Looking back - Looking forward

Two thousand and two has been a very exciting and busy year for our midwifery lecturers as they looked back over the last one hundred years and celebrated the centenary of midwifery legislation in England and Wales. Prior to legislation midwives were untrained and uneducated. There were no regulatory mechanisms and therefore no public protection for mothers and babies and whilst some midwives were effective practitioners some were unsafe and put lives at risk.

The Midwifery lectures have not only pondered on the past but the article on the history of childbirth and midwifery (page 5) but have been looking forward and preparing for the future. Eight midwifery academics from Australia and New Zealand travelled to Sheffield to attend a series of seminars. Networking to stimulate thinking and facilitate the sharing of ideas and experiences is essential if midwives and nurses are to improve care for mothers, babies, patients, families and communities they serve.

I am sure that the year two thousand and three will be equally busy for the University of Sheffield School of Nursing and Midwifery as the numbers of students undertaking initial three year training programmes leading to registration as qualified nurses or midwives will rise to 2,400. When our students look back in years to come I hope that they will be able to say that they were successful, they enjoyed their courses and that they are still learning and striving to improve services for future customers.

Paula Hancock
Editor

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Stop Press
International Nursing and Midwifery Conference in Gibraltar September 16-17th 2004

The Gibraltar Health Authority in association with the University of Sheffield School of Nursing and Midwifery is pleased to announce that they will be holding a conference entitled Changing Practice - Changing Care. There will be a call for papers in the next issue of Link-up and posted on the School of Nursing and Midwifery web site, www.snm.shef.ac.uk, as it becomes available.
Getting the best out of international conferencing: Tips and helpful hints

Attending an international conference for the first time can be a daunting experience but with a bit of forethought you can ensure that both you and the University get the most out of your experience. I don’t profess to be the expert on international conferences but I hope these tips may prevent you having to tackle some of the hurdles I’ve encountered on my travels.

Why go to a conference?
This can be either as a delegate or as a presenter. Presentations do not have to be about research but can cover a wide range of areas including innovations in practice or education, projects, literature reviews, the scope is endless. Neither do you have to put your abstract forward for an oral presentation, posters presentations are given at most conferences and can be less intimidating for a first timer.

Finding out about calls for papers
There are a variety of ways by which you can find out about international conferences, and this includes colleagues, journals, mailing lists, and word of mouth. Once you find out about a call for papers make sure you look at the theme of the conference and if possible the sub-themes. Ensure your abstract matches the theme of the conference or fits in with one of the sub-themes.

Don’t forget to seek permission to attend the conference.
Before submitting any abstract it is important that you seek permission from your head or manager.

How to get funding?
There are a number of sources of funding available. Your employer may be able to fund you but if not don’t despair. There are travel awards for which you need to watch the journals and if you are doing a PhD you may be able to get it through the funding available for PhD Students; there may be a university or hospital charitable fund and if all else fails you could self-fund. Don’t forget one way of ensuring your department has a healthy budget is by contributing to yourself by undertaking consultancy or projects.

Research the venue before you go
There are numerous guides available to a wide array of countries and you can obtain valuable information. Most give guidance for getting around and knowing what travel tickets are available can save you a lot of money. They give you an idea about the cost of living so that you are aware of how much money you will need whilst you are there. They also tell you the affordable eating places and will comment on the different hotels. You can find some fascinating museums linked to nursing and medicine; these are often tucked away at some corner of a University. You can also find out places of interest that are well worth a visit.

Health and safety
If you need any vaccinations plan these well in advance of your trip. If you don’t know if you need any in the UK you can ask the general practice nurse at the local health centre. Or you can access one of the excellent internet pages on travel health such as
- The UK Department of Health on www.dh.gov.uk/traveladvice
- The Foreign and Commonwealth Office on www.fco.gov.uk/travel
- The British Broadcasting Corporation on www.bbc.co.uk/health/travel

Take a basic first aid kit with you and consider your personal security. It is wise to invest in a money belt before you go and make sure that you do not keep all your money in one place. Take care of your passport. Always take a photocopy of the photo page of your passport; it can make getting an emergency passport easier if the worst does happen. Use the hotel safety deposit boxes, if they are available, and make sure you use reputable taxi services.

Make sure that...
You travel with your presentation, slides or poster with you and hand luggage at all times. If your luggage is lost on the journey it is relatively easy to purchase cheap underwear but very difficult replace presentation scripts or overhead transparencies at the last minute.

When you get there
Make good use of your conference proceedings. Go through it and highlight the key presentations you want to see. Don’t move from room to room as you often end up missing what you want to see because speakers do not always keep to the time table. It is better to identify a full session presentations on a topic of interest. Don’t try to cram too much in you end up with your mind in a whirl.

Poster presentations are not to be missed. Identify the topics and the timings using the conference proceedings. Go with a purpose. Talk to the presenters, ask for business cards and don’t forget to take your own as well.

Take time to go round the exhibition (not just for free gifts) but take the time to network and link with other Universities, Colleges of Nursing,lay-groups etc., who have their own stalls. You may also find other conference opportunities.

Make yourself known to people
Seek out social get-togethers, seminars, talks etc. at universities, colleges. Watch the notice boards for these and also organised excursions to hospitals and other institutions. Use the conference to promote your own institution. If there is a group of people going from the same institution don’t forget to ask your manager about the possibility of holding a reception. These tend to cause a lot of organisational issues but you need to take out plenty of literature, have a purpose, present a corporate image and run it in a semi-structured manner. They can be very rewarding and worthwhile. Involve both prominent people and delegates.

