

# IN FLIGHT NURSING NEWS

[www.rcn.org.uk/inflight](http://www.rcn.org.uk/inflight)

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## Further information

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From VAL PITMAN

## Editor's note: In this issue

The end of April found Rita and myself Harrogate-bound to spend three days at RCN Congress with colleagues Gerry and Mark. We did a good job at advertising the IFNA by sporting sky blue polo shirts with the logo "In-flight nurses do it better at altitude" – certainly attracted a fair amount of attention!

We held two sessions to promote the profile of the Association, one combined with the RAE. Unfortunately neither was as well attended as hoped for, probably due to picking the short straw when it came to timings! Both were on Student's Day – one at the beginning, so far too early for the party-goers of the previous night and the second at the end of the same day, when many had disappeared to get dolled up for that night's party! Nevertheless, the folk who did show up were very positive about the presentations and, as I said, we didn't exactly go unnoticed!

Sadly, in May we lost one of our best known flight nurses. Many of us only knew Bridget Collier from the RCN In-flight course but gosh, what an impact she made with her knowledge and enthusiasm! Thank you to her friend and colleague of 17 years, Joyce Hedderly from Europ Assistance, who has written such a moving obituary on page six to a lady who will be greatly missed.

Another big thank-you to Catherine Gates for her account of that amazing trip to Greenland – what an experience! Read all about it starting on page four.

Like everybody in IFNA, I always recommend that nurses complete the in-flight course before embarking on a career in our line of work. However, realistically there are many nurses out there who have masses of experience and have been flying for some time without the official qualification. Although some do go on to do the course, others veer towards the CCAT (Clinical Considerations in Aeromedical Transportation) at Guildford University. In fact I know several nurses who have attended both. Many thanks to Caroline Hinder from AXA Assistance who has recently successfully completed the course (*congratulations!*) and has kindly written her views on page eight.



## It's your vote **Use it!**

RCN Council is urging everyone to use their vote in this year's Annual General Meeting. The key votes at the AGM 2005 – both on the RCN subscription – are particularly important for members. One proposes a five-year trial period, with Council being able to raise the annual subscription up to a limit of 6 per cent from 2007. Any

proposal for more than this will require a vote of all members.

Members are also being asked to back a 4.8 per cent increase in the subscription for 2006. The increase reflects the robust infrastructure needed to run services to members, whether it is support in getting the best

from *Agenda for Change* or developing dedicated services for particular nursing specialties.

If you want to find out more about the proposals being voted on at this year's AGM, or want more information about attending, go to the RCN website at [www.rcn.org.uk/agma](http://www.rcn.org.uk/agma)

VAL PITMAN says it's time to hang together – or we'll all hang separately!

# When cheap is not necessarily cheerful

More and more stories are coming to the fore regarding the way repatriations are being organised these days. There is no doubt that cost-cutting exercises are becoming more commonplace.

I think we all agree that this is important and there are certainly times when vast amounts of money have been spent unwisely – for example, stretchers being used for patients who would be far more comfortable seated. Indeed, I've had a patient clamber off and sit quite happily beside it ... from Australia!

However, there is a fine line to be observed when cutting costs by using cheaper airlines, departing at ridiculously unsociable hours and jeopardising patient's health and safety, let alone that of the nurse's!

There is much to be said for using the low budget and charter flights in certain circumstances when they provide direct routes between local regional airports, but it seems that they are becoming more of the norm in these times.

**“As long as there are nurses out there who ... are prepared to compromise the patients and themselves, then these repatriations “on a shoestring” will continue. ”**

Now that BA has stopped carrying stretchers, quite often we have to road ambulance the patient to the other end of the country, then come all the way back to be dropped off at the car park before driving home – at great risk to ourselves, not to mention the other road users!

## Do you dare be your patients' advocate?

Recently I heard about a freelance nurse who turned down a trip on the grounds that the planned itinerary would be extremely detrimental to a patient who was already in a vulnerable state. Rather than listen and attempt to find a more suitable method of bringing this patient home, the assistance company found another, probably less experienced, nurse who was prepared to do it, and the poor patient had no say in the matter. To add insult to injury the nurse with high standards of patient care was punished by not being offered work for a month!

