experts from the West upon them.

The Mental Health and Learning Disability Nursing Steering Group, which is chaired by Jane Savage, Visiting Professor at Sheffield and the nurse member of GIP’s international board, will all participate in a conference in Sofia, Bulgaria in November which aims to launch an international mental health nursing organisation to support nursing development in CEE/NIS. Representatives will attend the conference from at least ten CEE/NIS including Azerbaijan, Georgia and the Ukraine. All of them are determined to resolve the case of sufferers of mental health problems and learning disabilities. Mental health and learning disabilities are grouped together in these countries, hence the inclusion of a learning disability nurse lecturer from Sheffield in the team.

When it comes to funding, mental health care has long been described as the Cinderella service and this is doubly so in CEE/NIS where there are minimal funds for mental health care.

Nurse Prescribing - The USA Experience

The University of Sheffield, School of Nursing and Midwifery and Doncaster and South Humber Healthcare Trust are working together to implement nurse prescribing within a mental health and learning disability context. I was fortunate to be able to travel with Sandra Mitchell, Director of Care, Mark Fenwick, Senior Nurse both from Doncaster and South Humber Healthcare NHS Trust and Ken Coates from Janssen-Cilag to the United States of America to visit institutions which are at the forefront of research and the practice of ‘mental health prescriptive authority’. These included the schools of nursing of Boston, Massachusetts and Yale and clinical practice areas within the Connecticut Mental Health Centre and the Lennox Hill State Hospital in Boston.

The study tour was illuminating and challenging many of our ideas and practice here in the UK. The Advanced Psychiatric Practice Nurse as we knew it back in the UK referred to their role as prescribing psychotropic medication. In addition we observed that in some areas general nurses were not trained in the care of mentally ill patients and were also allowed to prescribe mental health drugs, anxiolytics and mood-stabiliser, as well as other medications in the area of substance abuse. However, the nurses interviewed said that it benefited the patient and if their condition deteriorated they would refer them immediately to the appropriate hospital facility. It is interesting to note that mental health nurses in the in-patient facilities of the state of Connecticut have a more extended role than their UK counterparts. The doctors see the patient in the emergency room and, if they are admitted, prescribe a range of medications. However, it is the mental health nurse who selects the most appropriate medication to administer to the patient. In the UK it is usually the doctor who prescribes the medication and the nurse will then administer it to the patient according to his orders.

The American nurses are well prepared for the extended role and undertake Masters’ level study in order to qualify as an ‘Advanced Nurse Practitioner’. They had an in-depth knowledge of pharmacology to enable them to assess, diagnose and treat mentally ill patients. They were surprised that first degree (Bachelors degree) level nurses were able to prescribe in the UK and wondered if this prepared UK nurses to practice knowledgeably and competently. In addition when consulting with patients, Advanced Psychiatric Practice Nurses used clear diagnostic criteria and established protocols on which to base the care of their patients. They emphasised the need for collaborative accountability and legal guidance.

Despite these safeguards every nurse prescriber we talked to admitted to being nervous when first adopting prescriptive authority, but said that after a period of time they felt comfortable with the role. More importantly they felt that it enabled them to practice in a more holistic framework, encompassing the biological, social and psychological needs of the patient. Some nurses commented that following a considerable amount of time gaining competence and expertise they no longer needed the supervision of a physician and that it was a restriction of trade.

During the visit I also presented a paper at the Grand Round at the Connecticut Mental Health Centre and to the faculty at the University of Boston entitled ‘Should RN’s in UK Prescribe?’
Researching Hidden Worlds

In developed countries around the world there is increasing concern about both the individual and collective capacity to support people with lifelong disabilities and growing numbers of older people. National policies that result in financial and resource transfers between the state, the family and the individual can complicate who appears to be taking responsibility for the care and support of society's more vulnerable citizens. They can also cloud what part people play in their own care and as contributing members of society. In addition service systems often fail to recognise the contributions made by the informal sector - namely, friends and neighbours - to the support of others, and indeed the support of the supporters is itself frequently overlooked.

