

# the **ans**wer

## Clinical placements: **10** top tips

Meet your  
new ANS exec

Your letters  
What is the MHRA?  
Global nurse: My summer  
break nursing in India

A day  
in the  
life of an  
acute medical nurse



Royal College  
of Nursing

# Dare to Care: Hope to Cope!

## RCN Student Roadshow 2008-09

After the success of last year's UK Roadshow, we will be touring the country again and bringing the Student Roadshow to a venue near you!

### At each conference you will:

- learn key skills to help you stand above the rest when applying for your first job
- hear from speakers who will inspire and empower you
- get the information and guidance needed to ensure you can fully utilise our student services
- hear what the RCN is doing in your area, for you
- meet your local ANS Executive Committee Member and the RCN Student Adviser

### Conference content\*

- **Welcome from RCN Chief Executive & General Secretary Dr Peter Carter (via DVD)**
- **Hydration – who cares? by Amanda Steane**
- **Making ends meet – managing your finances**
- **Between two stones – issues around adolescent mental health**
- **Have learning disability clients been abandoned by nursing?**
- **Dignity – the heart of nursing**
- **CV and interview techniques**
- **What can you get from the RCN?**

\* Please note that conference content may vary based on speaker availability and venue constraints

## Booking form RCN Student Roadshow

### Your details

RCN student member? Yes  No  RCN member no.

Title  First name

Surname

University / College

Year of Study (e.g. First)  Degree or Diploma

Preferred mailing address:

Postcode:

Tel no (daytime)

Email address

Specific requirements (dietary/accessibility)

Please indicate which regional conference you would like to attend. All conferences are open to all students:

- 19 Nov** Scotland (Robert Gordon University, Garthdee Rd, Aberdeen AB10 7QG)
- 3 Dec** South West (Plymouth Pavilions, Millbay Rd, Plymouth PL1 3LF)
- 5 Dec** South East (Oxford Brookes University, Marston Rd Campus, Oxford OX3 0LF)
- 14 Jan** Eastern (Best Western White House Hotel, 27-31 Upton Rd, Watford WD18 0JF)
- 28 Jan** North West (University of Salford, Salford, Manchester M5 4WT)
- 4 Feb** West Midlands (University of Birmingham, 52 Pritchatts Rd, Birmingham B15 2TT)
- 11 Feb** RCN Belfast Offices, 17 Windsor Avenue, Belfast BT9 6EE)
- 11 March** East Midlands (Nottinghamshire County Cricket Club, Trent Bridge, Nottingham NG2 6AG)
- 12 May** Yorkshire & Humber (Royal Hall Theatre, Ripon Rd, Harrogate HG1 2RD)

Delegates are asked to arrive between 9:30 and 10am for registration. The conference will commence at 10am and finish at approximately 3:30pm.

Please note that places are subject to venue capacity. Places will be granted on a first come, first served basis and confirmed by email.

### Conference fees

**Delegate fee: £10.00** This amount will be refunded to all RCN student members who attend and non members who join the RCN on the day of the conference.

Non-attendees will not receive a refund of their deposit.

### Payment

**By cheque:** (made payable to 'The Royal College of Nursing') I enclose a cheque for £10.00

**Credit/Debit card:** I authorise you to debit my:

VISA / MASTERCARD / MAESTRO / SWITCH (please circle) for £10.00

Card number

Issue no (if applicable)  Security code  Start date

Expiry date  Cardholder's name

Cardholder's billing address

### How to book

**Post this booking form with payment to:** Laura King, Student/HCSW Coordinator, Royal College of Nursing, Room 401, 20 Cavendish Square, London W1G 0RN

**Telephone:** 020 7647 3758 **Email:** ans@rcn.org.uk

**All bookings will be confirmed by email.**

theanswer

## Editorial



Welcome to all those of you who are starting your courses this year and to those of you who are returning after the summer. Good to have you with us and I hope you enjoy this edition of *the answer!*

There's a lot going on in terms of student issues at the moment. Lord Darzi reported on health services in England earlier in the year and the RCN is now sitting on the group that is looking at reviewing all of student support - you may have contributed

to the survey to give us information to influence that group - so thank you.

In Wales and Scotland much work continues on attrition and what makes students stay on their courses.

Northern Ireland has some issues with newly qualified nurses finding posts and the RCN staff locally are working closely with the CNO to resolve this issue.

I know that many of you are concerned about bursaries and we are working hard to improve that situation for you.

The NMC (Nursing and Midwifery Council) have now fed back on their pre-registration education consultation and have come up with some key principles for nurse education in the future. You can read more about these on page 5.

The RCN is here to help you achieve your goal of becoming a qualified nurse and there are many ways we can do this. Don't forget to use your members handbook and why not come along and meet us at the RCN road shows. They will be relatively nearby to you and they're totally free!

You can log on to the student zone on [www.rcn.org.uk/students](http://www.rcn.org.uk/students), access all the on-line library services and contact your student team on [ans@rcn.org.uk](mailto:ans@rcn.org.uk) who are there to help!

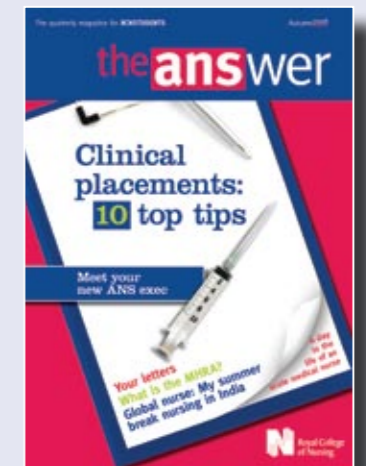
Best wishes

**Gill Robertson**  
Student Advisor

autumn2008

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### the answer

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# Meet your new ANS Exec members

Well it's that time of year again and as we say goodbye to some committee colleagues we also welcome some new ones! Your ANS Executive Committee is responsible for keeping students on everyone's agenda, and ensuring you receive the support you need from the RCN.

We have new representatives for Scotland, Wales & the East Midlands, South West, Yorkshire & Humber, Eastern & West Midlands regions. We still have vacancies in the South East (1 year post), North West & Northern Ireland.



If you're interested in becoming one of the student faces of the RCN then please get in touch by emailing Laura King, Student Coordinator [laura.king@rcn.org.uk](mailto:laura.king@rcn.org.uk)



**Steve Blakeway**  
South West Region

My career in nursing began as a HCA four years ago in Torbay hospital. I predominantly worked on their award winning acute stroke unit where I learnt the fundamentals of nursing care. I am now entering the third year of my BSc in adult nursing at Bournemouth University. I am now delighted and proud to be representing the South West on the ANS. The RCN makes a real difference to nursing and I am excited to be at the forefront of change. I have a passionate interest in the continually changing nursing profession, in particular improving student experiences and student education. I look forward to communicating any issues or ideas which students from the South West have to the ANS. Please get in touch!  
[southweststudents@ntlworld.com](mailto:southweststudents@ntlworld.com)



**Phil Schneider**  
East Midlands Region

Hello. I'm a first year adult branch degree student nurse at Nottingham University based at Boston in Lincolnshire.