I don't know what the answer is. What I **do** know is that we have to be our patients' advocates: they have little else. Of course companies are going to look for the cheapest options, but it is up to us to consider the safety aspects from all sides.

As long as there are nurses out there who, for whatever reason, are prepared to compromise the patients and themselves, then these repatriations “on a shoestring” will continue.

So please – can we be united when it comes to refusing trips that are so unreasonable that they are bordering on dangerous? Or is it going to take the serious injury or even death of a patient before the assistance companies realise that they have been asking just too much from all of us?

## This worries me

One major aspect of this is that budget flights are more often subject to delays. Despite the recent introduction of penalty fines, it seems that if flight slots need to be delayed, let it be the cheaper ones whose passengers have paid peanuts (in some cases) and are going on holiday, rather than the scheduled flights whose passengers have paid more and are often travelling on business.

A long outbound delay can mean that there is less time to visit and assess the patient, and this can have enormous implications for the successful outcome of the repatriation. An inbound delay with the patient can involve hanging around an unsuitable airport without proper facilities, not least a comfortable lounge for the patient to relax in. And then, of course, there's the common occurrence of missing connecting flights.

The other thing we've noticed is the timings of some itineraries. Many involve night flights and these are not long-haul, but relatively short hops within Europe. It is not unusual to leave at 06.00/07.00, which means that patient and escort have probably been up since 02.00 and may have two or three sectors to fly in that sleep-deprived state.



## Maxi Nursing:

Innovation & excellence conference

Tuesday 18 – Wednesday 19 Oct 2005, Westminster Central Hall, London

If you are interested in extending the boundaries of nursing and health care, the Maxi Nursing conference is for you.

Celebrate nursing across all areas of health and social care and hear examples of best practice in new and extended roles where nurses are maxi nurses, not mini doctors.

### Hear from...

RCN President, Sylvia Denton, OBE FRCN

RCN General Secretary, Beverly Malone, RN PhD FAAN

Richard Smith, (speaking on the Evercare Project) Chief Executive, UnitedHealth Europe, and former Editor, BMJ

A senior Government Minister

A panel discussion with the UK Chief Nursing Officers (or their representatives)

**To book:** Download the booking form from the RCN website or book online and pay with your credit/debit card. Please visit [www.rcn.org.uk/agm](http://www.rcn.org.uk/agm). Alternatively, please call 020 7647 3581 for a booking form

## Letter from the Chair

# ‘... terrorists cannot be seen to win.’

No one can ignore the recent events in London. The RCN IFNA offers its condolences to families and friends of those lost or injured. Meanwhile terrorists have also attacked a major tourist resort in Egypt. While we should not assume this is related, what is clear is that terrorism can involve anyone.

The nature of terrorism is to create chaos and affect day-to-day living, travelling and tourism. It is evident that the events in London will affect tourism and, in turn, the economy. Likewise over half a million Britons travel to the resort of Sharm el-Sheikh. British and other holidaymakers travel widely, and one should be aware of the potential risks in the current climate.

The message is: terrorists cannot be seen to win, and while travellers may assess their travel plans; this will be playing into the hand of terrorists.

In-flight nurses will be carrying out their duties worldwide, offering repatriation assistance to anyone, anywhere they are required. Travel is part of life for in-flight nurses, and we will be supporting the public in times of need and repatriating them successfully home.

### On a different front ...

It is becoming obvious that the only governance being considered within in-flight nursing is financial. Recently, the Financial Services Authority (FSA) intervened in irregularities by an insurance company, resulting in one of the few assistance companies in the north to stop operations. On page one, Val Pitman discusses the concerns we at the RCN have about money being put above safety and patient care. Every assistance company employs a nurse and medical lead yet, despite this, clinical governance is often being given second place.

Standards of care for the most part are improving, yet operational decisions are often focusing on financial aspects above clinical governance. If we asked the public whether they would choose coming home safely over paying a few pounds less, I suspect many would want safety.