A major new collaborative programme of research has recently been launched to investigate and review these issues in greater depth. Entitled 'Hidden Costs and Invisible Contributions: The Marginalisation of 'Dependent' Adults', the study is being funded to the tune of $2.5 million by the Social Sciences and Humanities Research Council of Canada. It is led by Dr Janet Fast and Professor Norah Keating at the University of Alberta. I am one of two UK collaborators in the study. Besides Canada and the UK, other countries represented in the study are the USA, Australia and the Netherlands.

The main objectives of this five-year study are to:

- Increase the conceptual clarity and methodological precision of approaches to understanding hidden short and long-term costs of care;
- Reveal the hidden costs and other consequences of care experienced by care receivers, caregivers and communities;
- Document the contributions of older adults and adults with chronic illnesses/disabilities;
- Investigate the role that contributions play in the well-being of older adults and adults with chronic illnesses/disabilities;
- Evaluate how community institutions, services and policies shape contributions and costs and how these are respectively distributed;
- Examine assumptions about 'dependency' within an interdisciplinary, cultural, gendered, historical and theoretical context.

These aims reveal a formidable research agenda requiring a commitment from an interdisciplinary group of scholars, in this instance represented by the disciplines of Nursing, Economics, Sociology, Social Policy, Psychology, Public Health, Social Work, Management Science, Social Anthropology, Geomorphology, History and English. The contribution of an experienced group of international researchers is likely to consolidate how we claim to understand the place of these currently characterised as 'dependent' in our society. This will be achieved by generating knowledge about both the costs and the contributions of these populations, and about the relevance of the social, political, historic, cultural and literary contexts within which these costs and contributions occur. The hope is that a more humane analytic framework will emerge for envisioning policy and practice solutions to the challenges of demographic change.

An initial meeting of all the collaborators took place in Edmonton, Canada, in March 2003 to refine the study milestones and to organise the linked studies that constitute the overall research programme. My own involvement will be primarily with the series of studies linked to the contributions of 'dependent' adults. There will be an emphasis on secondary analysis of data held in different countries as well as on prospective empirical investigation. The research is being carried out in partnership with a wide range of government, private sector and NGO stakeholders who will lend assistance by directing research plans, participating in the research itself, and by helping to disseminate the research findings at different stages. Graduate students will play an important part in the overall programme by conducting linked studies alongside senior colleagues. A website will shortly be established to introduce the programme to the public and to act as a portal for its research products.

Further updates about the programme will be provided from time to time in the columns of this newsletter.

Gordon Grant
Professor of Cognitive Disability

We were only able to see a snapshot of prescribing in the USA during this brief visit. Nevertheless, we now have a clearer perspective on the planning needed if we are to develop nurse prescribing for mental health nurses in our clinical areas. This visit also strengthened the links between the University of Sheffield's Department of Mental Health and Learning Disability and sister departments of the Universities of Boston, Massachusetts and Yale. Further exchange visits are planned, for example Professor Katherine Bailey will be visiting our university in the spring to conduct a 'Master Class' for nurse lecturers on pharmacology.

I would like to thank Ken Coutts, Nurse Relations Manager, Janssen-Cilag Ltd, Katherine Bailey, University of Yale, Maggie McAllister, Assistant Professor, University of Massachusetts, Betty Morgan, Assistant Professor, University of Boston and Lee Ann Hall, Professor, University of Massachusetts for ensuring that the visit was informative and relevant and making us feel so welcome! I would also like to thank Janssen-Cilag Ltd who supported the study tour by an unreserved educational grant.

Steve Rimington
Lecturer
Department of Mental Health & Learning Disability

[Image of group of people, including Professor Gordon Grant (far left, back row) and members of the team 2 group of the SSHRC research programme at the inaugural meeting of collaborators. The programme leaders are Dr Janet Fast (back row, second right) and Professor Norah Keating (front row, middle).]
Pakistan—
Maintaining
the Link

The British Council funded link between the Aga Khan University School of Nursing (AKUSON) and the University of Sheffield ended on a high note in April with a visit from Dr Rozina Karmaliani and Jacqueline Dias.