I'm currently a student representative for health and safety at the Boston Centre as well as a student information officer (SIO)- a role that I thoroughly enjoy as I get to support and offer guidance to students. It's also a good way of networking! I am also on the East Midlands sub-committee for recruitment.

I'm looking forward to introducing myself and meeting new faces at our forthcoming student roadshow in March

which promises to be an educational and rewarding day.

[philip\\_schneider@hotmail.co.uk](mailto:philip_schneider@hotmail.co.uk)



**Stuart Young**  
West Midlands Region

Hello. I am currently a first year student studying a Diploma of Nursing within the Adult Branch at Birmingham City University, and really looking forward to the next three years. I stood for the committee because I believe that every student in the West Midlands needs a voice and needs to be represented.

Over the next two years I hope to meet many of you at our student road show, on Wednesday 4th of February 2009, this year it is being held at Birmingham University.

As your representative I am here for you, so if you have something to say about the policies or actions of the RCN or the ANS give me a shout, I'd love to hear from you.

Email me at [swayoung@googlemail.com](mailto:swayoung@googlemail.com)



**Karen Winchcombe**  
Scotland

A warm hello to everyone! I have just entered my third year on the adult branch at the University of the West of Scotland.

I applied for the Scottish ANS Exec seat as I wanted to contribute and become more involved with all the new changes that were happening, both within the pre-registration education and nursing practice.

After representing my classmates on the student/staff liaison committee for the last two years, the ANS committee seemed a natural progression where I can represent and campaign on behalf of my fellow students. Issues such as the poor student bursary and high attrition rates that interlink with each other are high priority. You can contact me at

[karensmob@supanet.com](mailto:karensmob@supanet.com)



**Damian Ronksley**  
Yorkshire & Humber Region

Hey guys. I am a third year Diploma student studying the adult branch, at the University of Sheffield.

I have been a student rep ever since I started at University, and currently chair my schools Staff/Student Committee. I am also heavily involved in my student union, and I help co-ordinate a peer led sexual health advice service based in the student union.

At the moment I have three main areas of interest that I am hoping to achieve on over my term in office:

- increased financial support for all students; equitable across the UK, regardless of the level of award
- quality opportunities for diploma nurses to upgrade their qualification
- regular increases in the childcare and student travel allowances
- student nurse wastage and what can be done to reduce this.

In addition to this, I will continue to use all my experience to ensure you and your views are fully represented, and that students are at the heart of everything the RCN does. You can contact me via email at:

[ans\\_yorks-humber@hotmail.co.uk](mailto:ans_yorks-humber@hotmail.co.uk)



**Susan Tivy-Ward**  
Eastern Region

Hi! I am a mature third year adult nursing student at University Campus Suffolk in Ipswich. I am passionate about current nursing issues that affect nursing students such as consolidating training with preceptorship schemes, rotational posts as clinical placements have become limited, dignity and respect campaigns and 'basic care'. I have dyslexia and dyspraxia and strive towards a work-life balance, as you can't help your patients if you're "burnt out".

I am looking forward to engaging with policies both locally and nationally whilst learning and understanding the role of an activist as an ANS within the RCN.

[ward.sue@gmail.com](mailto:ward.sue@gmail.com)



**Claire Evans**  
Wales

I am currently a first year nursing student at the University of Glamorgan in the adult Branch. I wanted to be more involved in a different aspect of nursing occupation. The ANS is a perfect opportunity for me to see how other students feel about their courses and to interact with a wide range of people.

I am hoping by being a member of the ANS I will be able to bring messages back to Wales about what is happening on a national level - I'm looking forward to being the link between nursing students in Wales and the RCN.

[evansclaire84@hotmail.com](mailto:evansclaire84@hotmail.com)



Harvey Morgan is the new Student Member of Council (alongside Naomi Baker)

[harvo2005@hotmail.com](mailto:harvo2005@hotmail.com)  
[naomibaker1@yahoo.co.uk](mailto:naomibaker1@yahoo.co.uk)

## Student roadshows:

### 19th November

Scotland - Robert Gordon University, Garthdee Road, Aberdeen AB10 7QG

### 3rd December -

South West Plymouth Pavilions, Millbay Road, Plymouth PL1 3LF

### 5th December

South East Oxford Brookes University, Jack Straws Lane, Marston, Oxford OX3 0FL

### 14th January

Eastern Best Western White House Hotel, 27-31 Upton Road, Watford WD18 0JF

### 8th January

North West University of Salford, Mary Seacole Building, Manchester M5 4WT

### 4th February

West Midlands University of Birmingham, 52 Pritchatts Road, Edgbaston, Birmingham B15 2TT

### 11th February

Northern Ireland RCN Belfast HQ, 17 Windsor Avenue, Belfast BT9 6EE

### 11th March

East Midlands Nottinghamshire County Cricket Club, Trent Bridge, Nottingham NG2 6AG



And it's goodbye and good luck from him!

Chris Brown looks back over his time as the answer's Editor and how life as a newly qualified nurse is...

"They say that anticipation is often better than the actual event. Well having been qualified for just over six months what I will say is that qualifying is not going to be what you expect..."

I am sorry to be the one to break the news, but those long evenings pouring over books trying to remember whether LVF causes peripheral or respiratory oedema are not suddenly over. That third-year learning curve you thought was similar to a trajectory for NASA's mission to Mars takes a rather northerly direction. But, and it's a big BUT, the huge change in your learning experience is more than rewarding.

The first hurdle I faced in becoming a staff nurse was to trust myself, and trust my training. It is a daunting task to step out of report on that first morning in a crisp new uniform and face a group of patients. Your head swimming with memories of Thursday morning tutorials back in phase two which covered 'What it Means To Be a Nurse'. Take a deep breath and don't panic. You have just been through three hard years of training, not to become Florence Nightingale, but to gain the skills to be able to manage a group of patients in a SAFE and effective manner. That is the important point to remember. Keeping patients safe and addressing their needs is the basic level at which you are trained to perform.

In a supportive ward your colleagues will understand and are an endless source of advice. Try and learn to seek advice in the right way, don't use phrases like, 'I can't' and 'I don't' because they sound really negative. Instead assess the situation and formulate an appropriate plan, then if you're not sure, run it by a senior colleague. In no time you will be building your own confidence and reacting instinctively to situations. You have the ability - you just have to trust yourself.