While all companies focus on finance, clinical governance is about doing things right first time. It is about reducing risk, and improving quality and safety. The IFNA recognises there is a balance to be addressed, but there is also a fine line between acceptable and improper practice.

The IFNA will be raising this issue with the Department of Health and others as we are becoming increasingly concerned for the quality of care and safety of patients, and the impact of increasingly long journeys on nurses. Nurses must remember they are advocates for patients and this may mean challenging other professionals on the appropriateness of some operational decisions, especially when care or safety maybe compromised.

The time is coming for aeromedical organisations to either regulate or be regulated. The latter is not what they wish for. With the amount of money being spent on actual repatriations, the welfare of both the patient and the in-flight nurses or doctor cannot be underestimated. In-flight nurses are important personnel who give value for money.

Patients respect the work we do, but does the industry?

The IFNA advises all nurses who are affected by their assistance company in their duties as a nurse to contact their local RCN office (details on your membership card), and tell them of any problems. You will get assistance and support.

**Gerry Bolger**

## Some recent publications

### *An aeromedical vade mecum or handbook for aeromedical flight crews*

is a handy pocket-sized publication by Dr Peter L d'Ambrumenil. It looks at physiology tables, medical conditions and suggested sources of information. The book is useful for assistance companies, as it has overseas embassy data and other clinical and operational information. While not cheap at over £19, it is a useful resource. ISBN: 09535920 0 X

### *Drug administration*

The area of medicines and drug administration has been a hot discussion topic lately and a recent clarification and guidance document has been made available to all IFNA members via our website at [www.rcn-ifna.org.uk](http://www.rcn-ifna.org.uk)

The document has input from the RCN Co-lead in Medicines Management, the Department of Health, RCN legal and professional advisers, and an external pharmacist to clarify the position on medicines from an in-flight perspective.

The guidance is the most up-to-date on medicines management from a UK perspective and clarifies the roles of all organisations including that of assistance companies and their directors. It is a must-read for all in-flight nurses and will be updated regularly.

It was mid-August and CATHERINE GATES' assignment was to repatriate a woman who had fallen while trekking and sustained complicated tibia/ fibula fracture, as well as a colles fracture. She had a lot better time in Greenland than her patient did!

# Greenland: Icebergs, Inuits and 24 hour sunshine

The plan was to bring my patient back on a stretcher using a scheduled airline (Air Greenland) Kangerlussuaq to Copenhagen, combined with air taxis from Ilulissat to Kangerlussuaq and from Copenhagen to Nottingham.

Outbound, I tried with all my might to get a window seat on the Air Greenland flight from Copenhagen to Kangerlussuaq, but not a chance! People had pre-booked their window seats months in advance and the flight was chock-a-block – *drat!*

The airline is pretty good – obviously run by SAS, but mainly staffed by Inuit Greenlanders. My first introduction to Greenlandic was to hear it on the safety briefing. I was expecting Danish or something that sounded vaguely Danish, but Greenlandic is completely different. It sounds slightly guttural with lots of short words and consonants. It apparently is very similar to the language used by the North Canadian Inuits, which makes sense when you think about it. The nearest thing I had heard before was Klingon!

First stop was Kangerlussuaq on Greenland's west coast, a little south of the Arctic Circle. Known as "the Gateway to Greenland", nearly all flights to the rest of the country go from Kangerlussuaq or via there from Nuuk (the capital).

Kangerlussuaq was a US military base until 1992. The airport is tiny with just one international gate and one domestic one. However everything is attached to it: the two-bedded hospital, A&E with one nurse running the show (she does midwifery, plastering, paediatrics, psych – the lot!), also the hotel, café, restaurant, bank and tourist shops, all under the same roof.

*They are always looking for recruits so ... it may be an opportunity of a lifetime.*

Across from the airport are a few apartments and a hostel which houses the entire population of 400 people. I had approximately four hours to kill at this airport and luckily it was a warm sunny day, so I got myself a coffee and sat out on the balcony to watch the runway – not for the whole four hours, I might add.