AKUSON is one of the premier HI institutions in the Islamic world with Campuses in Pakistan and several East African nations. The link was established in 2000 with the aim of promoting student centred learning and to support AKUSON establishing the first, and indeed, only Masters in Nursing course in Pakistan. Over the last two years the link has not only fulfilled these aims but has extended them to include distance learning and nursing research.

The MSc in Nursing, now well established at AKUSON, fulfills a need to educate nurses to a higher level in Pakistan. Being mostly a rural country, nurse education is only available in the big cities such as Islamabad and Karachi. Distance learning, both traditional and Internet based, has considerable possibilities for the developing world. In October 2002 Aruna Lakhani and Nagma Rizvi visited Sheffield to work with Chris Dowal, Senior Lecturer for Multimedia and Distance Learning, to develop a distance learning strategy for AKUSON. We had hoped to follow this up with a visit to Karachi in early 2003 but sadly the worldwide tension following the September 11th terrorist attack in New York has made Karachi a problematic destination for visitors from the UK. So instead a visit to Sheffield was organized in April 2003 for Dr. Rozina Karmaliani and Jacqueline Dias primarily to study the nursing research infrastructure in Sheffield and to ensure that the hard work and goodwill built up during the link continues to bear fruit. Joint ventures in the future may include summer schools for graduate students, collaborative research and the support of AKUSON in recruiting nursing students from the Asian community in the UK.

Robin Richards
Nursing Lecturer

BRING BACK MATRON!

A UK GOVERNMENT DEPARTMENT OF HEALTH POLICY RESEARCH PROGRAMME:
MODERN MATRON EVALUATION PROJECT

A team of researchers drawn from the University of Sheffield School of Nursing & Midwifery (Professor Susan Reid and Mr. Mike Ashman) and the RCN Institute, London (Dr. Ann Savage and Mr. Chris Abbott) have been commissioned by the Department of Health for England to undertake research to investigate the implementation of recent guidance on establishing modern matron posts. These posts were recreated in response to public demand, expressed through widespread consultations which informed the NHS Plan (DoH 2000); the call was "Bring Back Matron". (As long ago as the late 1960s the post of Matron was phased out and replaced by a hierarchy of Nursing Officers at various levels.) Patients and relatives wanted to have restored confidence that "someone is in charge" in hospital wards.

The researchers aim to:

- Collect information on the number of 'modern matrons' (or equivalent) in post in England early in 2003.
- Identify the different ways in which Trusts are implementing the guidance on the modern matron role.
- Use the experiences of a sample of modern matrons to describe how the role is being implemented in practice, and to understand more fully the challenges faced by matrons.
- Explore the impact of modern matrons on standards of patient care.
- Identify messages for Trusts about how they can help matrons to make themselves accessible to patients and carers, and exert maximum influence over standards of cleanliness and other fundamentals of care, so improving patients’ total experience of care.

One-year research project is due for completion at the end of January 2004. It has two strands in the first, a postal questionnaire was sent to Directors of Nursing in all NHS Trusts in England, requesting information about the number and range of their modern matron posts. The other major strand consists of case studies of NHS Trusts, selected to include a range of different types (acute, mental health and primary care Trusts) and different organisational structures. The case studies are investigating all aspects of the modern matron role, collecting information in a variety of ways:

- Questionnaires for all modern matrons in case study sites.
- In-depth interviews with a sub-sample of modern matrons and other relevant staff.
- Brief questionnaires to patients, to gauge their awareness/experience of the role.
- Analysis of relevant Trust documentation (e.g. nursing strategies; patient information literature).

Analysis of routinely collected data (e.g. patient satisfaction surveys; recorded complaints; infection control data; results of audits of catering, cleaning and other support services).

The project was approved by a Multi-Centre Research Ethics Committee by local Research Ethics Committees and by managers at each site to comply with research governance requirements. The researchers are seeking informed consent from potential participants at all stages, and will share their conclusions with staff in each case-study Trust. At the end of the project, after appropriate reviewing, summary and full reports will be made available, including on the www. The team will also prepare conference presentations and papers for professional journals.
Carnival Time for Nursing Informatics

When I heard that the 8th International Congress in Nursing Informatics (NI2003) was to be held in Rio de Janeiro, Brazil, I had visions of celebrations both social and for the achievements which had been made in the field, around the world over the last few years. I decided that this opportunity was certainly worth the work involved in putting together a submission.