Remember to document everything well. It's easy to fall into bad habits, stick to the mantra, 'if it isn't written down it didn't happen.' Remember there is not going to be someone looking over your shoulder as there was when you were a student. For me, keeping documentation short and following a 'This is the problem I discovered, this is how I tried to solve it' formula works best. Also, try reviewing your own documentation every few days and reflect on how much sense it makes.

Finally, don't be afraid to let go. Give a comprehensive hand-over at the end of each shift, run through it a few times and write down what's important. Then let it go - lying in bed at three in the morning wondering if you remembered to empty Mrs Smith's commode before you went off is not going to help anyone. If something important is playing on your mind ring the ward to check, chances are you did remember. If you didn't, never fear. Sister will have discovered your mistake shortly after your departure and a swift dressing down will be waiting for you tomorrow morning. Either way you are going to need a good nights sleep.

Since qualifying I even get to spend time with my friends and family every week - some of them are even beginning to remember who I am after not having seen me for three years! I have loved every minute of being qualified. Although my stress levels have gone through the roof the rewards of working with new found independence is fantastic."

## Student survey results... coming soon!

Thank you all for your contributions towards our UK-wide Student Survey. As *the answer* went to press more than 4000 of you had completed the survey, providing us with invaluable information that enables us to continue to lobby on your behalf.

Details about the outcome of the survey will shortly be available, keep an eye on the student area of the website and let us know what you think via the Discussion Zone.

## Presidential ambitions

Report by Benn Mott

President of the European Student Nurse Association (ENSA) Benn Mott reports on the ENSA AGM.

The AGM celebrated 30 years of ENSA and looked at the different Europe we live in now compared to 1978. The priorities of today's ENSA had startling similarities to the original group who convened to address the growing close partnerships of European states and share experiences and ideas about how we could make nurse education comparable and interchangeable across Europe.

ENSA membership is open to any country on the European continent and often we have good working links with countries still outside the EU as they prepare for membership, and countries with no EU ambitions but very similar nursing priorities.

The theme of this year's AGM was the power of nursing students and over the four days we looked at how as students we have an impact on patient power, organisational power and leadership power.

Two inspiring patient advocate speakers, Margaret Murphy and Amanda Steane spoke with passion about their personal experience of the health service failing their loved ones. They highlighted the integral role nurses have in supporting patients to control their own health care journey. Margaret spoke about the crucial role the nurse has in ensuring information is shared with the clinical team and how the nurse can play a crucial role in following up this later to verify information has been received and understood. Amanda spoke about the impact of day to day nursing.

Paul de Raeve (General Secretary of the European Federation of Nurses) spoke about the issues facing students in a future integrated European workforce where mobility across Europe will be linked directly to the outcomes of the Bologna Declaration 1999, (this agreement sets out the practicalities of how nursing education across Europe will be streamlined so that any qualified European nurse has easily transferable skills). This means - language permitting - the right for any trained nurse to work in any country in Europe. Within the UK, we have work to yet complete on bringing our branch training into line with the majority of European countries. What was clear about Paul's presentation was the fact that European legislation and pan-European health care needs are the driving force within UK health care planning. As students we need to raise our vision to a European agenda if we wish to lead in health care as potential nurse leaders.

On day two, the theme was organisational power. David Benton, acting CEO of the International Council of Nurses, took the group through the skills needed to be an organisational change maker. Network skills, information gathering and continual professional development are skills that lift nurses above the clinical and political arena and give them opportunities to lead health care.

David felt that being a nurse leader involved a commitment to supplementing current nurse studies with political studies to enhance the ability to make change happen. These ideas were picked up by Professor Dame Betty Kershaw, the RCN's nurse advisor in education, who engaged the whole group in a brilliant workshop again around the idea of a Pan-European approach to health care.

For me, this was a brilliant end to my year as president I had visited the Canadian student nurses AGM to speak about the spirit of nursing; attended the European Federation of Nurses meetings twice and led a small executive of European students to raise the profile of ENSA.

The new President (last year's vice-president) is Carin Lhotsky from Sweden. Also congratulations to Saffron Brown from the RCN ANS who was elected vice president.

The new President has many skills and our year together gave us both the chance to focus our energies and create a working partnership that will continue. The opportunity to represent students from across Europe has made me a much more driven, organised and informed nurse. I urge any student to get involved with their local, national and continental nurse organisation; it will seriously change your nursing future.

## Have your say!

If you're a student children's nurse, your views and opinions are wanted as nurse education moves towards a period of review and change.

The RCN Children's Nursing Education Group, part of the RCN General Children's Nursing Forum is seeking views of student children's nurses to identify what the major issues and concerns are in relation to education for children's nursing.

This is an opportunity to have your say and to make your views known. You may wish to raise issues for debate, comment or suggestion in relation to:

- recruitment, selection and admission systems
- programme structure and length (possible changes following the NMC review)
- placement learning
- funding
- simulation and skills
- assessment
- flexibility and accessibility
- career pathways.

Or perhaps you have other burning issues you'd like to get off your chest? If you feel you have something you wish to raise for further discussion please email:

Julia Winter and Sue Higham RCN Children's Nursing Education Group  
[jwinter@brookes.ac.uk](mailto:jwinter@brookes.ac.uk)  
[s.higham@open.ac.uk](mailto:s.higham@open.ac.uk)

Closing date January 5 2009

## Darzi update

The Darzi report on health care in England was launched on the NHS 60th Birthday calling for - amongst many recommendations - a fundamental review of health care student support.

A working group of stakeholders, the Department of Health, NUS, Student Grants Unit, Trusts and unions has been established and the RCN is also part of the group.

A joint paper has been submitted to the group by the health care unions outlining our requests with the main aim being that all health care students receive support at a level that allows them to lead an acceptable lifestyle without having to hold down two jobs just to survive. You can find that paper on the student zone of the RCN website under campaigns at [www.rcn.org.uk/students](http://www.rcn.org.uk/students)

We will be looking to consult with students on the proposals that emerge from that work.

If you would like to be involved in this do email your student adviser [gill.robertson@rcn.org.uk](mailto:gill.robertson@rcn.org.uk)



DARZI

## The future of NMC

Following the NMC consultation which closed earlier this year some principles have been agreed for the future of nurse education.

It has been decided that the award which the universities grant at the point of registration will be at degree level only. This brings England into line with Scotland, Northern Ireland and Wales. For those of you currently on the Diploma please do not be anxious about this change - your registration remains alive and valid.

Students who choose to leave the course early will take a locally based record of their learning and achievements with them. There will be a period of preceptorship to guide and support all newly qualified nurses to make the transition from student to staff nurse. The next stage for the NMC is how to make these changes in the curriculum that will enable students to achieve this. The RCN will be involved in these discussions.

