THE LINK

Newsletter for Nurses and Midwives

Editorial

'You really helped me start having great hopes for professional nursing practice in Malta'

This is one of a nurse's thoughts sent to me after the last edition of The Link. Other comments included ***'it showed your character and personality'*** and ***'it was a breath of fresh air'.*** Yes, I guess when one writes his/her opinions on paper for everyone to read and scrutinise one's personality is exposed. As a person I have strong beliefs about how nurses should act and perform as professional practitioners and I guess this is what keeps me going. In fact, another nurse told me that I was being ***'a bit too unreal and that I was an idealist'.*** On this point, whilst not defending myself in any way, I would like to mention that I think this is one of the reasons that I am still proud to be a nurse and also why I still strive for professionalism in nursing. Not long ago, an experienced nurse told me that I should not try and 'run before walking'. On expressing this to a close friend of mine it was suggested that we as nurses should be cautious, but we should still believe in the ideal because otherwise we would tend to crawl rather than walk (let alone run). Better some movement than simply standing still! Organisational developers tell us that resisting change can take up as much energy, if not more, than undertaking developments themselves. This would seem to be a loss of much needed professional energy and for no gain. I trust that the energy I put into my nursing is not wasted and although at times it might seem as though I am an 'idealist' I believe in nurses and nursing as a profession.

Last week nurses participated once again in an International Medical conference in Malta – The European Academy of Dermatology and Venerology. Over 120 Maltese nurses attended this event that ran alongside the main medical conference. Speakers from the United Kingdom, United States, and South Africa presented papers on Skin Care in Nursing. It was a real experience listening to these expert nurses from a variety of cultures and backgrounds discuss their work. What impressed me is that all these nurses started from nothing, because skin care nursing was not seen to be a speciality area, but their achievements gained today were astonishing. This sort of activity gives me more energy to continue with what I believe in.

Finally, I would like to thank all of you who gave time to send me your valuable opinions, suggestions and constructive criticism. This encourages us all working on The Link but most importantly helps us improve the quality of our endeavour.

Corinne Scicluna
Editor

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The EN to SN Conversion Course

After months of preparation, the EN to SN conversion course is underway.

For those who did not have the opportunity to attend the power point presentation, organised a month ago by the Directorate Nursing Services whereby information about the course was explained, I will briefly summarise the course structure. The EN to SN conversion course is distributed over a 16 month period where taught lectures will be delivered about different subjects covering mainly nursing skills and practice. Each semester, three in all, is divided into four months of teaching and two months of clinical placements except for the last semester, which comprises only two months of teaching and two months of preparation for the final examinations.

Lecturing will be delivered by qualified staff with sound academic backgrounds. This safeguards the validity, reliability and credibility of the course. Subjects like professional development, medical and surgical, study skills, clinical skills, psychiatry, maternity, management, research, and community care are all included. Such structured modules are expected to instil a dynamic approach of teaching throughout the course.

Plans for students to be mentored on their place of work and during their clinical placements have also been drawn up and ready to be implemented. The idea of preceptorship has been adopted and a framework on how students will be followed by appointed clinical staff is already in the pipeline. Students will have a pre-determined amount of contact time with their respective preceptors. Such contact helps students air their problems through a trustful and mutual process throughout the course. Furthermore students will have the opportunity to see their preceptors as role models performing nursing tasks in their own clinical environment.

The fact that 700 enrolled Nurses applied to pursue the course demonstrates great interest and fills the directorate with encouragement to focus most of the energy on this course. Choosing 36 nurses per course intake is no easy task and hence a selection board was set up who adopted admission criteria based mainly on nursing experience.

To minimally disrupt the daily ward routine, nurses were selected, through calculated ratios, from different hospitals, clinics and departments. This process is healthy as nurses from different areas of work come together and share their experiences. It also provides a healthy sense of skill mix between students.

I cannot end this article without thanking my new work colleagues at the directorate whom I found in them great co-operation and support, and my course predecessors at the Institute of Health Care who made my walk into office a very smooth one.

Vince Saliba MSc Educ, Dip HE (Man)
Coordinator EN to SN Course

Upcoming Events

Nursing our Future

Changing with Specialisation

9th May, 2003

Radisson SAS Bay Point Resort

Application forms are enclosed in this issue. Kindly fill in and submit ASAP to avoid disappointment.

The EU, ME and U (2)

Recognition of Profession

The European Union (EU) is a group of countries committed to social, economic and political integration. The European Community (EC) was established by The Treaty of Rome way back in 1957. This Treaty guarantees that each EC citizen has the freedom to work, seek work, start a business or provide services in any EC member state.

However although it was intended to provide for the free movement of citizens with the Treaty of Rome, member states were not obliged and often did not recognize professional qualifications obtained in other member states. This was an obstacle for the freedom of movement in general. This brought about the two different approaches known as the EU Directives.

These Directives known as Sectoral Directives and General Systems Directives facilitates the professional qualifications that are accepted within the EU. In some professions, including nursing, depending on the education and training of the citizen, both Directives can be applied.