Work started in 2002 on writing a paper with colleagues about NMAP the UK’s gateway to high quality Internet Resources for Nurses, Midwives and Allied Professionals. This was then submitted electronically and eventually accepted. There then followed a period of applying for funding for registration, travel, accommodation, etc. and sorting out vaccinations against Yellow Fever and Typhoid. As the conference approached flight booking, currency and a Portuguese phrase book took priority.

Travel to the conference actually went quite well, meeting up with other UK delegates at Heathrow and an overnight flight to Brazil with the only delay being a train to catch the flight! On arrival, we settled into the hotel and had a day to explore Rio, a local bank holiday with thousands of people on Copacabana and Ipanema beaches, in brilliant warm sunshine, despite it being the middle of the Brazilian winter, rather than Marcus Grel.

The next couple of days were a mixture of pre-congress workshops and tutorials, covering a wide range of topics including open source software and the SNOMED CT electronic records terminology, which is to be adopted in the UK, and sightseeing to Sugar Loaf Mountain and the Christ the Redeemer statue.

Once the conference itself got going there were a variety of papers, workshops, tutorials, posters and panel discussions covering health and nursing informatics developments from over 30 countries. These included visionary pieces based on the conference title: e-Health for all; designing nursing agenda for the future to reports of small-scale projects and system implementations.

A common theme of the conference, originally raised by a physician giving an opening keynote lecture was around the coverage and titles: nursing, informatics, health informatics, bioinformatics, e-Health etc. Many delegates argued that there was something unique in the application of technological solutions to nursing problems and others that placed greater value and emphasis on integrated solutions for all health professionals to enhance communication and patient care. Issues about terminology and titles were similarly unresolved with the current “buzz term” e-Health hardly ever being used.

Although Samba lessons were provided in the conference hotel, and the social events and discussions certainly had a carnival atmosphere, many of the papers could not achieve the same vibe, with little which was truly groundbreaking or forward looking. I was grateful to meet up with others working in related fields to mine and have made contacts for a range of future work with interesting people from around the world. I didn’t feel the majority of the papers fulfilled my hopes of a festival of Nursing Informatics.

I am grateful to the School and the British Computer Society, Health Informatics Committee for financial support to attend the conference.


Rod Ward
Lecturer

The next (5th) International Congress will be June 11-14 2006 in Seoul, South Korea see: http://www.mi2006.org/ for advance information.

When he attended this conference Rod was a Lecturer in the Department of Acute and Critical Care Nursing, School of Nursing & Midwifery, University of Sheffield. He is now a Senior Lecturer in the Faculty of Health and Social Care, University of the West of England. We shall miss him and we wish him well in his new post.
Two years have passed since I left Sheffield but it feels like only yesterday. I remember every little thing about the city and the people in Sheffield and every memory makes me feel sentimental.

After I completed my Master’s course at Sheffield University, a door was opened to me. Although, as everybody knows, I am very busy person, I still cannot believe I am currently undertaking a PhD course in Japan. I have been extremely busy, busy as a bee, since I started my PhD. Recently I attended the ICN conference in Geneva, Switzerland and gave a presentation on the ethical dilemmas in organ transplantation. The conference was supposed to be held in Marrakech, Morocco.

Unfortunately the site had to be moved to Geneva due to a terrorist attack on Casablanca in May. Also at that time there was an increasing danger in the area of Middle East due to the Iraq war. The result of these events was that many Moroccan nurses could not join the conference. The conference was successfully held despite the troubles and a total of 1,100 people came from all over the world to attend. There were a number of impressive presentations and I was able to have many useful discussions regarding my research with many health care professionals. By attending such international conferences, we can gain new knowledge, information, and experience world opinion.