\* Let us know what you think via the Discussion zone [www.rcn.org.uk](http://www.rcn.org.uk) or email us on [ans@rcn.org.uk](mailto:ans@rcn.org.uk). More information can be found on the NMC website [www.nmc-uk.org](http://www.nmc-uk.org)

## How well is your university preparing you for IT in the clinical work-place?

The RCN Information in Nursing Forum recently launched a new survey of students to investigate how well universities are preparing nursing students for using information technology in their future clinical practice.

Documents developed so far by the RCN's e-Health Programme and available to download from [www.rcn.org.uk/publications](http://www.rcn.org.uk/publications) include:

**Make IT SAFE flyer** - enables the nursing community to assess the safety and effectiveness of any computer system that is introduced to their workplace, 003253.

**Nursing content of electronic patient/client records** - electronic records offer great opportunities and have great potential for nursing. They can improve the continuity and safety of care for patients and identify the contribution that nurses make. This document provides guidance about setting standards which specify the key content that records should contain.

**Consent and electronic records** - the RCN supports the introduction of electronic records, but is concerned to ensure the protection of both patients and nurses in their use. What information is going to be included, who will see it, who will it be shared with, and what rights exist?

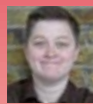
Contact Angela Perrett, the RCN's eHealth Project Manager for further information, [angela.perrett@rcn.org.uk](mailto:angela.perrett@rcn.org.uk) or phone 029 2075 1373.



BENN MOTT

## regional roundups

### East Midlands round-up



**Vic Thomas**

Well folks here I am at the end of my term on the ANS Exec. What an exciting time it's been! It was

brilliant to see all the students who came to the regional roadshow - what a cracking set of future nurses.

Congress was another great success thanks to support from students in the region, so get yourselves sorted for Harrogate next year.

I'd like to thank the other members of the Exec for their support, energy and guidance. I have no doubt Phil Schneider will value representing our amazing student members. And finally a well deserved 'ta muchly' to the student support staff a RCN HQ. We couldn't function without all your efforts.

Good luck to all you future practitioners and make sure your access and enjoy all the RCN has to offer.

[vic\\_thomas@hotmail.co.uk](mailto:vic_thomas@hotmail.co.uk)

### London round-up



**Jen Luchoomun**

This year is my final year as a student. I find myself involved in a pilot scheme at King's College University where second and third year students will help CFP students prepare for their OSCEs.

In the London Region, there was a successful student roadshow on Friday 5 September. Around 60 students attended from several different universities - some from as far afield as Bournemouth. A highlight was the question and answer session, when a student asked how to maintain the enthusiasm and motivation that was generated on the day. That is the challenge in the next few months in the London region. Plans are afoot for a student seminar at LSBU. It is also hoped that we will forge links with further education colleges to make contact with students on nursing access courses.

[jen\\_luchoomun@hotmail.com](mailto:jen_luchoomun@hotmail.com)

### North West round-up



**Jeannie Jones**

Sadly folks, this is my last regional roundup. I can honestly say that my time on the Executive Committee has exceeded any expectations that I had and it has been a pleasure to represent nursing students across the UK.

So far, no candidates have come forward to fill the regional seat, so my final words will be to appeal to anyone out there who has had even just the smallest inkling that this is something that they might consider. For the small commitment required, you will gain ten-fold in return. I wish you all good luck in your nursing careers.

### Northern round-up



**Saffron Brown**

A big hello to all those students who have recently started their nursing course!

The next three years is going to be hard work but you'll have a lot of fun along the way as well. There is a student event coming up at the Baltic in partnership with the Open University on 25th November so look out for further information or alternatively contact [heather.whitton@rcn.org.uk](mailto:heather.whitton@rcn.org.uk).

I'm here to represent you so I need to hear from you, any problems, issues, concerns or events please get in touch.

Enjoy your increased bursary!

[saffronbrown208@hotmail.com](mailto:saffronbrown208@hotmail.com)

### South East round-up



**Harvey Morgan**

Mentorship continues to improve and stories of bad mentors are not as prominent. Mentorship courses have had a positive affect on this - this is the opinion of both students and mentors that I have spoken to.

The majority of students have been able to gain employment. Those who have had difficulty were largely due to unsuccessful interviews. Potential problems for next year's qualifying nurses are ward closures in Oxfordshire - although these are not confirmed.

The first RCN Brighton Pride in August was successful. Diversity Champions are now operational in the region.

Diary date - the South East road show takes place at Oxford Brookes University in December.

[harvo2005@hotmail.com](mailto:harvo2005@hotmail.com)

### Wales round-up



**Sarah Evans**

A date for your diaries, Students' Day at next years RCN Congress in Harrogate will be Tuesday 12th May 09. Speak to your RCN Student Information Officers, your RCN branch and/or your cohort student reps, to see if they can approach your universities on your behalf to organise a coach. Let's make Student Day next year a day to remember.

[hstu71c@bangor.ac.uk](mailto:hstu71c@bangor.ac.uk)

### West Midlands round-up



**Victoria Harper**

Hello all! This is my last regional round-up as I stepped down from this post in September. I have enjoyed the contact I have had with you all over the last two years and I have met so many inspirational students.

As this is the autumn edition I also want to welcome all the new students in the region, well done for joining the RCN!

Make sure you get in touch with the ANS Exec if you ever have any issues or concerns, the committee is here to help!

[gill.robertson@rcn.org](mailto:gill.robertson@rcn.org) and [laura.king@rcn.org](mailto:laura.king@rcn.org)

### Northern Ireland round-up



**Gillian Larmour**

Congratulations to all of you who have recently qualified! And good luck to the rest of you in your studies for the incoming year.

The RCN needs your help in Northern Ireland. We currently have no Student Information Officers in their first or second years of study! The ANS Executive committee also has a seat available for someone to represent Northern Ireland along with myself.

Anyone interested in either of these roles please email

[gill.robertson@rcn.org](mailto:gill.robertson@rcn.org).

This year's conference is being held in RCN Headquarters in Belfast on 11th Feb 2009. After the success of last year's conference, it is shaping up to be another good one, more information and booking form please see the RCN website. As always, if anyone has any problems, or need advice they can email me. Cheerio.

[g.larmour36@hotmail.co.uk](mailto:g.larmour36@hotmail.co.uk)

### Scotland round-up



**Charlie Sloan**

Congratulations to all of you who have recently qualified! We wish you the best in your future career.

And for those of you who are just starting out on your training we wish you the very best of luck.

This will be my last report from me as I stood down from the committee in September to take up a new post within the RCN on the Learning Disability Forum Committee.



**Charlotte Taylor**

In Scotland, Charlotte and her new colleague (elections pending) will continue to work on all those important issues such as bursaries, childcare, mentorship and other burning issues.