Presenting your own paper
Preparation is essential. Don’t forget it for granted that you will have power point even if it says they have. Take a set of ORPS as well as your disc; slides are an alternative but can be very expensive. Check your timing carefully in some of the bigger conferences and make sure you have plenty of paper; not after your allotted time whilst others don’t. If you have to hand in your disc/slide make sure you do it in plenty of time. Take some outline papers with your name and contact number.

Posters
It can take longer than you think to prepare and laminate your poster. Make sure it’s not too ‘busy’ as it can be off putting if there is too much detail. Bierer to have less and discuss it with the people that come to you. Again have plenty of business cards and get copies of your poster with your contact details. Have a box of sweets to offer other people as they are going past, they often then stop and start discussing your project.

Finally Enjoy Yourself
If you go to a place it’s a shame not to get some idea of the local culture.

Happy conferencing.
Sue Battersby
Lecturer in Midwifery

Midwives and International Confederation

The International Confederation of Midwives has held congresses for at least 75 years and has held them in both developed and developing nations. Their mission statement highlights how the conferencing will work to advance worldwide the aims and aspirations of midwives in the attainment of improved outcomes for women in their childbearing years, their newborn and their families wherever they reside.

There were eight members of staff from the Department of Midwifery and Children’s Nursing who were fortunate to be able to attend the congress in Vienna, Linda Bull, Diane Barrowclough, Sue Battersby, Minna Kirsham, Beverley Marsh, Anne Peat, Helen Stapleton, and C.C. Smart. There was also a student place funded by the school and selection was done through the submission of an essay. Rosemary Haddrell was the successful student.

The opening ceremony was a colourful and moving event and highlighted that approximately 2500 midwives represented 80 countries. The conference theme was Midwives and “Women Together for the Family of the World” and this was reflected particularly in the keynote addresses and papers from developing countries.

The scientific committee had received over 800 abstracts for the congress and 578 papers were presented in addition to the 179 poster
of Midwives 26th Triennial Congress - April 14-18, 2002, Vienna Austria

Of the clinical setting. These lectures worked clinically, and in doing so helped to improve communication between themselves and the clinical midwives. The key finding of the study showed that being present in the clinical area on a regular basis, the lecturers were more accessible for advice relating to student training. Unfortunately, the quality of mentorship for student midwives was not influenced as the key variable of not having enough midwives to support and supervise students at the desired level could not be influenced. The clinical midwives in the study called for midwifery lecturers to work clinically with students so that the level of support for students is improved. One key recommendation arising from this study is that funding should be made available to extend the role of midwifery lecturers so that they are able to work with students in the clinical setting.

On the social front, I made many friends from many countries, I have since kept in touch with midwives from other cities in the UK, one midwife who hails from Trinidad, another from Japan and another from Switzerland. As usual, there are others on my list that I promise myself to write to!

The attendance at the ICM Congress was an enlightening experience. It was an emotional experience. It was also a humbling experience as I learnt about how midwives in the third world countries are working with women, in the face of scar s resources and tremendous hardships, for the family of the world. These midwives truly used their skills and their hands and their eyes to protect the women they cared for.

Diane Barrowclough
Learning and Sharing – Nutrition in Pregnancy

My interest in attending the ICM conference was two-fold in that I have an interest in nutrition and in particular pregnancy nutrition as well as midwifery education. Nutrition and the risk of obesity were the theme for the paper that I presented and it did create quite a lot of discussion, as the rising rates of obesity are a concern for many countries now not just the United Kingdom. Education was another leading heading that the papers were grouped under and I was delighted to see papers and posters relating to...
problem-based learning (PBL). The September 2001 midwifery curriculum has PBL as the learning and teaching strategy and representatives from McMaster University in Canada (one of the Founders of PBL) were there also. The number of posters and stands that were set up around the conference centre were so informative and stimulating it was hard to leave. I have found the midwifery and the learning environment inspiring.

The conference started with a speech from the Austrian President, on the need to have more women in Parliament, to encourage more women in politics, to encourage more women to become midwives, and to support the idea of having more midwives. The speech was very powerful and highlighted the importance of midwives in the healthcare system.

The conference also included a presentation by the Austrian Health Minister, who talked about the importance of midwifery education and the need for more midwives to be trained. The presentation was very informative and highlighted the challenges that midwives face in Austria and the need for more support.

The conference continued with several presentations by midwives from different countries, who shared their experiences and challenges. The presentations were very interesting and highlighted the diversity of midwifery practices around the world.

One of the most interesting presentations was given by a midwife from Australia, who talked about the role of midwives in the community and the importance of midwives in empowering women. The presentation was very insightful and highlighted the role of midwives in improving the health and well-being of women and families.

The conference concluded with a panel discussion on the future of midwifery, which was very engaging and provided several insightful perspectives on the future of midwifery.

Overall, I found the conference to be very informative and inspiring. It highlighted the importance of midwifery in the healthcare system and the need for more support for midwives. I would strongly recommend attending the conference to anyone interested in midwifery or healthcare.

Sue Batterby
Learning and Sharing - Breast Feeding

The call for abstracts for the International Confederation of Midwives Congress was put out in May. The conference was to be held in Vienna from 11-14 June 2002. I submitted four abstracts believing I would be lucky if one was accepted. To my surprise all four were accepted, two for poster presentations and two for oral presentations. The presentations were placed into a book of proceedings, and I was able to sit down and write the papers. Luck wasn't on my side and the conference programme was quite extensive. I was asked to submit only three papers, but my lucky number is four, so I would still present the fourth.