Although I enjoyed participating in this international conference, I was somewhat disappointed when I thought of the Moroccan, Iraqi and Afghanistan nurses who were not able to participate. While I was listening to many presentations on advanced nursing research at the conference, I realized that many of the nurses in the world cannot have the opportunity I had. Consequently they are unable to give the advanced care or even a basic level of care for the people in their own country.

It is a fact that there is nonequivalence in health care and nursing education. This is probably due to economic, political or cultural reasons. I feel that we need to think more about standardization than globalization of healthcare and nursing education.

During the closing ceremony, all the participants stood up and gave warm applause and encouragement when the representatives of Morocco appeared. I hope the ICN conference will be held in Marrakech someday in the future.

**Fumie Arie**

MMedSc graduate of University of Sheffield School of Nursing and Midwifery

Doctoral Student
St Luke’s College of Nursing Graduate School
Tokyo Japan
Nursing Students Visit Sheffield from Keio University Japan

On a warm sunny morning in August, I went to the University hall of residence to meet our newly arrived visitors from Japan; eight student nurses and their teacher, Professor Kelko Takenhoue. This visit was the culmination of two years of planning by myself and Professor Takenhoue, who had visited us in Sheffield the previous year to discuss the programme.

The purpose of the visit was to enable students who were nearing the end of their four-year programme to undertake a study tour which focused on British maternity care and midwifery practice. They were keen to explore the autonomous role of the midwife, midwifery-led care, community-based care and maternal choice in childbirth.

They participated in formal sessions about health care service in the United Kingdom, maternity care, midwifery practice, midwifery-led care and one-to-one care. These were complemented by visits to clinical areas in a large acute city hospital and smaller rural facilities as well as community service environments such as family planning clinics and patient education sessions.

Students had their own personal objectives and each student’s clinical placement was carefully planned to meet their learning outcomes. They were attached to individual midwives or neonatal nurses and spent two days observing in a variety of clinical practice areas. This was the most productive part of the study tour, as it enabled them to witness the integration of theory to practice. In addition, they were very impressed by the autonomous midwifery-led practice of the midwives, particularly in the community.

For some students this was their first time outside Japan, and so the social and cultural aspects of the visit were very important. The highlight for them was the long weekend they spent in London and a visit to the Peak District National Park which included English afternoon tea with scones, jam and cream. They had the opportunity to try other traditional food such as fish and chips. Most of my photographs are of students eating! I took the students to a local supermarket and they were very surprised at the size and range of foods available.

The study tour evaluated very positively; the students wanted to stay longer and would have liked more time in clinical practice.

We are hopeful that the study tour can be repeated next year. The invitation has been extended for a return visit. I am sure that this will be the beginning of close links between Keio University, the University of Sheffield and the local maternity services.

The whole experience would not have been possible without the enthusiastic support of the midwives, nurses, their managers and parents who allowed the visitors into practice areas and their homes and for some, to share their birth experiences, which even included a set of twins. This was not just a professional study tour but a contribution to international understanding and friendship. It acquired a lot of detailed planning and was exhausting for all concerned but I thoroughly enjoyed it and will happily do it all again next year.

Angela Walker
Senior Midwifery Lecturer
‘Memories are made of this’

In March I was privileged to be able to make a contribution to two unique events in New Zealand. The first was a ‘National Caregivers’ week that took me the length and breadth of this beautiful country. The second was to mark the launch of the first ever piece of research that explored the care of older Maori and non-Maori people by involving older people themselves, their families and paid carers.

The National Caregivers Week (caregivers being the term used in New Zealand for paid but non-professional staff who provide help and support to frail older and disabled people) was the brainchild of Jan Featherston, the owner of a private hospital for older people. Jan’s vision was to bring together carers to celebrate the contribution they make, and to recognise their invaluable skills and talents. The week comprised study days throughout the country and culminated in a two-day Conference in Auckland. The whole event was organised in conjunction with the New Zealand Nurses Organisiation (NZNO).