The Sectoral Directives were achieved through a process called *harmonisation*. In this process the advisory committee agreed on a minimum standard for the profession concerned with regards to the length and content of education and the training programmes leading to a qualification recognized by all EU members. This allows for the free movement within the EU for EU citizens, who fall under one of the identified professions with the appropriate qualifications, training and education. These professionals are midwives, nurses responsible for general care, medical doctors, general practitioners, dentists, pharmacists and veterinary surgeons. Each of these professions has specific Sectoral Directives.

Unlike the Sectoral Directives the General Systems Directives are based on a process called *recognition*. This means that an individual recognised as a professional in one EU country must be recognized in the same the same profession in any other EU country, as long as the profession is a regulated one. This is more flexible and easier to apply and at the same time maintains professional standards, but the definition of a regulated profession is not always straightforward and can cause some difficulty. Since there are no conditions for education stipulated in the General Systems Directives, the individual's qualifications are assessed by the designated authority in the EU country where the individual applies. It is likely that the authority requests an orientation period or the individual may sit for an exam.

With regards to nursing, this is the route to be undertaken by those nurses who do not fall under the Directives stipulated for nurses in general care in the Sectoral Directives. These include Enrolled Nurses, nurses who have done initial specialist training or those who have done post qualification specialisation training after doing training in general nursing according to the Directives and want to be recognized with the speciality obtained.

The Directives are numbered as follows for those who are interested in knowing them in more detail:

Directive 89/48/EEC and 92/51/EEC for the General Systems Directives

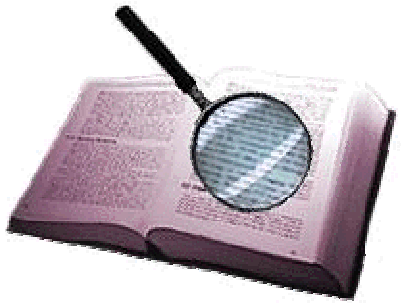
The Sectoral Directives for nurses responsible for general care are 77/452/EEC and 77/453/EEC

The Sectoral Directives for midwives are 80/154/EEC and 80/155/EEC

Source of information European Health21 Target 21

Marisa Vella
Staff Nurse

Spirituality in illness and care



Research on *spirituality* in Maltese patients with a life threatening illness, conducted by the author, indicated that spiritual needs are given little attention in care. This may be because nursing care has been following the medical model, which

focuses mainly on the physical perspective of patients. This book defines *spirituality* from literature and from the Maltese patients' experiences. Spirituality is characterised by wholeness, which unifies the bio-psychosocial dimensions. This book voices patients' spiritual experiences during their illness and care. *X'jaf min ma garrabx*! *It's experience, which teaches!*

It consists of 15 Chapters incorporating research studies on spiritually related concepts including, impact of illness, spiritual distress, helpfulness of prayer and life satisfaction. Also, this book compiles research on how nursing can meet patients' spiritual needs by rehabilitation and spiritual care, exhibited by six case studies on *real* patients.

This book presents interesting findings from a comparative study between patients and qualified nurses, students, hospital and community chaplains regarding the role of the nurse in spiritual care. It includes also reflection exercises, highlighted by a number of coloured pictures, which separate the chapters.

This is the first book of its kind in Malta! Reviewed by Maltese and English experts in the field. This book applies to patients, nurses, students, chaplains and all health carers.
Selling price: Lm3.50.
This book will be selling during the DNS Conference at Lm3.00.

Author: Dr. Donia Baldacchino - Malta
Forwarded by Dr. Linda Ross – Wales

Reminder

Interested nurses are reminded to start working on their abstracts for the Commonwealth Nurses Federation Conference to be held in Malta in March 2004. A lot of Maltese participants are required, therefore start planning about it NOW!

For further details contact Ms. Corinne Scicluna on 25952053 or pager no 356 2053.

Changing with Specialisation

A specialist nurse develops the role by enhancing his personal skills in a particular aspect of nursing over and above that of a general nurse. This expertise is gained through experience in the particular field as well as furthering their studies. Reasons for the creation of such positions include the continuing growth of medical and scientific knowledge, rapid technological advances and the consequent growth and development of nursing knowledge and skills. This results in higher requirements in the field of nursing knowledge and skills, making it complex for any one person to master in full.

Many see the necessity for and advantages from specialisation, others fear that development will grow out of control, fragmenting nursing care, therefore weakening the holistic nature of our profession. In such circumstances one can opt either to be indifferent to change or else act on an orderly development.

What do we mean by an **orderly development**? An orderly development comes about with a structured framework for the growth of such a branch in nursing. The Directorate Nursing Services is collaborating with the Institute of Health Care to provide such a framework for the local situation. This is possible with the collaboration and sharing of experiences from other professionals around the continent. Through contact and networking, what we plan now will be in line with the regulations for future recognition.

Providing a framework for specialisation in the local scene will encourage more nurses to further their studies.

This year's conference for the Directorate Nursing Services will focus on specialisation in nursing. Guest speakers include Dr. Maria Cassar who will be presenting a paper on *Specialised and Continuing Education in Malta,* and also Prof. Dame Betty Kershaw who will share her experience on specialisation with her paper *Nursing our Future*.

Maria Busuttil
Staff Nurse