The papers I presented were:
1. "The Midwives' Unwritten Knowledge of Breastfeeding," which was about the finding of part of my PhD studies, "Joining together to improve postnatal care." This detailed the work being undertaken at the Women's Hospital, Dominican, Wirral Community Health Trust and the implications for neonatal care.
2. "Breastfeeding Peer Support Projects that have been undertaken in Sheffield and which I have evaluated, "I was interested that this was presented at the conference. The presentation was well received and there was much discussion about the potential for similar projects in other settings.
3. "The impact of programmes on the adoption of breastfeeding," which was presented at the International Confederation of Midwives conference. The presentation was well received and there was much discussion about the potential for similar programmes in other settings.
4. "The role of midwives in promoting breastfeeding," which was presented at the International Confederation of Midwives conference. The presentation was well received and there was much discussion about the potential for similar programmes in other settings.

I was delighted to be accepted for all four papers and I look forward to presenting at the International Confederation of Midwives Congress in Vienna.

Rosalind Hoddrell
Midwife - thoughts from ICM Congress in Vienna

My initial reaction to the ICM Congress was to be slightly overwhelmed by the large number of midwives present; about 2500. Young and old, conventional and alternative, every size, shape and skin colour - it was quite incredible to believe that such a diverse group of midwives could be working towards the same goal; to support mothers, babies and families.

The feeling of being overwhelmed returned when it came to choosing which of the hundreds of sessions to attend. As a student close to the beginning of her training, I wanted to learn as much as I possibly could about as many subjects as possible to make my choice was wonderful but also particularly difficult. I tried to focus on practical knowledge and skills and develop my understanding of how midwives work in other countries and cultures within the realms of normal and midwifery care.

Common themes were women's experiences during pregnancy and birth, both positive and negative, the midwife's influence on these and the need for woman-centred, individualised care. Key to these was the examination and definition of the midwife's (seemingly ever-expanding) role in society and the place of women in the development of midwifery practice. Topics as diverse as the place of traditional birth attendants, postnatal care and family planning, the prevention of disease and maternal and newborn mortality, professional life and its politics, education and practical skills, care for high risk women and in emergency situations; from high technical to the use of complementary therapies and alternative practices and the more spiritual and psychological aspects of midwifery. Every aspect of ante-, intranatal and postnatal care was presented, and much of the discussion centred around the pros and cons of different practices within countries and cultures. What was particularly fascinating was each midwife's experience of 'normal', the diversity of birthing communities, where there was no discussion of "how" you will feel your baby (with virtually 100% breastfeeding initiation). There was a real sense of midwives listening to and learning from each other.

On the negative side were the sobering statistics from the developing world: nearly 600,000 maternal deaths related to pregnancy and childbirth worldwide each year, 1 in 16 women dying as a result of pregnancy complications which in Kenya, the worst country in Africa, is a result of violence against women, midwives working in war zones and other terrible situations we cannot even begin to imagine. On the positive side there were fantastic, sometimes moving, stories of success stories of the work of the inspirational Albany practice in South London, breastfeeding 'guardians' getting outstanding results with Liverpool teenagers, midwives treating to post abortion complications and prevent AIDS transmission, both major causes of maternal deaths in many developing countries.

A woman's right to safe and satisfying motherhood was echoed time and time again in the presentations, reflecting the ICM's statement with the "achievement of improved outcomes for women in their childbearing years, their newborn and their families."

Some of the most interesting studies focused on women's perceptions of their care (which often fell far below their expectations) and how midwives communicate with them: how they are treated by midwives, how they are treated by colleagues. Even the smallest of details are conveyed for not, can have huge impacts on women's experience of pregnancy and birth, perhaps even their confidence in becoming parents. This contact with the universe of midwifery care was the absolute necessity for midwives to make their practice evidence-based, up to date and culturally sensitive to have both conviction and compassion, a profound importance of good communication skills and not to take their knowledge and experience for granted.

What did strike me was the lack of students in evidence at the congress, a fact noted by the keynote speaker at the closing ceremony. If the world of midwifery is to grow, then the number of students coming through the system must be increased. The future of the profession it would have been good if more student midwives could have attended to benefit from the range of teaching and knowledge and experience being presented. I hope that the opportunities for future congresses will try to encourage more students to attend, through significantly reduced fees and perhaps accommodation and travel to be offered from the conference.

In fact, it would be fantastic to see an ICM student congress running concurrently, with links to the main event, clinical skills workshops, student presentations of their course work and teaching and research projects, methods, student research projects and discussions about the student experience, not to mention social events!

Considering the ICM conference did give me a fantastic opportunity to extend and expand my midwifery education, particularly through the absorption of information and new strategies for the effective care of pregnant women and their families. At times I felt like a bit of an outsider, though, not really participating in the conference but as a passive observer. It would have been good to be involved more in the active exchange of ideas and the development of communication skills, which is where a student congress would have been excellent.

Ultimately the congress was a positive and joyful event, reflecting the unity which exists between midwives worldwide, their dedication and common priorities for the health and well-being of all mothers, babies and families around the world. I'm really glad I got to go and I'm already ponders how I can make it to Brisbane in 2005.

Beverly Marsh
Learning and Sharing - Infant Feeding

It's hard to believe that we packed all we did into five days! The academic programme was really impressive and enjoyable, with visits to sites such as the city centre and the city hospital to see the famous palaces of art, bustling with music, bustling with comfortable cafes and shops and food for conscience.