It was warm, about 12°C – fleece on, fleece off, fleece on sort of warmth. It was interesting to watch the goings-on at the airport (not that I am an anorak, but this was a little different). For the flights in and about Greenland, Air Greenland use Dash 5 and Kingairs. Many of the Kingair flights seemed to be transferring stretcher patients.

A patient was transferred onto the Air Greenland Copenhagen flight on which I had just arrived (Airbus A330), then an ambulance appeared, loaded another patient onto the Kingair which went off to Canada complete with Sky Service Canadian flight medics. I got the impression that the Denmark flight regularly has stretcher patients on it.

## On to Ilulissat

Got myself a window seat on the Dash 5 and spent 45 minutes with my nose glued to the window, camera in hand. The short flight took us just along the edge of the polar ice cap. Below was a rugged, barren, rocky terrain laced with lakes and no sign of life whatsoever.

As we approached Ilulissat and crossed Disko Bay there was ice and icebergs *everywhere* – it was stunning. The town itself was clear of ice, again bathed in warm sunshine. The Hotel Hvide Falk was directly on the coast with a view from my room of blue water dotted with icebergs.

It was all I could do to tear myself away from my window to visit the patient. As it happened the hospital was a minute's walk away and also situated right at the water edge with the same amazing views.

## A little about the hospital

It is very small with a tiny but busy A&E department and just the one ward. Many of the Inuit population there have alcohol-related problems. The hospital is staffed by a mixture of Danish and Inuit nurses who handle the entire range of specialities with near-complete autonomy. It was a modern, cosy place with good but limited facilities and a high standard of care.

All the temporary staff there loved the place and many come back again and again. Specialists visit from all over to take theatre lists and run specialist clinics. They are always looking for recruits, so if you are interested it may be an opportunity of a lifetime. Danish nurses usually go there for two-month stints. On my flight over I spoke to a Danish doctor who was going there for two weeks to run an endoscopy clinic. He does this three times a year.

Ilulissat is a small town with one supermarket, two churches, one school, a couple of restaurants, three hotels and a handful of tourist offices. It has a large harbour full of fishing boats, the odd



tourist cruiser and the occasional supply ship. Fresh vegetables are delivered every 11 days from Denmark during the summer. During the winter no further supply ships are able to get there for seven months! They have to stock up well in advance.

The population numbers around 4,000 people and 2,700 husky dogs. All the buildings are built with imported wood and are brightly painted. There are various apartment blocks and houses, all with sleds hanging on their outside walls. Outside most of the houses huskies are chained up, looking fed-up, willing the summer to end so they can get back to their work.

The Inuit people, although initially suspicious and withdrawn toward strangers, are friendly and warm. It just takes a smile and they try to talk to you though not many speak English so conversation is interesting! They are simple people leading simple lives far removed from the 21st century stresses we all endure on a daily basis. Hunting and fishing are their main pastimes (survival depends on it). The atmosphere was so relaxed as they were enjoying the 24-hour sunlight with no need for clocks at this time of year. Kids were riding their bikes at one in the morning- no worries!

### ... fish, fish and more fish!

The local diet consists of seal, polar bear, reindeer, whale and of course, fish, fish and more fish! There are no vegetables, trees or flowers grown there. Their one graveyard is festooned with artificial flowers! Best of all, there is no McDonalds, although you can get hot dogs and burgers at the restaurants.

Ilulissat is north of the Arctic Circle in Disko Bay. Some 50km away is the mouth of an ice glacier which is the most productive glacier (iceberg-producing, that is) in the world. This glacier is shrinking fast at a rate of one metre every hour. Every day it produces icebergs containing the equivalent amount of water to what New York consumes in a month. The glacier is 5km wide and from its mouth and the area all the way down the 50km fjord to Disko Bay, it is tightly packed with icebergs waiting their turn to drift westward.