In the meantime - if we can be of any further help please do not hesitate to contact us. Good luck!

[csloan@caledonian.ac.uk](mailto:csloan@caledonian.ac.uk)

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# What is the ?

In a special report, Nursing Advisor Christopher Earl based at the MHRA explains the role of the agency

The major function of the MHRA - Medicines and Healthcare Products Regulatory Agency is to safeguard public health by ensuring that medicines and medical devices work properly and are safe to use.

No medicine or medical device is completely risk free, but the MHRA works to ensure risks are minimised by using good quality evidence in its regulatory and decision making processes.

The MHRA was born out of the amalgamation of the Medical Devices Agency (MDA) and the Medicines Control Agency (MCA) in 2003. The formal regulation of medical devices began in the mid 1990s. Prior to that there was a Scientific and Technical branch (STB) which worked to improve the quality and safety of medical equipment via a manufacturer's voluntary registration scheme.

During the 1980s the STB became part of the NHS Procurement Directorate which later split into the NHS Supplies Authority and Medical Devices Directorate. The Medical Devices Directorate became the MDA in 1994 and then in 2003 merged with the MCA to become what is now known as the MHRA.

As the regulator in the UK, the MHRA transposes European Union directives for medical devices into UK law and ensures devices are acceptably safe and perform as intended when used in accordance with the manufacturer's instructions for use. The agency can also prosecute a manufacturer or distributor if the law has been broken.

### So how does the MHRA monitor safety and quality?

The medical devices directives and UK regulations place a clear and mandatory reporting requirement upon medical devices manufacturers. This is known as the "vigilance system". Reports may be submitted to the MHRA by device users via this system too, if they meet the relevant criteria.

Investigation of reports identify design faults, poor instructions, poor maintenance and incorrect use. The MHRA also investigates serious side-effects involving blood and blood products via a haemovigilance reporting scheme and medicines side effects via its yellow card reporting scheme.

The MHRA undertakes regular inspections of good and safe practice which can include clinical trials, auditing of clinical inspection, systems for devices, auditing of notified bodies, and inspection of blood establishments.

It also reviews important new evidence on things such as implantable defibrillators and other new products and gathers intelligence about illegally manufactured imported or counterfeit medical devices and medicines.

Healthcare professionals, patients, users and manufacturers can all report problems about devices via the MHRA adverse incident reporting scheme which is available through our website [www.mhra.gov.uk](http://www.mhra.gov.uk)

All these reports are risk assessed, investigated and acted upon according to the seriousness of the incident and/or the potential for future harm.

The Agency has three main ways of dealing with this:

- it can issue a Medical Device Alert (MDA) giving advice to the health service
- it can work with the manufacturer to develop changes in design or information
- it can instigate a product recall.

In 2007 the MHRA received almost 9000 device reports as a result of which 106 MDA's were issued.

### Does device reporting make a difference?

There have been numerous examples of how reporting a medical device problem has improved safety.

An expert group was brought together to look at the safety of breast implants and this resulted in certain types of implants being taken off the market. This information was posted on the MHRA website to help women considering breast enlargement to come to a decision about the safety of the implants.

Another example is that the MHRA was the first regulator in the world to pick up a problem with a particular heart valve after a UK surgeon raised concerns about its performance. This was subsequently investigated and the MHRA found the high complication rate was associated with a design fault and the manufacturer ultimately took the product off the market.



## So how do you report a faulty device?

The easiest way to do this is to access the MHRA website [www.mhra.gov.uk](http://www.mhra.gov.uk). Here you will find instructions on how to make a report.

In the meantime should you have any queries or questions about the regulatory process or how the MHRA works please feel free to contact us and we will help you in anyway that we can.

**Christopher Earl RN, BA (Hons),**  
Nursing Advisor, MHRA

Email: [christopher.earl@mhra.gsi.gov.uk](mailto:christopher.earl@mhra.gsi.gov.uk)



EMMA ASH WITH INDIAN COMMUNITY NURSES SHE WORKED WITH

During my stay I undertook a variety of different medical roles. The majority of my time was spent working in the local government hospital where I worked alongside qualified nurses. I spent several days working in the labour ward assisting in many deliveries - how different to home! The delivery room had three stainless steel trolleys, separated by curtains. At the end of each trolley was a bucket for the waste and placenta to fall into. Expectant mothers would come and lie on the trolleys when their contractions were beginning to get closer together. No pain killers or even oxygen was administered. During the actual delivery relatives were not allowed to be present. Once the baby had arrived it was whisked away with little concept of mother and baby bonding. It was usually about 30 minutes before the mother would get to see her child who would be swaddled in a rag and then weighed. It was then left under a light bulb to keep warm.

I also spent time in general surgery. Medical staff would 'scrub-up', using a bar of soap, gowns were worn over normal uniform but had only been washed in a bucket, gloves were

washed out and re-used. I watched a number of surgical procedures including hernias, circumcisions, haemorrhoidectomies, appendectomies and caesarean sections. All procedures were carried out under local anaesthetic or epidural. There was no recovery or anaesthesia room so patients would enter the theatre and lie themselves down on the one table whilst another patient was being operated on. This proved to be challenging for the little boys who were awaiting circumcision and watching their fellow patients undergo the procedure!

On a few occasions I went out with the community nurses. Just like at home they didn't wear uniforms and they mostly walked from visit to visit. However most of their work seemed to be in schools rather than individual homes. We visited schools and pre-schools in the town and the slums and gave Diphtheria, Tetanus and Polio immunisations. Although clean needles were used there was little opportunity for hand-washing between patients.

India is a hot and humid country and when it rains, oh boy does it rain. I'm not sure how the women manage to keep their beautiful saris so clean. I must have looked a state. Everywhere I went people were thrilled to see me. A white woman with red hair was quite a rare sight in the village. I caused some amusement, one little boy fell off his bicycle he was laughing so much!

**“People tell me I'm brave to have changed career at my age but I think I'm lucky to have found such a satisfying one”**

the nurse and their patient and how many other ways there are to do this besides using language.

We visited several schools and community centres in poorer communities and invited adults to come and have their blood pressure checked. Many adults had never had their blood pressure checked and in many cases it was above normal limits. I was able to recommend diet and exercise in some cases and in the more severe cases they were referred to our voluntary doctor who prescribed the relevant medication.

I had a once in a lifetime experience in India. In India what they really need is more money so that they can improve on their equipment and facilities. Their education system is excellent and I was impressed by the skills of all the nurses I met. It's a real eye opener to see the healthcare system in other countries. As well as this huge range of experiences I was immersed into the Indian culture and taken to several

family parties and was lucky enough to be in India for their Independence Day celebrations - which were quite something! I was even taught Yoga by a true Indian guru. What a month!