My contribution to the programme was to present a resume of my research completed for my Masters in Education, which detailed how student midwives learned about infant feeding and their experiences in a hospital environment where a strict protocol on breastfeeding (based on the Baby Friendly Initiative) was adopted. Vienna 2002 was a stimulating and enjoyable experience, with a programme that included visits to midwives who worked autonomously, developed their own resources and innovative patterns of care. I spoke an independent midwife from Germany who ran her own business, providing individualised packages of care to about twelve families a year. Several stories came from those who worked in post-natal wards where lack of infrastructure means that a woman might die in childbirth. I spoke to a midwife from Angora who said that she was involved in a major university research project on the implementation of the Baby Friendly Initiative in a major hospital. I was struck by the range of experiences and the diversity of midwifery care that exists around the world.

Nevertheless I came away feeling that every midwife whose nose is stuck in the dailylife of practice should attend the ICM congress. It provides a valuable insight into the wider context of midwifery, and helps to bring together midwives from across cultures, and makes it clear that you go to see that you are greater than you think!
Birthing and Bureaucracy: The History of Childbirth and Midwifery

This highly successful conference was a collaboration between the Women’s Informed Childbearing and Health Research Group in the Midwifery and Children’s Nursing Department and the History Department in this University, The Society for the Social History of Medicine, The Welcome Unit at the University of Manchester and the UK Centre for the History of Nursing.

There was a very wide range of papers. Chronologically they ranged from early modern Vienna to the oral testimony of the “Born in Sheffield” project. Topics ranged from “Faires and midwives in the early fairy tale” to “Doctors, midwives, bony fides and handywomen” in early twentieth century Scotland. The theme of birthing and bureaucracy led us to reflect throughout the conference on the social context of birth and “the governance of midwives”, whether this was in Tudor England, Nazi Germany or more recent times. There were splendid examples of women’s resistance to social controls from Jane Sharp’s wry and witty observations on male physiology in her seventeenth century textbook to the “road diversions” in 1950s Israel with “one foot on the soring wheel, the other on the window” as nurses and women competed to achieve out of hospital birth and still get the hospital-administered maternity grants.

Speakers came from several disciplines and included such well-known names as Jean Donnison, Alison Macfarlane and Elaine Hobby. The interdisciplinary nature of the conference gave us all new insights. As Flurin Cojdor, our organiser historian, said in conclusion, “Interdisciplinary studies need to be done. They hurt occasionally, but it’s a good sort of pain. Midwives should not be isolated.” With such interdisciplinary collaboration we are unlikely to be isolated.

Strengthening Our Midwifery Links with Australia and New Zealand

Last April eleven midwifery researchers from Australia and New Zealand visited the Women’s Informed Childbearing and Health Group within the the University of Sheffield’s Department of Midwifery and Children’s Nursing. This sprang from our links with Professor Lesley Barday and her team at the University of Technology, Sydney. We addressed three half-day seminars which addressed “Traditional practices around birth”, “Women’s experiences and midwifery skills” and “Birth Centres in their contexts”. Helen Stapleton, research midwife, and Margaret Cherney, PhD student, gave papers from their research here alongside a wide range of papers from Australia and New Zealand. These seminars and the discussions around them did much to stimulate our thinking and develop research links and this continued when we all met up again shortly after at the International Confederation of Midwives Triennial Congress in Vienna.

It has now been decided that these useful meetings should become an annual event. So in February we are visiting Sydney for a similar series of seminars. The team consists of three midwifery researchers Mavis Kirkham, Helen Stapleton and Linda Ball, two PhD students Fiona Dyker and Ruth Deeny, a clinical midwife from Doncaster Angie Treweck and our research colleague from the National Childbirth Trust Mary Smale. We feel we are a well balanced team with a lot to offer. It has been interesting planning the project and helping those without institutional backing to bid for various funds to cover the costs of the trip. The midwives have been highly successful in terms of funding. But, as there are few places that service users representatives can seek funding, we are now fund-raising for Mary’s fare. (Funding raising is co-ordinated by Jane Flinn who is happy to receive donations).

When our plans became known we were invited to give papers at Massey University in New Zealand on a similar basis. So we are now very much looking forward to further developing our links with Massey University where Helen Stapleton and Mavis Kirkham have both given seminars before.

While we are in Australia and New Zealand the team members are developing many other links including visits to Aboriginal health projects, linking with the Association of Breastfeeding Mothers of Australia and giving several conference presentations and workshops.

Mavis Kirkham
Professor of Midwifery

Workshop participants from Australia and New Zealand.
Master of Midwifery degree goes on-line

You may remember reading in an earlier edition of Link-up that the University of Sheffield planned to create a new masters level course in midwifery to be delivered internationally using the technology of the internet. That course has now taken shape - so it is now time to fill in the details.

According to the University, the course was developed to meet the needs of midwives who wish to learn more about midwifery in a flexible and accessible manner. The course is designed to be completed over a period of two years, with modules covering a range of topics including women’s health, child health, and maternal health.

The course is delivered online, with modules being studied at the learner’s own pace. Learners will have access to a variety of learning resources, including lectures, workshops, and online discussions with tutors and fellow learners.

The University is now ready to start recruiting learners for the course. Those interested in finding out more should contact the University’s School of Midwifery for further information.

Congratulations Well Done

AMERICAN SOCIETY OF OPHTHALMIC REGISTERED NURSES CONFERENCE
October 2002 Orlando, Florida, USA.

Elaine Stringer with the Edna Asby Rose Bowl and colleagues Joy Barnes, Departmental Manager (Ophthalmology) and Joan Daines, Nurse Practitioner, at the Eye Casualty, The Royal Hallamshire Hospital, Sheffield.