*Sometimes this is the best job in the world ... I am going to dine out on this trip for ages.*

### The midnight sun ...

At this time of year there is bright sunshine all day and night, and the sun never really sets. It is confusing for the old body clock. If you make the mistake of peeking out through your curtains at midnight, your brain gets the message that it's daytime and you are immediately wide-awake!

It feels pleasantly warm with a very dry atmosphere, but the minute there is any cloud cover or wind the temperature seriously plummets. It can snow anytime of year.

I was lucky enough to take a trip on a fishing boat all around the local icebergs.

They are **huge**, some a good 400m high, all shapes and sizes, and truly beautiful. Photos do them little justice. Not only are they amazing to look at, but in the silence of the fjord ... once the boat engine had been turned off, you can hear them creaking and groaning. There is also the sound of water melting from them into the sea forming mini waterfalls. The sound an iceberg makes when it "calves" (when large chunks break off) is ear-splitting. It made me leap out of my skin!

I got extremely cold out in the fjord despite wearing my winter skiing fleece and waterproof coat. I was shivering and this was summer! The boat man had hot tea to hand, but he seemed fine in just a t-shirt – hard nut! There were four of us in the trip, including a medical student, psychologist and teacher, all Danish and doing their two-month stint there. Even they were freezing!

### But what about the patient?

The trip home was uneventful. Air Greenland supplied the initial Kingair air taxi, and were efficient and experienced at medical transfers so it was a slick operation.

Point worth noting: Air Greenland apparently insists that all stretcher patients are catheterised for transfer, which the hospital was aware of and had done in advance even though it was really unnecessary for this particular patient!

The transfer onto the scheduled flight at Kangerlussuaq went without incident. We were housed in the small hospital at the airport while waiting to be boarded. As the ambulance staff seem to do stretcher transfers on a regular basis, they were efficient and there was plenty of muscle around to carry the patient up the stairs onto the awaiting Airbus 330.

All faces were once again glued to the windows as we flew over Greenland. The views were breathtaking on a clear, cloudless sky. My patient was in danger of a neck injury as she could not resist twisting around to catch the passing vista below, camera in hand!

Sometimes this is the best job in the world and I am going to dine out on this trip for ages.

# RCN In-flight Nurses Association

Forum Business/Strategic Plan 2005–2007

	In-flight Objective	Delivery Date
1	That the IFNA develops and defines the roles of the specialist practitioner and consults with the key stakeholders.	2005
2	That the IFNA develops key standards around care and operational issues expected by users and stakeholders related to in-flight nursing.	2005
3	That the IFNA with stakeholders develops guidance around medicines and drug administration.	2005
4	That the IFNA with its stakeholders develops clear health and safety guidance on issues related to in-flight nursing.	Ongoing
5	That the IFNA works with key stakeholders to be recognised as the representative group for in-flight nurses.	Ongoing
6	That the IFNA develops with assistance companies the key terms and conditions of engagement to include EWTR.	2005
7	Develop a noticeboard/database access for support and information.	2006/7
8	Develop links to promote IFNA on the international stage.	2006/7
9	Develop patient and public involvement strategy for in-flight nurse users.	2006/7
10	Develop educational standards to include a higher level of education by distance learning.	2006/7

An appreciation of a much-missed colleague by JOYCE HEDDERLY.



## Bridget Mary Collier 1960–2005

With her older sister Alison, Bridget was brought up in Lea, Lincolnshire. Her earliest ambition was to become a PE teacher, and to that end she qualified as both a tennis umpire and a gymnastics coach.

However, it was nursing which overtook that ambition and she became a registered general nurse at Charing Cross Hospital in 1981. She then moved into the realm of intensive care nursing where she became a senior sister at Atkinson Morley Hospital.

For a few years she worked at Mondial Assistance and then moved across the road in Croydon to Europ Assistance where she became Chief Nursing Officer.

Bridget was held in particular regard for her decision making and always maintained high professional standards. She was also well known for her unbelievable ability to recall things.

She was always available with words of encouragement and sympathy to any member of staff who was in a crisis, and she could be relied upon for total confidentiality.