Certainly anyone who has done what I have would never complain about the good old NHS. It highlighted to me just how lucky we are and we must fight to maintain the high standards that we achieve.

## Why I retrained as a nurse...

Many people from all walks of life are attracted by nursing. Take Emma Ashby who packed in her job in the BBC Radio Department to join the profession. Though she still has more than her fair share of dramas day in, day out!

**Aged 31 I decided to pack in my job in the BBC Radio Drama, rent out the flat and become a student again!**

Every couple of years I got itchy feet and kept talking about re-training as a nurse. My mother, who is also a nurse, did her best to put me off! Much braver than me, she had trained aged 44. Luckily my Dad was very supportive - I think he liked the uniform!

I saw how absorbed and interested she was in her career and so it was that I started the two-year accelerated diploma in adult nursing at King's College nursing... and I haven't looked back. Every day is different and challenging in its own way. I feel invigorated and enthused about what I'm doing now and the endless opportunities that are available in our profession. People tell me I'm brave to have changed career at my age but I think I'm lucky to have found such a satisfying one.

I was really excited at the prospect of having six weeks off in the summer and decided to get the experience of volunteer work abroad. Funding was going to be a problem though as I was existing on the NHS bursary but to my delight I discovered that the college would award a travel bursary to students who wanted to spend their holidays abroad doing something relevant and useful for their course.

I was able to work as a medical volunteer on a medical project in India. I stayed with a Doctor and his wife, John and Madhuri in the state of Karnataka.

A NEW MUM & HER TINY NEW BORN TWINS EMMA HELPED DELIVER



## ...and have never looked back!

On other days I worked alongside a qualified nurse on the general medical ward at the government hospital. This was a real eye opener and most of my nursing experience at home has been on the wards. The first thing I noticed was that there clearly weren't any hospital cleaners. The hospital was definitely over-crowded. Some patients were on mattresses on the floor in the corridors. None of the beds had sheets on unless a patient's family had brought some in themselves. The nurse's station was constantly surrounded by patients demanding injections. Needles were regularly re-used. Although there was a system in place for boiling the needles between uses, this was not carried out properly. Used needles would be put in a pot of boiling water on the stove. This pot would be boiled occasionally but in the meanwhile needles would be taken back out of the pot and re-used. There didn't seem to be a regular drugs round and nor were there drugs' charts for the nurses to follow. Nurses are much freer to administer drugs as they see fit. Although not permissible in the UK I was taught how to canulate, give IV injections and assist in suturing, which was invaluable experience.

The hardest part for me was language, although many people in India speak English, most of the patients did not. This really highlighted to me the importance of communication between

LATEX GLOVES OUT TO DRY



## a day in the life



# a day in the life of an Acute Medical Nurse

Jeannie Jones shares a day in her life with *the answer*



JEANNIE SHARES SOME HANDOVER NOTES WITH COLLEAGUES

I'm on a late shift today, so the first order of business is getting everything that I need to do before going on shift at **1:30pm**.

I have been employed as a staff nurse at Mid Cheshire Hospital NHS Foundation Trust since I qualified as an adult nurse in September 2007. I work on a 28 bed ward that specialises in two main areas; endocrinology and acutely ill medical patients.

Many of you will already be familiar with this type of ward and be well aware of the hectic nature of the daily routine. Very little has changed since I was a student other than my overall responsibilities. My day starts in much the same as yours.

Before work, I get the kids off to school and let them know the day's routine. Once that's done, I get my uniform ironed and then start preparing the children's evening meal; just something quick and easy that can be heated up for them when they arrive home.

Finally, it's time to go to work. I arrive at work and prepare for handover from the staff on the early shift. We are at full

capacity but I have a patient awaiting confirmation by the registrar to be discharged. I am also informed that one of the patients has become very ill throughout the morning who will need close monitoring.

Once handover is complete, I delegate the work that needs carrying out to the health care assistants (HCAs) that I am working with today. Mark and Sam are extremely experienced and understand the daily routine of the ward. They're a great asset to the ward – I'd be lost without them.

As **3pm** approaches, the registrar has confirmed that the patient awaiting discharge can go home. I ask the house officer to complete the discharge summary and write up the medicines to take out (TTOs) to get them to the pharmacy in good time and facilitate as early and safe discharge as possible.

Around **3:30pm**, I liaise with the other nursing staff to begin afternoon tea break. Before I know it, it's **4pm** and time for me to start dispensing the evening medication to the patients. The patients' evening meal arrives at

**5:15pm**, just as I am completing the drugs round. I now prepare the insulin injections for the patients with diabetes. There are only two patients requiring the administration of evening time insulin. I check that both patients are eating sufficiently well to tolerate their injections and I also check their blood glucose levels. Both are fine, so after checking the amounts with another qualified nurse on shift, I administer these.

I continue to monitor the poorly patient and so far, his condition remains stable. At the first sign of deterioration I am prepared to contact the on-call doctor.

At **5:45pm**, the transport arrived for the patient who is being discharged and as he prepares to leave, I check his TTOs with the other nurse. These are all correct and we wish him goodbye after his stay with us. After this, his bed is cleaned, ready for the next patient to be admitted.

The shift continues and I take handover for my new patient from the admissions unit. At **7pm** we start meal breaks and I grab a quick bite to eat before the regular influx of relatives wanting updates on their loved-ones.

Finally at **9pm**, I start my own handover to the nightshift. I go over all the patients' details and add my own events and experiences and handover the new patient, who has yet to arrive on the ward. I complete this, as I hand the keys over to the night nurse with a sigh of exhaustion.

It has been a long day but a satisfying one. I have done my utmost to ensure the safety and comfort of my patients and staff whilst they have been under my responsibility and I shall endeavour to do the same at **7am** tomorrow morning when I am back in again. Arrgh, I hate early mornings!

## Errol Thomas

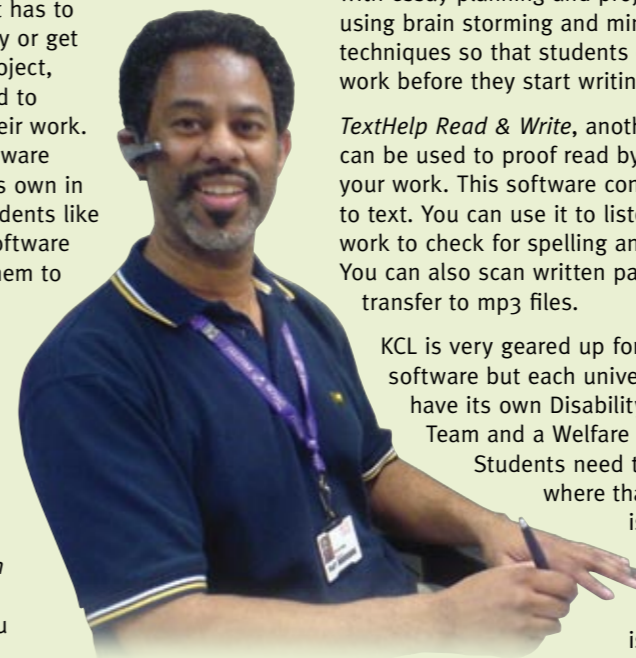
Assistive Software Support Officer, at your service!