It gave me great pleasure to attend this conference and receive the Edna Asby Award. This award is given to an ASORN member for her contribution to ophthalmic nursing literature and knowledge. I had the opportunity to meet Edna Asby, who was the first president of ASORN and to present my paper to a multi-national audience.

The conference provided a diverse range of sessions, with a mixture of speakers including ophthalmic nurses, specialists, ophthalmic nurses, and doctors. Most presentations were directly concerned with ophthalmic nursing practice, some concerned general issues which impact upon ophthalmic care such as leadership, communication, patient education, and error reduction. We even had a session entitled 'The Potential Economic Consequences of Biological and Chemical Agents'.

I thoroughly enjoyed the conference, generally the sessions were well presented and all the speakers gave opportunity for discussion.

I appreciated this and used this time to make comparisons with ophthalmic care in Britain. It was evident that some activities undertaken by nurses in Britain were considered to be medical roles in America. Mr. Smith was not a consultant, he was a medical assistant. He was concerned with the medical aspects of the patient's condition.

Elaine Stringer
Nurse Lecturer
Shanghai has always been a mysterious place - an open city within a closed country, and now a city which is leading China's modernisation and orientation into not just the Western World but also the world in its widest sense. Its ties with Britain stand out: the same architect who built Liverpool pier-head built the harbour front of the old city. Apart from "Liver Buildings", he built an exact copy. And so many people speak English; we were told from this School year, children will begin to learn English at seven years of age.

Gery Marvell, Paula Hancorde, and I went with Heather Drabille, Alison Smith and Sylvia Grayson - all accompanied by Debbie Mallor from the Department of Health. This was a Government supported visit; our assistance was sought because of Heath's involvement in the Government's NHS Modernisation work and in recognition of The University of Sheffield and the Trust's international expertise and experience of working with nurses and midwives from other countries.

It was made clear that this was not a recruitment drive, but a co-operative venture to enhance Chinese nurses continuing professional development, using the strengths of the Trust and the School. These nurses are expected to strengthen Shanghai's ability to work within an up-to-date Health Service meeting the health care needs of an increasingly cosmopolitan society. And equally important, to support Shanghai's (and, therefore China's) Formula 1 motor racing development since that development is attracting (as well as bringing) money for three new hospitals.

We visited Shanghai's Second Medical University. Shanghai has several Medical Universities. This was said to be the best, but it was funded as the second in the City. The University has long standing links with France, and French is widely spoken and more recent links with the UK and the USA. Whilst we were there, a floor of the Nursing School was opened, which will provide teaching and library services in English to trainee nurses. One day a week, ex-patriot English Nurse Teachers will teach nursing in English. They also have business teaching links with the Bournemouth Business School International, which offers them an English orientation programme.

We met ministers, nurses, doctors, vice-chancellors, teachers and registrars to talk about a wide range of issues which influences the preparation of nurses in order to deliver healthcare to the people of Shanghai. However the discussions focused mainly on how Chinese nurses could gain clinical experience by working in the Trust in Sheffield and access further study through summer schools or Bachelor and Master degree programmes.

It is hoped that the nurses would return to China with UK Nursing and Midwifery Council (NMC) registration, a UK degree and UK clinical experience and be recognised worldwide as a Chinese/UK nurses able to work across countries and cultures.

This is a unique venture for the School and the Trust. We will keep you informed.

Betty Kershaw
Dean, School of Nursing & Midwifery

The Sheffield Delegation at the mid-lake Pavilion Trainhouse, Yu Garden.
A First for Slovenian Nurses –

First International Workshop and Summer School on Nursing Research
University of Maribor Slovenia 27th - 29th August 2002

Professor Gusaanka Micetic-Turk
Dean of the University College of Nursing Studies, Maribor, Slovenia and Professor Peter Kokol, Dean of Research hosted their first International Summer School on Nursing Research.

Pada Proctor and I were delighted to be invited to provide workshops for this summer school particularly as we have, over the last three years, formed a close collaborative relationship with many of the staff within the college through the O.D.L.N. (On Demand Inract for Nurse Education) European project.

I met Pada in Budapest, where she was attending a conference, and after hiring a car we drove the 300 kilometres to Maribor eventually arriving very late at our hotel at 0130 hours. However despite the lack of sleep we did manage to get up in time for the morning's proceedings. Research is high on the nursing agenda in Slovenia and it has been professionally satisfying to see how individuals within the Nursing College community have progressed, some of them are now working towards undertaking doctoral research within the local population. The Summer School attracted delegates from many countries some of which included Bosnia and Herzegovina, Italy and Austria and the quality of papers and posters presented was excellent. Many of the nursing disciplines were present from the Dean of the College to students. It was reassuring to see students with such high motivation.

As usual the hospitality was second to none, although I do admit to some concern when informed that we would be going rafting down what I knew to be the fast flowing river Draa. Luckily the river trip added yet another positive note to what turned out to be quite an adventure.

Returning to Budapest was not quite as straightforward as we had hoped. Traffic congestion is not confined to England therefore we were not surprised to see our aeroplane fly off whilst we were travelling the wrong way out of an un-suggested Budapest. In the words of some one who was driving it wasn't her fault and believe me in such a predicament laughter truly is the best medicine.