Bridget had a high profile at Europ Assistance and featured in a Cutting Edge television documentary filmed in Haywards Heath. She also was one of the lecturers at the In-Flight Nursing Course held at the RCN, London.

In 2001 she moved to a flat in London with her partner, Giordano Abbondati, a consultant anaesthetist. Sadly, his health began to deteriorate shortly after this and eventually he was to lose the battle against his illness on 21 April 2005. Bridget was devastated by his death and tragically the following morning she took her own life.

They were cremated together on 11 May at Randalls Park Crematorium in Leatherhead, Surrey. The room was packed with family and friends, and many staff from Europ Assistance, past and present. A number of in-flight nurses were also there to acknowledge their sadness and pay their respects.

Bridget is obviously very much missed by her family – Alison, Richard, Beth and Jamie – and by all the staff at Europ Assistance, but the world of in flight nursing UK has also sadly lost a well-known personality with a wealth of insight, experience and knowledge.

## NEWS IN BRIEF

### NMC consultation

The Nursing and Midwifery Council is consulting on renewals and the third part of the register for registered CPNS (district nurses, health visitors and now including occupational health). Information is available on the NMC website at [www.nmc-uk.org](http://www.nmc-uk.org)

### Conference update

RCN Events is managing a two-day conference on behalf of the RCN IFNA and, with half of the places sold, we urge you to book your place now to avoid disappointment.

The programme will be finalised later this autumn, but there is already a wide range of speakers for the event. We're also having a poster presentation that's open to any organisation wanting to display.

### Competencies

The IFNA has completed a second draft of the competencies, now being assessed by the lead in the RCN. We recognise that there has been a delay with these being finalised; however, the RCN wanted to ensure that all competencies produced were aligned both for the Knowledge and Skills Framework (KSF) and the Skills for Health competencies. More information will be available on the RCN IFNA website at [www.rcn-ifna.org.uk](http://www.rcn-ifna.org.uk)

### E-learning with UKHEP

The UK Healthcare Education Partnership (UKHEP) has been established by the RCN in partnership with three leading universities (City, Leicester and Ulster) to offer e-learning modules and programmes to post-registration health care professionals. With UKHEP you can study CPD modules or get your BSc degree -all entirely online.

If you have been putting off studying due to a lack of time, remember that

UKHEP aims to enable health care professionals to return to studying without having to alter their current busy lifestyles. E-learning is a really flexible way of studying that can be fitted around professional and personal commitments.

There is still time to enrol for September 2005. Email [ukhep@ukhep.co.uk](mailto:ukhep@ukhep.co.uk) for a prospectus and application form or call 0845 601 8107. Read more about UKHEP at [www.ukhep.co.uk](http://www.ukhep.co.uk). If you are still undecided or unsure whether you are eligible to enrol for the BSc programme, contact UKHEP during office hours on 0845 601 8107.

### Email updates

The RCN can hold email addresses for members. To ensure your details are correct contact RCN Direct on 0845 772 6100 and check your details, including membership of forums.

### Volunteers

Royal International Air Tattoo (RIAT), held annually over two days at RAF Fairford, is one of the largest air displays in the world. RIAT offers opportunities for nurses to support the large onsite medical and nursing team, working alongside RAF and other nursing and medical personnel. If you would like information for RIAT 2006 and are willing to volunteer your time, contact Gerry Bolger at [gbolger@bojac.co.uk](mailto:gbolger@bojac.co.uk) and he will pass your details to the RIAT medical co-ordinator.

### RCN Council elections

RCN Council comprises the member trustees of the RCN. This year there are a number of places available in many parts of the country. We urge you to take a few moments to read the short manifestos on the RCN website ([www.rcn.org.uk](http://www.rcn.org.uk)) and use your vote in this year's elections. Please note that the closing date is 21 September.

## Professional Development Framework: have your say!

RCN Council has started a review of professional services being delivered by the RCN in a project known as the Professional Development Framework (PDF). The PDF in its simplest terms is a concept on how RCN member services will be delivered.

