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## Further information

Send contributions for the next issue  
by 1 July 2005 to the Editor:

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## From the editor

**Despite being something of a world traveller, if someone had asked me what a tsunami was on Christmas Day 2004, I'd probably have guessed at 'some sort of tidal wave' but would have had to confess that I wasn't exactly sure. I suspect that I'm not the only one. Yet only 24 hours later, nobody in the world was in any doubt. Like all of us, I watched the images on the television, each one more terrible than the last.**

I'm sure that many of you have been to these areas either on holiday or on a repeat – places that were as near to paradise as I had ever come across. It is unbelievable that in a few seconds, lives and livelihoods were lost forever. What a reminder to all of us as to how insignificant we really are and how, for all our advanced technology, we have so little control over our universe. Hopefully, lessons have been learned but all too late for so many. If anyone reading this has suffered loss, please accept my heartfelt sympathy.

I did not go to SE Asia to bring anyone home but we must thank Mark Jones from Healix International, who went out to Colombo, and has written his account of that moving experience. Thanks also to Sylvia Ford for writing to tell us what it was like in Cega's office on Boxing Day, being on the receiving end of dozens of phone calls from clients in the area and families waiting for news at home.

On news from home, the RCN In-flight course has recently undergone review and has now changed its format. It has been re-validated at Level 3 (previously Level 2) and 30 CATS points by London South Bank University. Siva Murugiah,

the course director, has given us an overview of the new course which involves distance learning as well as in-house and practical studies. The next course starts on 19 April 2005 and delegates are currently being interviewed for the course.

A lady I brought home last year told me that she wrote for a local magazine and I asked her if she would write an article about her experience as a patient in an Italian hospital. This makes for interesting reading and shows that we should not under-estimate the mental as well as physical trauma suffered by many of our patients whilst overseas.

I feel strongly that the way we transfer patients is so important. Whilst fully appreciating the cost factor and that for most patients repatriation is hopefully a one-off experience, I firmly believe that a well-managed repatriation is vital to their recovery.

In this issue thanks also go to Sue Laker for her insight on travelling in China. It's a country I have never visited but having read her article, I now feel better prepared should I ever have the opportunity.

**Val Pitman**

# On the frontline

Sylvia Ford was working in the Cega office on Boxing Day when the tsunami struck and she explains what it was like dealing with distressed callers.

Christmas Day in the office was even busier than usual for the time of year. There didn't seem to be a particular reason; sometimes it just happens like that. On Boxing Day, we received the following details: 'massive earthquake in Asia – bound to have casualties'. The day took shape with a series of phone calls starting at 0400 – relating to people missing, being swept away, lost passports, no food, lost children – so how did we cope?

We called in more staff to deal with the situation and we coped just by being there for the distressed people calling in. One woman had lost her entire family – her partner lost to the huge wave while she was still holding his hand – and their two children swept away while playing outside by the swimming pool. The international assistance co-ordinator was in tears taking this call – but still managed to compose herself so that she could carry on and take more calls.

As the harrowing calls continued, the questions were non-stop: "Can I get on the next flight out?", "Can you help me find my husband?", "Where are my children?" The office staff did not take a break throughout the whole of their shift and some of them worked non-stop for 12 hours.

Most of the injuries reported consisted of severe lacerations to legs as a result of debris in the water. These wounds later became infected, necrotic and gangrenous. Some needed plastic surgery. Some people with injuries warranted repatriation to the UK for further treatment paid for by their insurance companies, while some patients were transferred to Singapore and others to hospitals in Thailand.

All we could do was simply be there for the victims.

## Review of NHS pensions have your say

Make sure you have your say on the NHS pensions review taking place across the UK. The proposals include options for:

- flexibility in how you take your pension
- options for extra pension contributions
- increasing the pensionable age to 65
- providing survivor benefits for all unmarried couples
- widening access of the scheme to staff who provide NHS services.

The proposals for England and Wales have been published on the NHS Employers website [www.nhsemployers.org](http://www.nhsemployers.org) and a pension calculator to help you find out what your NHS pensions would be under the new proposals is also available.

To help you understand the proposals the RCN has produced its own information leaflet and although it refers specifically to the pension review in England and Wales, RCN members in Scotland and Northern Ireland will find it useful to inform their views.

For members with an NHS pension the proposals will have a major impact. Members can either respond to the consultation individually by the closing dates; 11 April 05 in England and Wales; 24 April in Scotland; and 30 April for Northern Ireland or can send their views to the **RCN by the 21 March** for them to be included in the overall RCN response.