Linda Nicklin
Nursing Lecturer

International Snoezelen Conference

Humboldt University – Berlin

Snoezelen is a concept, originally introduced in the field of learning disabilities (Hulsege & Verheul 1987). It consists of a wonderful environment made up of lights, music, aromas and tactile stimulations. These are collectively designed to stimulate all of the primary senses simultaneously, promoting feelings of calm, refreshment and ultimately relaxation. Since the introduction of the Snoezelen concept, many specialist care areas have become interested in the environment including elderly care, maternity, children and my own work into chronic pain (Schofield 2002, Schofield & Davis 2003) and palliative care (Schofield & Payne 2002). Thus, there is an increasing body of evidence that supports the efficacy of such an approach.

Last week, I was invited to present my research at an International Snoezelen conference in the beautiful city of Berlin at the Humboldt University. The speakers were from places like Toronto, Montreal, Israel, Japan, Sweden, Poland, Switzerland and Germany and each presented their own experiences of introducing Snoezelen along with evaluation and ideas about design. There was a really interesting presentation by a neurologist who attempted to explain the physiology behind Snoezelen, which has not been done before and demonstrates the interest from the medical field in it now developing. Following the conference we met and discussed the future of Snoezelen. Together we formed the International Snoezelen Association whose aim is to develop research and education in the field, along with standards for practice. I have assumed the responsibility for the development of an International research standard and an Internationally recognised curriculum, whilst others will develop a database of publications, website and new equipment.

A really exciting aspect was the announcement by Ad Verheul that the word Snoezelen is now included in the Dutch dictionary. The next conference is scheduled for September 2003 in the Netherlands.

Pat Schofield
Exploring the Web of Nursing in Singapore

5th ASIA AND PACIFIC NURSES CONFERENCE
November 2001, Singapore

Arriving in Singapore, we were met by the significant change in weather. Although early evening, it was hot and humid, somewhat different to our departure point of Manchester some 19 hours earlier. The conference was one of the key events on the 2001 calendar.

It was a very grand affair, well attended and well organized and fortunately delivered in English.

We felt that the conference would aid our understanding of the WUN (Worldwide University Network (www.wun.ac.uk)) opportunities, since it was a gathering point for nurses from the USA, Australia, Europe and the Asia/Pacific Region. The WUN opportunities are outlined in another article in this newsletter. This global perspective and the use of support technology became even more important after the events of September 11th. This was the first major conference for nurses since that date and the first opportunity to address the impact upon the world and its citizens of the terrorist attack and how technology may be used in reducing the need for travel even in healthcare and education. It was notable through the absence of many delegates from North America that there remained a significant fear in air travel.

Each morning we started with a keynote session, some of which were more electrically charged. But all gave an indication of the strength of development in nursing in Singapore and the surrounding countries.

It was encouraging to hear the opening remarks of Minister Chan Sow Sen who recognised the value of the traditions of face-to-face caring. As Government invested in new technology, they had to ensure that it enhanced the role of professionals and did not infringe on or change it. This view was fully supported by the delegates.

Each day after the opening keynote, we divided into themed concurrent sessions, as ever with this method it is difficult to know if you have selected the most appropriate theme, but with two of us at least we were able to cover 50% of the papers. Many of the concurrent sessions were from presenters actively working in the field of nursing very few had a technology background. We concentrated on the Research and Teaching Presentations and were reassured to find that no-one who used the web to deliver graduate courses was further developed than us in Sheffield. It seemed that there was a global problem in competence development for advanced practice. We all agreed that financial investment was needed to take this major step forward.

One interesting point raised, amongst many, was that maybe we should not see e-delivery of learning merely as a distance education tool, and maybe we should ensure students who study in our classrooms and clinical areas should have e-delivery too to support their learning. Steve Parker from Australia went on to say that there is a great opportunity missed if we ‘bore’ a delivery for one educational methodology alone, we would certainly agree with such a view.

There was much discussion raised by Alan Barnard’s paper where he considered the coldness of technology and how we in nursing view technology as a problem. Alan suggested we should start to consider technology as a solution and not something that will disappear.

It was clear that developments in the delivery of degrees in Nursing at Bachelor and Masters levels were well catered for through the US or Australian routes and that appeared to working well in most Pacific Rim countries. We found in talking with delegates that there is an upsurge in interest in clinical research, especially in nursing older people and in child health.

After the conference ended there was a celebration through a conference dinner. This was a spectacular event and was great fun for all. It made a pleasant change not to have to attend an early session the morning after the conference dinner, there is something we could learn here we feel.

During our time in Singapore, we managed to meet with Ms Ang Beng Choo the Chief Nurse and Mrs. Elizabeth Lim the Assistant Chief Nurse. It was very good of them to spend time with us and after declaring that we were not there to recruit nurses, we exchanged ideas for the future in both education and research.

Also, we were fortunate enough to meet with Mrs. Long Choi Fong the Director of the School of Health Sciences, Nanyang Polytechnic. Mrs. Long proudly showed us round her practical skills laboratories, each fitted out extremely well and extensively used during the preparation of nurses. We particularly discussed teacher/student partnerships and the Masters in Midwifery and Professional Doctoral Programme.

This was a highly busy schedule, but extremely rewarding in terms of meeting like-minded nurses and in sharing ideas and concepts. We both hope there will be opportunity either through WUN or our own initiative to carry through some of the collaborative ideas something during our time in Singapore.

Betty Kerstelaw, Dean, School of Nursing & Midwifery
Paula M. Proctor, Reader in Informatics and Telemedicine in Nursing
Three officers, a Chair, Vice Chair and Secretary, maintain the working group. Each of these roles is taken by individuals working in the field of nursing informatics through membership voting at face-to-face meetings. The last meeting of the working group was held in Hungary during MIE2002 in August, at which it was agreed that the Chair would be Patrick Webster from Switzerland, the Vice Chair would be Paula Proctor from the UK and the Secretary would be Chuan (Michael) H. Lam from Singapore. All officers carry out their role in addition to their usual employment.