The aim is to improve the quality, accessibility, flexibility, equity and cost effectiveness of those services through integrating and refocusing what we do. In practice, this might also mean a number of changes to the way our forum membership structure is organised and how the RCN itself operates.

In terms of the design of the new framework, it needs to be:

- easy to understand
- sellable
- supported centrally by the organisation
- UK-wide
- flexible
- able to reduce segregation of the professional groups.

Content needs to enable:

- competencies and a career framework
- leadership and influencing
- networking – for example, conferences to share knowledge.

The IFNA has been involved with this and we recommend that members log onto the RCN Discussion Zone to read and participate in the debate as outcomes will be very different to what currently is happening. We have opened this thread to enable you to discuss the PDF and ask any questions you may have. We look forward to your discussion.

The INFA website will also have an overview of what the PDF is about and progress to date.

As an experienced office and repatriation nurse, and having recently updated her ITU skills, CAROLINE HINDER thought it was time to refresh her memory in other areas. Here's her take on the CCAT course.

## HERE'S WHAT IT'S LIKE

CCAT (Clinical Considerations in Aeromedical Transportation) was started by Dr Terry Martin, an anaesthetist and former RAF and Europ Assistance doctor, who realised that repatriations were undertaken by doctors and nurses without any practical/theoretical training. The course was originally aimed at doctors, but many nurses who enjoyed the clinical and practical approach also began to apply. The first CCAT course as we know it took place in 1997.

It's an intensive course spread over six days. The first two days are devoted entirely to physiology revision and information that forms the basis for the remainder of the course.

At 5pm on day one, settled with tea and biscuits, you are suddenly asked to draw the oxygen disassociation curve – some revision! Day two was spent under the care of Dr Mike Glanville at QintiQ, Farnborough, where you can experience G forces in the centrifuge (the only civilian group in the UK to do so), rapid and slow decompression, and the effects that rapid acceleration, deceleration, vibration and disorientation have on the body.

Another day is spent at Virgin Atlantic with telemedicine demonstrations: the Tempus remote diagnostic model. Here you can also experience aircraft

evacuation on foot, down the 747 escape slide and inside life rafts

The remainder of the week is spent in the classroom, covering a variety of topics from critical care in the air to repat scenarios and the best evacuation planning, not to mention a practical handling session – very useful to all new repat doctors!

On the last morning came the dreaded examination: we all passed!

Having been advised by course lecturers past and present that this was the course for me, I feared I might be disappointed. It was everything I expected and more – excellent planning, good revision, new skills learned and great networking.

Course delegates came from a variety of backgrounds, everything from UK NHS to Australia's Royal Flying Doctors. We all exchanged information and experiences, and learned from each other.

Every flight nurse would gain something from this course even if, like me, you have been flying for many years. The quote of the course: "The day you learn nothing is a day wasted."

More about CCAT is at [www.ccat-training.org.uk](http://www.ccat-training.org.uk)



GERRY BOLGER reports.

## IFNA Study Day: a 'refreshing' experience!

The RCN IFNA's successful study day on 4 June addressed two clinical issues in the morning, followed by a workshop of learning and reflective discussion in the afternoon.

Jane Chiodini gave an amazing overview of current travel health issues, from malaria to pandemic flu. Her session was full of essential information for all nurses, but especially in-flight ones, and she supplemented her lecture with a packed CD of information.

Toni Meyer, a lecturer in radiology from the University of Hertfordshire, followed with an overview of radiology interpretation and, using real case x-rays, refreshed our knowledge of the topic.

After an excellent lunch, the study day looked at five scenarios, which took clinical and operational issues into account. This resulted in a discussion on issues affecting safe practice based on real-life examples, allowing us to discuss and propose options.

Delegates also heard from Bernie Cottam, RCN Professional Adviser, who gave an overview of Sparrow Foundation, the RCN President's Charity of the Year, which helps children in Africa. The IFNA raised £185, including a collection from the audience and an honorarium donated by one of our speakers – enough to sponsor one child. Thanks everyone!

Sparrow Schools Foundation 



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