It was a great honour to be invited to be a keynote speaker during the week and here’s where the journey began! After a weekend flight to New Zealand, Sunday evening saw me take a flight to Christchurch to speak at their event on Monday morning. A lunchtime flight to Dunedin enabled me to contribute to their event on Monday afternoon, while Tuesday evening saw me fly to Wellington for a presentation there the following afternoon. A couple of space hops on Tuesday morning gave me the chance to visit the truly impressive National Museum of New Zealand, Te Papa, which celebrates New Zealand’s unique culture and heritage. I was also fortunate in that the Museum was hosting an exhibition to mark the filming of the film trilogy ‘The Lord of the Rings’. As a lifelong Tolkien fan this was indeed an unexpected delight.

Tuesday evening took me back to Auckland for keynote presentations on the Wednesday and Thursday. The Auckland Conference, then again a first, was an unparalleled success with over 400 caregivers attending each day. Ruth Dyson, the New Zealand Minister for Disability issues, addressed the delegates, announcing the launch of a major workplace initiative aimed at caregivers. The initiative includes a national foundation education programme for caregivers available at no cost to themselves or their employees. Given the recent push for better education for support workers in the UK, we could learn a lot from our New Zealand colleagues.

Friday led me into another new territory when I attended the launch of the first ever piece of research that had sought to understand caring for older people from a Maori and non-Maori perspective. The study, again the product of Jan Featherston and her colleagues, built on the ‘Senses Framework’ that had been developed in Sheffield (Nolan et al 2001, 2003). It was fascinating to compare insights. However, what was even more exciting was the venue for the event. This was a traditional Maori Marae, or sacred meeting house. Newcomers to any Marae, whether Maori or not, have to be formally welcomed and greeted before any other business can take place. This involves a fascinating ceremony where the hosts and guests in turn trade Maori song and poems of significance. This can take several hours and culminates in the time-honoured Maori greeting where the guests approach the house and rub noses.

We talk a lot about user involvement in research in the UK, indeed this is one of our guiding principles at the School of Nursing and Midwifery at Sheffield, but this was something else. As this was the first piece of research of its kind, permission from the Maori elders had to be sought and gained before the results could be published in any form. This involved a series of presentations about the background to the study, Jan (my wife) and I making our before the results were considered by the elders. Once again we could learn a lot, not only about genuine user involvement, but also about the status and value accorded to older people. Fortunately the elders gave their Blessings and the research was duly launched. Fittingly for us, the ‘Six Senses’ we have developed were also found to be of value in helping to understand caring in both Maori and non-Maori cultures in New Zealand.

After a hectic but unnerving week there was time (nowhere near enough) to explore the North Island of this magnificent country. This again provided some unforgettable moments, but my abiding memory of New Zealand will be the warmth, hospitality and enthusiasm of the caregivers at this Conference, and the Maori welcome to their Marae. Here indeed are valuable lessons for everyone involved in work with older people: providing telling messages about the need to value the contribution of older people themselves, and those caregivers so essential to their quality of life.

References

Mike Nolan
Professor of Gerontological Nursing
Commitment and Dedication Results in Success for Gibraltar

The Department of Nursing Studies was established in 1953 and has since provided nurse education and training to the level of Registered Nurse (Part 1) as well as Enrolled Nurse (Part 2) of the Gibraltar Professional Nurses Register.

Since 1992 there has been ongoing links with the School of Nursing and Midwifery at the University of Sheffield. As a natural progression validation was sought through the University’s process of external validation for the Diploma in Nursing course to the commensurate level for registration in the United Kingdom.

The first intake to the diploma level training was in September 2000 and in October 2003 we celebrated the graduation of these students. The introduction of the diploma level course was a catalyst for change in that an academic environment should be more evident in the clinical settings. The staff in the clinical areas have risen to that challenge and this has been achieved through the strong link between the School of Health Studies and the Gibraltar Health Authority. The Gibraltar Health Authority has included in its mission statement the intent to ‘improve training, educational and other facilities for staff in order to help them in their work of caring for people’. The Government and Health Authority in Gibraltar, therefore recognize that an effective Education and Training strategy makes a positive contribution to the delivery of health care. Both the Gibraltar Government and the Health Authority have a long-term commitment to both pre- and post-registration training in order to not only meet future workforce needs, but also to improve patient care through education and training.