Given the infrequency of face-to-face meetings, a website has been developed to disseminate information from the working group. Each European country can have a representative on the group, although sadly only a small number have taken up this opportunity. Annually a report is prepared by each representative outlining the current position of nursing/hit in it in his/her country and this is posted on the website. We encourage new individuals to take part in the group and are looking for people to put themselves forward to help in moving nursing informatics towards its rightful place of importance in such a country. The website is continually being updated and you are invited to visit it at: [http://www.nicecomputing.ch/nieuwsg/index.html](http://www.nicecomputing.ch/nieuwsg/index.html)

In Hungary a full day tutorial was held in collaboration with the Hungarian Nurses Association and EMI Nursing Informatics Special Interest Group congresses, Medical Informatics Europe (MIE) and Medinfo conferences.

P M Proctor
The University of Sheffield
BCS Nursing Speciality Group
September 2002.

Gibraltar

Gibraltar Health Authority have now been working with the University of Sheffield, School of Nursing and Midwifery for ten years to develop pre and post-registration education for Gibraltar nurses and midwives. This venture has seen many successes. Notably is the pre-registration programme on Gibraltar, different but also a number of Gibraltarians have successfully completed post-registration programmes. In addition one person has just completed a Masters in Health Care Management by distance learning.

To celebrate this success a team of people went out to Gibraltar in the summer to discuss the possibility of holding a conference in 2004. The team consisted of Professor Dana Latty Betty Kershaw (Dean), My Alsoon Matt (Dean Of Teaching), Nivs Paula Hankock (Head of the International Affairs) and myself. Dr Margaret Williams (Education Director Gibraltar Health Authority) joined us.

When we arrived it was extremely hot and as usual, our hosts were efficient, helpful and friendly. They followed three days of intensive activity, a summary of which is identified here. Gibraltar tourist board (our guide) took us on a tour of the island, in one morning! During this time we decided that St Michael's Cave would be an unusual venue for the formal conference evening meal and the possibility of doing this was discussed in great detail. The deciding factor was when Betty's mobile phone went off and the reception in the cave, which is located in the centre of the rock, was better than at Luton airport. Decision made!

Next we visited a number of different hotels and venues where it might be possible to hold the conference. We systematically examined each one with the previously agreed criteria in mind. We finally decided upon the San Antonio Hall in the middle of town and a number of different hotels at different prices next to or near to the hall. In between these visits we met with Dr Bernard Barlow, the Minister for Health Education, in the Environment who was most helpful and he and Betty agreed that Gibraltar Health Authority would host the conference in association with the University of Sheffield. We also met with a number of key people to ensure that the conference planning team would work on a regular basis to ensure that the conference had a smooth and solid research base. We formulated a tentative plan of the conference with possible titles and key speakers and we started to consider possible dates so that it would not clash with other European conferences. It will be held on the 16th and 17th of September 2004 and a call for abstracts will be in the next spring issue of International Nursing and Midwifery. I am not really a very good traveller and so I was very wary about going abroad for three days to work. However, I enjoyed the visit far more than I thought I would. I learned a lot about international work and about starting the process of conference development. I also worked a lot harder than I thought I would and the hours were longer than I expected. Also, the new and different environment was exciting but tiring. The travelling was tiring and the heat was difficult to work in and if anybody asks me if I enjoyed my holiday to Gibraltar I'll...
Launch of the EU's Sixth Framework Programme for Research in Brussels

The EU’s new Sixth Framework Programme (FP6) for Research and Technological Development was launched at a conference in Brussels on 11 November 2002. The three day conference was attended by over 8000 participants, among whom were Paula Hancock from the School of Nursing and Midwifery and Christine Cook from SCHR’s European Office.

The conference was officially opened by Philippe Busquin, Research Commissioner, and comprised panel discussions with keynote speakers, presentations, round tables and open debates, as well as participants having the opportunity to hold their own workshop, poster session, meeting or exhibition. The whole event allowed participants the chance to network and share ideas with others with similar interests, both in Europe and beyond, and to find out exactly what FP6 has to offer.

The challenge for FP6 is to transform Europe into a world leader over the next ten years as the most competitive knowledge-based economy. To help achieve this, and to contribute to the creation of a European Research Area, FP6 is structured around 3 headings.

1. Focusing and integrating Community research

There are seven clearly defined thematic priority areas, representing the major part of the research effort of the Programme. These are:

1.1 Thematic priorities

1.1.1 Life sciences, genomics and biotechnology for health
1.1.2 Information Society Technologies
1.1.3 Nanotechnologies and nanosciences
1.1.4 Aeronautics and space
1.1.5 Food quality and safety
1.1.6 Sustainable development, global change and ecosystems
1.1.7 Citizens and governance in a knowledge-based society

1.2 Specific activities covering a wider field of research

1.2.1 Supporting policies and anticipating scientific and technological needs
1.2.2 Horizontal research activities involving Small and Medium Sized Enterprises
1.2.3 Specific measures to support international co-operation

1.3 Non-nuclear activities of the Joint Research Centre

1.3.1 Food, chemical products and health
1.3.2 Environment and sustainability

2. Structuring the European Research Area

2.1 Research and Innovation
2.2 Human resources and mobility
2.3 Research Infrastructures
2.4 Science and society

3. Strengthening the foundations of the European Research Area

Activities to accelerate the coordination and development of research policies in Europe.