Information on the reviews and where to send your views is available on the RCN website at [www.rcn.org.uk/nhspensionsreview](http://www.rcn.org.uk/nhspensionsreview) or you can order the RCN publication *The NHS pension review – make sure you have your say* from RCN Direct on 0845 772 6100 and quote publication code 002 473.



**RCN Direct now available online**

Log on to the members' area of **RCN Online** at [www.rcn.org.uk](http://www.rcn.org.uk) and you can benefit from instant expert answers and advice from **RCN Direct Online**.

You can also:

- keep up to date with recent developments in all **RCN Forums** with **RCN Forum Newsletters Plus**
- access the latest **RCN publications** and eight leading **nursing journals** free online, including *Nursing Standard*, *Nurse Researcher*, *Nursing Management* and *American Journal of Nursing*.

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



Royal College  
of Nursing

# Update from the chair

Since our last newsletter, the world has seen a tragedy unfold in Asia which affected 12 countries and millions of people. While many tourists and families in the UK were affected, support from international relief agencies, assistance companies, the RAF and the generosity of the public, has been unprecedented and our thoughts are with all of those affected.

## Administration of Medicines

Our last professional study day in November highlighted the complexities of medicines' management in the in-flight setting and outlined a number of solutions to ensure best practice. The RCN IFNA with the Advisor in Medicines manager are preparing a comprehensive guidance document for flight nurses and in-flight providers and this will be available

from the RCN In-flight Nurses Association website <http://www.rcn-ifna.org.uk>. We are delighted to hear that a major assistance company now follows the recommendations we made and is using Patient Specific Directions.

## Conference

Building on the two successful refresher weekends and participants' feedback, the RCN IFNA is holding a conference on 18 and 19 November 2005 on in-flight nursing practice and the changes and challenges ahead. RCN Events will manage the conference and further details are included in this copy of Inflight.

## Congress 2005

Harrogate is the location for the 2005 Congress which sets the RCN's agenda for the year ahead and is where the key issues affecting health and nursing are debated. Forums have an opportunity to promote their work and this year we will be involved in two events. The first is a fringe meeting called 'Care in the skies'. It will be hosted jointly with the Princess Mary's Royal Airforce Nursing Service and will look at how to get a career in in-flight nursing wither as an independent or in the military services. The second is a

seminar – 'A career in the skies' – aimed at students considering in-flight nursing as a career. Any RCN member may attend Congress and can register on the RCN website or by application form, available in the *Nursing Standard*.

## NMC Consultation

The NMC recently consulted on advanced nursing practice and we have responded on the proposals and issues and details are available on the RCN IFNA website.

## Competency Consultation

The RCN has finalised the framework and the IFNA is finalising the competencies for a final consultation with members, service providers and stakeholders. Further information will be available on the website in April/May.

Finally, The IFNA website has been updated and there is now a link to the main RCN website. IFNA members now have access to their own discussion board where they can raise issues, questions and make general comments. Registration is free to members.

**Gerry Bolger**

## Web news

The World Health Organisation (WHO) website: <http://www.who.int> has updates on outbreaks and the following are two of the recent ones.

### Dengue haemorrhagic fever in Timor-Leste

Since 1 February 2005 WHO has received reports of 95 cases of dengue infection and 11 deaths (case fatality ratio 11.6%). Of the 95 cases, 61 had clinical features compatible with dengue haemorrhagic fever (DHF) and 34 were diagnosed as suspected dengue fever.

### First Cambodian human case of infection with A/H5 avian influenza

The Ministry of Health in Vietnam reported on 3 February 2005, that one further laboratory had a confirmed case of human infection with H5 avian influenza – a woman from Kampot Province who developed respiratory symptoms on 21 January 2005. Tests undertaken at the Pasteur Institute, Ho Chi Minh City, Viet Nam on 1 February, were positive for influenza A/H5. She is the first human case of H5 infection reported from Cambodia.

# Country of con

## Sue Laker has top tips for getting the best out of travelling in China

China is an amazing country of contrasts, culture and lots and lots of people. I have visited China a number of times to work in city and rural orphanages and as a tourist. I fell in love with it on my first visit and go back as often as I can. The Chinese people are hospitable and generous and the culture is different enough to be interesting, but similar enough to feel safe and 'at home'.