The Gibraltar School of Health Studies and the University of Sheffield have also worked together to strengthen pre- and post-qualification nurse and midwifery education in Gibraltar. Firstly, through the validation of the pre-registration course and secondly the provision of specialist post-basic training modules in the field of acute and critical care nursing. So far, the modules that have been run, have assisted in the development of the knowledge and skills of nurses working in the areas of ITU, A&E, Surgical and Medical nursing.

These modules form a part of the Gibraltar Health Authority’s strategic plan for the ongoing development of its professional nursing staff to prepare them for the challenges they lay ahead in the provision of services in the new hospital.

Dr Margaret Williams
Education Development Officer
School of Health Studies Gibraltar

Looking Forward to Seeing You in Gibraltar

The first call for abstracts for the ‘Changing Practice Changing Care’ International Nursing Conference in Gibraltar (16th and 17th September 2004) has already resulted in the conference office receiving many abstracts, submissions and completed conference booking forms. It is a good sign that we are on track for an exciting event.

The conference is being held to celebrate ten years of the University of Sheffield School of Nursing and Midwifery’s association with the Gibraltar Health Authority and the Government of Gibraltar. It is to coincide with the opening of the new hospital and the tercentenary of British Gibraltar. The final date for submitting abstracts is 2 February 2004. If you would like to attend the conference as a delegate or presenter then please contact: Mrs Johnson, P.O. Box 416, 109/1 Main Street, Gibraltar, Telephone 37/67 5078, Fax 37/67 5076. e-mail: m.johnson@gsd.gsb or complete the enclosed form.

Gibraltar is a very special place with its unique culture and history and of course the weather should be perfect in September, warm and sunny but not too hot. We are looking forward to seeing you there.

The Palliative and End-of-Life Care Research Group

A new research group in the School of Nursing and Midwifery at the University of Sheffield, UK

In September 2003, a new research group was formed at the School of Nursing and Midwifery, the University of Sheffield. Led by Professor Sheila Layte, the group is named: ‘The Palliative and End-of-Life Care Research Group’. As well as Sheila, the team includes three senior lecturers: Katherine Foggoat; Christine Ingleton and Jane Seymour; three researchers: Alice Chapman; David Reid and Julie Stidbeck; and two secretaries: Elaine Craigie and Debbie Hill.

The group has a number of innovative projects funded by bodies such as the Health Foundation, the Economic and Social Research Council, the Department of Health and the National Lottery Fund. This is a selection of these projects:

**End-of-life issues for older people**
- Preparation and planning (eg advance care planning).
- Exploring the needs and experiences of those with chronic and life threatening illness.
- Exploring patterns of care and communication, and educational issues for older people, professionals and family carers.

**Bereavement and loss**
- Identifying and evaluating bereavement support services.
- Examining experiences of loss and bereavement.

The group has a number of innovative projects funded by bodies such as the Health Foundation, the Economic and Social Research Council, the Department of Health and the National Lottery Fund. This is a selection of these projects:

- The provision of palliative care for older people in community settings: hope, loss or hope? The Health Foundation, 2001-04
- Enduring bereavement support provided to older people by hospices, The Health Foundation, 2002-2005

As a group, we run a MPhilSc in Palliative Care (in association with Trent Palliative Care Centre in Sheffield). This is a part-time two-year course aimed at a multi-disciplinary audience. The next entry is October 2004, and we are accepting applications now.

Early next year, a new textbook, which supports the course teaching, will be published by Open University Press. It has been edited by Sheila, Jane and Christine and is called ‘Palliative Care Nursing: Principles and Evidence for Practice’.

We would be pleased to hear from any colleagues working in similar fields or from anyone interested in our research or our MPhilSc course. Please contact: Elaine Craigie, e.craigie@sheffield.ac.uk +44 (0) 114 222 8203.
Family-centred Care: Concept, Theory and Practice.

Family-centred care is the cornerstone of children's nursing practice in the UK and many other countries. It is integral to teaching on both pre- and post-registration children's nursing programmes at the University of Sheffield.

The UK government is now developing a Children's National Service Framework, a standard of care that strongly advocates working in partnership with children and families.