"Being an Assistive Software Support Officer means I work closely with an Equality and Diversity Department giving assistive software support and training to students who may have been diagnosed with learning difficulties."

I started working at King's College London (KCL) 17 years ago as a computer operator, then as a Senior Information Assistant. Currently I am working on the Assistive Software Pilot Project at KCL. I provide one-to-one training sessions and group workshops.

Every student has to write an essay or get together a project, and they need to proof read their work. Assistive software comes into its own in this area. Students like the idea of software that allows them to talk and put their words into text on the computer. This type of voice recognition software is called *Dragon Naturally Speaking*. You can convert text to mp3 so students can listen to their work.

If a student suspects they have dyslexia, they would need an assessment and need to contact the Equality and Diversity department or Disability Support Team to be assessed for dyslexia by an independent consultant. Students may then be offered help with equipment, software and training from the Disability Support Team.



There are of course students who may not have a specific learning need like dyslexia but have been out of education for many years and find the thought of writing essays terrifying. *Inspiration* is a software package that helps students to be creative in a visual way. It helps students with essay planning and project planning using brain storming and mind-mapping techniques so that students can plan their work before they start writing their essay.

*TextHelp Read & Write*, another package, can be used to proof read by 'listening' to your work. This software converts speech to text. You can use it to listen to written work to check for spelling and grammar. You can also scan written passages to transfer to mp3 files.

KCL is very geared up for assistive software but each university will have its own Disability Support Team and a Welfare Office.

Students need to find out where that department is and where help is at hand. Disclosure is important, but not all students do disclose.

In order to access assistive software help, students need to disclose their disability or learning difficulty. If they choose not to do so, it may be harder for them to access help. However, as students continue with their studies they may find that they are struggling, and they may then be referred to the Disability Support Team.

Interview with Errol Thomas, Assistive Software Support Officer at King's College London

## student matters

### Mentor with meaning

How often do you get out on placement only to find that your mentor either doesn't know their role or offers little or no support or doesn't understand the importance of their role in your training?

The Royal College of Nursing (RCN) has published a toolkit, *'Guidance for mentors of nursing students and midwives.'* Within this 31-page guide, there is information on the role of the mentor; support for the mentor; how students can get the best from their placements and responsibilities of the student as well as other useful information and advice.

There is a useful mentor checklist outlining their responsibilities in a table which has proved very popular with ward management when student's begin placements.

Why not print out the toolkit and keep a copy in your student portfolio. It is a very useful reference tool and may improve the quality of mentors and your learning experience by making roles and responsibilities clearer to see.

The toolkit is available online at: [www.rcn.org.uk/publications](http://www.rcn.org.uk/publications)



Review by Gillian Larmour

# Get the most out of your clinical placement 10 Top



By third year Student Nurse Sharon Kempson At Wolverhampton University

**1 Research your ward**  
Once you are allocated to a clinical area. Gain a basic knowledge and understanding by reading information on the clinical area before you go out on practice. If you're unsure of the ward speciality is or what exactly to research, then do ask the ward sister. This will prove that you are interested and enthusiastic in learning about the ward. Researching the area will also help you have an understanding of the disease areas of your patients, what procedures and skills you will be focusing upon whilst on placement and what governmental frameworks are in place that will influence the care given on that ward.

**2 Draw up a list of objectives**  
Having objectives and outcomes you want to achieve from your placement not only gives you a focus point for your developmental learning but if your mentor is aware of them, they too, can highlight any learning opportunities that arise.

Not clear where to start? Try these as a starting point:

- to be team leader for the morning
- to develop intramuscular injection technique
- to be a ward clerk for the afternoon
- priority setting and decision making
- to undertake an effective handover
- practice documentation
- to look at a patient's past medical history.

Having objectives allows you and your mentor to have goals. Have a list of outcomes. It does not matter if you do not complete them all on this placement but it shows you have been thinking about your learning needs and actively doing something about your development.

**3 Ask questions**  
Always ask questions however silly you feel. A ward mentor once told me that as a student nurse you

are not meant to know everything so use the opportunity to ask questions now. You have all that wealth of personal experience from your mentor to tap into. USE IT.

**4 Don't be afraid to say 'I don't know'**  
Don't be worried if a colleague or patient asks you something you do not know. Just say "I don't know..." It's very dangerous just to guess or work outside your competences. Follow up with "I will find out." It gives the impression you have a 'can do approach'.

**5 Spend time with the Multi Disciplinary Team.**  
Spending time with the Multi Disciplinary Team is like stepping in someone else shoes. It allows you to see view points of other professionals, what they need nurses to achieve to make a seamless journey for the patient and how we work together.

Examples of MDT to spend time with are:

- specialist nurses key to your ward (infection control, tissue viability)
- dietician
- occupational therapy team
- physiotherapists
- the X-ray department
- theatres.

**6 Talk to patients!**  
Whether helping out with hygiene, chatting to patients (especially those who do not have visitors) to make their afternoon pass a little quicker or finding five minutes to build a therapeutic relationship – it's important to talk to your patients. Even the smallest conversations may later be important, for instance, while talking to a frail patient about the foods she likes, I discovered that she disliked sweet things. The following shift when a nurse came to give her a supplement drink she brought a choice of sweet flavours. The patient did not inform any of the nurses as she did not want to be rude and left the drinks

saying she had had enough. I informed the nurse that the patient disliked sweet tasting foods and we then gave the patient the natural flavour which she drank well. Never think spending time with patients is a waste of time.

**7 Know your patient and share information**  
Make sure you know your patients' abilities with regard to health and safety. If you learn something new - share the information with your colleagues. Effective communication is paramount within a team environment.

**8 Ask for feedback and constructive criticism**  
Always ask for feedback and constructive criticism. This helps you to improve your practice. Areas you feel you do well in may be seen very differently to an onlooker. My mentor told me that when I carried out a task I double checked what I was doing several times. But I was projecting to the patient that I was unsure of my actions. I was unaware of this. Now I still double check my actions but not so openly in front of the patients to give them confidence in my ability.