The tools to carry out these research activities are significantly different to those under FP5. There are two new tools, Networks of Excellence and Integrated Projects. Networks of Excellence aim to integrate at a European level research capacities which currently exist at regional or national level, with a view to developing a critical mass of knowledge. Academic-industrial collaboration will be at the core, and activities will be targeted towards long-term multidisciplinary objectives. A joint programme of activities will be essential to create a virtual centre of excellence.

Integrated Projects will have scientific and technological objectives and will be directed at obtaining specific results in terms of products, processes or services. Both tools will attract funding to the value of millions of euros, due to their potential size and the fact that they can be supported for up to 5 years.

In addition to these 2 new tools, there will still be opportunities for smaller scale individual projects, at least during the first year of the Programme. These Specific Targeted Research Projects or Innovation Projects will be specifically focused to improve or develop specific products, processes or services, to meet other needs of society and Community policies or to prove the viability of new technologies. Coordination activities will cover such activities as the organisation of conferences, meetings, personal exchanges, the exchange and dissemination of good practice, the setting up of information groups, expert groups etc., while Specific Support Actions can be used to prepare for future activities, including monitoring and assessment activities, by supporting conferences, seminars, working groups, dissemination activities etc.

Apart from these new tools, the Programme places great emphasis on the promotion and development across Europe of human resources and mobility. The budget available for such activities is double that available under FP5, and a number of new initiatives for exchange of research personnel and their recognition within institutions have been introduced under the extended programme. Some of the schemes are also open to international researchers.

The first call for most of the FP6 activities are due out in December 2002, and deadlines are expected to be around March 2003 initially, although this will vary slightly for the different priorities. Work programmes are not yet finalised, but the latest draft versions are from the following website:

http://www.cordis.lu/fp6/

A partner search facility has also been set up to help individuals or institutions to identify collaboration possibilities. It can be found at:

http://cordis.europa.eu/search_form.xm

Christine Cook
European Administrator
School of Health and Related Research.
Distance Learning Programmes for Pakistan

Distance learning offers great opportunities for nurses in the developing world. Many developing countries are mostly rural with limited communications and infrastructure outside the major towns making it very difficult for nurses in rural communities (who are often the only health care worker for many miles) to update their skills and study at a post-basic level.

The Aga Khan University School of Nursing (AKUSON) based in Karachi, Pakistan (but also with campuses in East Africa) is seeking to be the first to offer distance learning to nurses in Pakistan. To this end Aruna Lakhani and Nagma Revi, Nurse Lecturers from AKUSON, spent a week working closely with Chris Dowd, Senior Lecturer in Multimedia and Distance Learning, to develop nursing modules for Pakistan.

Aruna and Nagma visit St. Anthony Day Unit with Sister Maggie Coldrick.

They aim to introduce traditional distance learning modules in March 2003 with a view to transferring these modules into a multimedia format in the future.

Aruna and Nagma’s visit was part of the British Council funded link between AKUSON and the School of Nursing and Midwifery which follows the successful implementation of AKUSON’s first Masters in Nursing course in Pakistan, which is now entering its second year.

In addition to exploring distance learning, Aruna and Nagma also took the opportunity to visit clinical areas in Bolsover and Bakewell.

Robin Richards
Nurse lecturer

Regulating Nursing in Pakistan

Between the 14th October and the 3rd November 2002, Janet James and Peter Goward visited Pakistan as part of a World Health Organisation consultancy to:

- Review the overall nursing and midwifery regulatory system
- Assist in strengthening the nursing and midwifery regulatory system
- Advise on the development of Standards of Practice for Nurses, Midwives and Lady Health Visitors
- Prepare a plan of action for implementing the Code of Conduct and Standards of Practice for Nurses, Midwives and Lady Health Visitors

Regulatory mechanisms for nurses, midwives and Lady health visitors in Pakistan are at a relatively early stage of development. There has been considerable progress made over the last decade, which has formed a strong foundation for future development. There appears to be an appreciation and commitment to generate a robust regulatory framework as part of the overall quality assurance system. However, the work to achieve that goal is complex and will take time to complete.

Through a series of three intensive workshops, augmented by documentary analysis and interviews, it was possible to envision the regulatory and quality assurance systems for registering newly qualified members of the profession. This was partly by suggesting a redesigning of current roles within the Pakistan Nursing Council (PNC) as well as identifying new areas for generating standards for education, as these are existing systems for inspection of educational institutes. It was identified that the creation of an “Education Officer” post would strengthen the systems and provide the impetus for further development of criteria for the selection and training of inspectors as well as a more standardised system of reporting to build upon.

The majority of the time in the workshops was spent on existing in the creation of draft standards for practice and a draft code of conduct. This, alongside the creation of a Practice Officer role within the PNC, will support the existing code of ethics in raising the level of individual performance, at least to the level of safe practice, and ideally to the level of knowledgeable and informed practice.

While in terms of meeting the objectives the visit could be judged a success, real success will only be achieved by the implementation of a comprehensive and cohesive regulatory system. This may be some way off, however the PNC now have most of the elements in place, albeit at an early stage of development, and there is a visible commitment amongst nursing leaders to work towards this ultimate goal.

It is hoped that support can be gained for future visits in order to capitalise on the strong start and further enhance the relationship forged between the Nurses and Midwives of Sheffield and Pakistan over the last ten years.

Workshop to draft standards of education and practice for Pakistan.

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