Most children's nurses believe in the philosophy of family-centred care, however from our experiences in clinical practice and teaching worlds we have found that nurses often have difficulty in applying the theoretical components of family-centred care into everyday practice. We have been privileged in our role as nursing lecturers in the Department of Midwifery and Children's Nursing to have had opportunities to discuss family-centred care with many national and international colleagues who express similar concerns relating to 'doing' family-centred care in practice.

To address these concerns we have written a comprehensive textbook called 'Family-centred Care: Concept, Theory and Practice'. It covers both the theoretical and practical components of family-centred care and may be used by academic and qualified nurses working with children and families.

The textbook acknowledges the challenges, including legal ones, faced by nurses in facilitating the concept and provides a toolkit of skills for negotiating, empowering and teaching. One international reviewer comments that children's nurses in most countries will find this book of great value for implementing family-centred care in both institutional and community settings. We hope that this is true because family-centred care is so vital to the practice of children's nursing and it is important that nurses are equipped with the skills to put it into practice.


www.paigrove.com

Lynda Smith

Valerie Coleman, Maureen Bradshaw Nursing Lecturers

Department of Midwifery and Children's Nursing

Commonwealth Nursing Federation

Commonwealth Nursing Federation

Held at Commonwealth House, London

24-25 June 2003

The Commonwealth Nursing Federation works for nurses and midwives throughout the 53 Commonwealth countries linking, where they exist, with the national nursing organisations of these countries.

In the UK the lead member is the RCN but the CNU also works closely with the group. The Federation forms the Advisory Panel for the Commonwealth Health Ministers and has elected representatives from each Commonwealth region. Each regional member has a vote; other nurses and midwives of national nursing organisations can attend as observers. The British Council, the West Africa College of Nursing and the ICN are also amongst those who attend as observers; observers can do so.

Issues high on the agenda of Commonwealth ministers and thus areas in which they sought advice included: HIV/AIDS with special emphasis on mother-to-child transmission, palliative care and children's needs either there with AIDS or those implied by it.

The spread of disease internationally was also debated especially the recent SARS epidemic. Visitors travelling from areas with high risk reported on the infection control methods in use (e.g. sprays on the aircraft) while Singapore nurses were able to give vivid accounts of their involvement in their recent epidemic.

International recruitment remains a volatile issue with many Commonwealth countries losing nurses and midwives to other Commonwealth countries (e.g. UK, Australia, Canada). The long awaited guidance should be out soon but to the nurses there is no doubt that nurses have the right to move for employment, education and career development.

The direct recruitment of this most valuable commodity has to be handled tactfully, diplomatically and with a shared commitment to improve the continued care of patients worldwide.

The development of nurses and nursing in Commonwealth countries has been led by the CNF for many years and the links and partnership it brings are valued. Linking will be made even closer in the future now we are on the web (www.thecommonehealth.org). Check the website and find out more about us.

The European Region covering the UK, the islands of Guernsey, Jersey and the Isle of Man, Gibraltar, Malta and Cyprus will hold its biennial meeting in Malta in March 2004. There is still time to participate and information can be obtained from the Malta Union of Midwives and Nurses (MUMN) email mocos2@sympatico.com

Dean, Professor Betty Boshoff

Executive Board Member for the European Region

The European Honour Society website

Are you interested in the latest thinking related to Bridging The Theory-Practice Gap, Promoting Learning In Practice, Advancing Practice Through Research and/or Interprofessional Learning?

If so, then plan to attend and consider submitting an abstract to present a poster or paper at the European Honour Society Conference that will be held in Derby, England on 12 March 2004. The conference will be a forum for sharing and exchanging knowledge, expertise and experience with clinicians interested in the latest European perspectives pertinent to enhancing the practice experience.

Professor Carol Cox President European Honour Society

For more information and the guidelines for registering or submitting an abstract, visit www.euhonoursociety.org

Acknowledgements

The Editor wishes to thank all those who have contributed to this issue of International Nursing and Midwifery. Please visit the website for further information about any of the articles; the author's contacts can be contacted through the Editor, Paule Hancock.

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