**9 Reflect each day**  
Reflection takes time to perfect but continue with it as it's a useful tool. I now look back at my 'first year reflections' and I can appreciate the skills I have gained. Reflection makes sense of situations that are stressful and areas that can be researched. Reflection builds upon your decision making skills for when a similar situation occurs again.

**10 Enjoy being a student!**  
Being a student is hard. But before you know it you will be qualified. So enjoy every minute. We are an important part of the team. Always remember that.

# Letters

## LONDON PRIDE LETTER



### Dear Editor

It has been a busy summer for LGBT ( Lesbian Gay Bi-sexual Trans) events. London Pride was a great success and the RCN was a positive presence on the Department of Health float – which was also celebrating 60 years of the NHS.

I attended my local Pride in Nottingham with staff and members from the East Midlands. The day went really well, and we're starting to feel part of the furniture there in all the best ways. We managed to give loads of diversity information to folks and got a lot of interest in the local LGBT and diversity groups within the branch.

Attending events like this and experiencing the positive feedback from the community really makes you realise how important it is to be a visible and supportive presence at LGBT events.

Get involved with your uni. to promote diversity, it is worthwhile for your personal and professional growth and shows your commitment to our code of practice.

As a result of my work within the RCN's LGBT network I attended the national LGBT Health Summit in Bristol and presented a workshop about a potential care option for Trans individuals. It was a lively workshop and the service-users really got stuck into the debate. It was great because I managed to create a space where people could discuss their own care and consider new, more creative care options for the future.

I also got considerable interest from Trans health organisations wanting to move the project forward.

The event was well attended with brilliant presentations with content that would be integral to any nurse's practice! So try and get yourself along to join in the event next year!

**Vic Thomas**  
ANS Representative for the East Midlands

### Dear students

I was having a moment's reflection the other day when thinking about bursaries and, even though we had an 'increase' this year, it is still often a struggle for many students to get through the year.

Sometimes we may have to concede that the government/NHS will only give us as much as they want and we can continue to harass, but to what end? The question I would like to pose is should we be asking for a bursary that matches the cost of living. We already have an increased bursary for those living and studying in London, but what about those areas such as Oxford, Cambridge, and Guildford for example? Students in these areas are getting the same amount of money as students in Newcastle and Carlisle where cost of living is less expensive. I'm not saying that we punish students in areas that are less expensive to live in but we should be doing something to support those where prices are generally higher.

I think that this might be a more constructive way to think about fighting for bursaries but it would be great for this to come up in discussion and see if this thought has any mileage in it!

**Harvey Morgan**  
3rd Year mental health student nurse

### Dear Editor

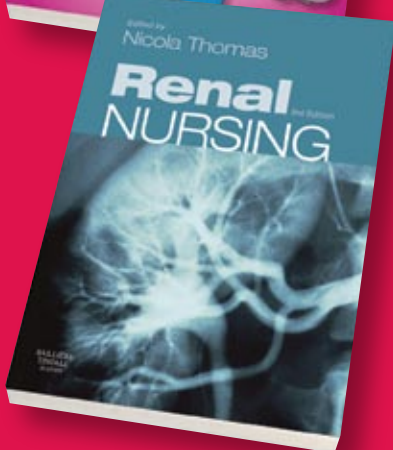
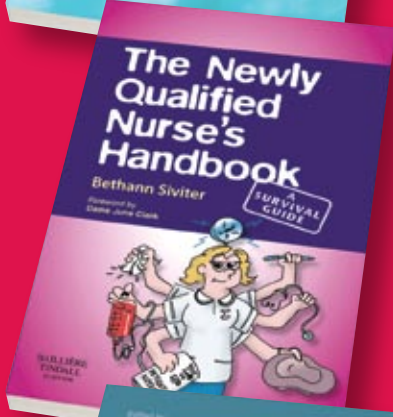
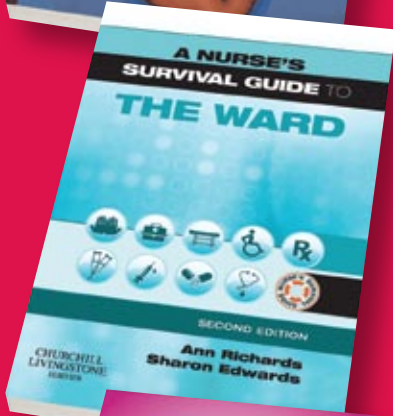
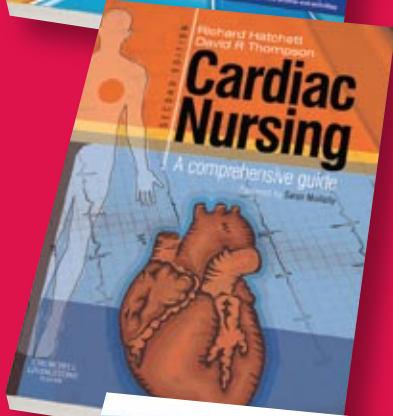
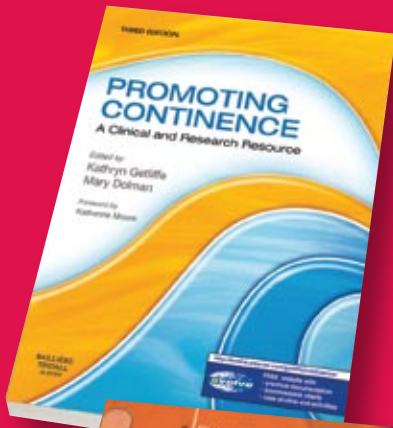
Recently a non-nursing friend asked me how I coped with some of the situations that I come across during placement; the crises, the traumas and the often difficult environment where people are in extreme situations, vulnerable and unwell. She asked me whether it was effective supervision that was the key in managing myself and progressing as a nurse. This made me realise how much I value and find necessary, not so much the supervision I get from lecturers, which is one or two sessions during a placement, but more so the meet ups that I have with my friends also on the course. It is during this time, when we catch up with each others lives and how things are going and talk about our placements that I can resolve and work through things – an emergency situation, querying my own actions, or an attitude of a staff member. Often just talking about things is helpful in itself to make something clearer to me or confirm a gut reaction that I had, and it's great to listen to others, reciprocate and see how things are on different wards, in different trusts, in different branches. It not only works by being peer supervision as it were, but also helps strengthen my own resolve when things may seem gloomy in the nursing world; by knowing that the future nurses will contain people with ethics, professional excellence and commitment that I can only admire and learn from.

**Judith Gatica**  
3rd year mental health nurse  
King's College London

### Grossword answers from summer issue

**Across** 2. Slough 5. Flatus 6. Enema 7. Bulla 8. Lavage 10. Botulism 11. Coprolith

**Across** 1. Jelly 2. Sputum 3. Glue 4. Taeniasis 9. Podagra



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