Chinese people are inquisitive about people from the West because until relatively recently many young people had never seen a non-oriental face. Their inquisitiveness can be disconcerting at first as they will stare, point and want to talk to anyone who seems interesting. Privacy and confidentiality are also not as important as in the West, so expect to have an audience when you examine a patient or talk to doctors.

### Air travel

At the city airports such as Beijing and Shanghai, signs are in English as well as Chinese and most people will speak relatively good English. For connecting flights, visitors need to collect their baggage, book in again at the domestic terminal and buy an airport tax voucher which is not included in the cost of the ticket. The cost is roughly 100 yuan for international flights; 50 yuan for domestic flights and 10 yuan for flights on small craft to rural areas.

Flights are often subject to last-minute cancellation. No alternative arrangements are made so if your flight timing is crucial it is wise to have a back-up plan especially if your destination is in a mountainous region where weather can be unpredictable.

### Rail travel

Rail travel is a must, particularly by day, when you will see the beautiful, rural villages and towns rarely, if ever, visited by Westerners. The simplicity and beauty of rural life in China can be a reminder of what is really important in life.

There are three classes of rail travel. Standard has seated compartments which are great for meeting Chinese people and culture en masse. Animals travel too and you're unlikely to get much rest as everyone will want to talk to you.

Hard sleepers are carriages with bunks and space for luggage is limited unless you put it in your bunk with you.

Soft sleepers are four-bunk compartments with a lockable door so luggage is more secure. If you are travelling with a group of less than four, you will be 'up close and personal' with the locals and there's no segregation for men and women. Party officials often use these compartments and tend to keep themselves to themselves, so this can result in a quieter journey. In soft sleepers, your ticket is exchanged for a plastic tag at the start of the journey and you will be woken up half an hour before the train gets to your station.

Train toilets are the usual 'squat' toilets found all over China, with a handy strap for balance during the bumpy ride. It's advisable to use them early on a journey as by the end, they can be decidedly unsavoury.

Before booking your travel arrangements, compare the rail fare with the flight fare. Often a flight from your original airport to your final destination, with a stopover of up to three days, is cheaper than a flight and train ticket.

### Road travel

My advice on road travel in China is to not even think about it. Even the London rush hour is nothing compared to a Sunday afternoon in central Beijing. The rules for driving seem to be; sound your horn at every opportunity; if your side of the road is full, use the other; a three lane road will actually take five lanes of cars and junctions are a negotiation. Accidents are common especially for cyclists. There are even more bikes than cars and in big cities, there are lanes for bikes

# Contrasts

and rikshaws, so if you don't have far to go and don't have too much luggage, rikshaws are by far the cheapest way to travel.

Despite all of this, there is no road rage or anger because to show anger in China is to lose face so there is a surreal calmness in the chaos!

## Do's and don'ts when travelling in China

### DO

Take off your shoes in a private house. You may be offered slippers – take them.

Expect to be refused the first time you offer something. Keep offering as it is considered rude to accept the first time.

Haggle and barter – it is expected especially in tourist areas. Start with a quarter of what they suggest.

Talk to people – they have a genuine interest in you and probably want to better their English either to get a better job or an opportunity to go abroad.

Try out local dishes (especially seven-strand apple or banana). They are infinitely better than Chinese takeaways.

### DO'NT

Hug or initiate physical contact with a Chinese person.

Wear bare feet or socks only.

Sit on the floor as it is considered dirty. You may 'squat' if you can!

Offer tips. They are not culturally acceptable, although this is changing in the larger cities especially in hotels

Argue or cause anyone to 'lose face'. Let it drop.

Blow your nose and put your tissue back in your pocket. Throw it away!

Accept food or drink from a street vendor unless it's fruit that you can peel or in a sealed bottle.

## Unleash your potential with the **RCN Institute**

Have you ever thought about studying for a qualification with a nursing focus but weren't sure how to fit it around your busy lifestyle?

Distance learning with the RCN Institute has the answer.

We offer a range of programmes for post-registration nurses and health care professionals that are flexible, student friendly and relevant to practice.

Choose from:

- **Diploma in Health Services Management**
- **BSc (Hons) in Child Health Nursing**
- **BSc (Hons) in Gerontological Nursing**
- **BSc (Hons) Nursing Studies**
- **MSc in Nursing**

We believe that your journey with distance learning will bring you change and opportunity, but don't take our word for it. Current BSc (Hons) Nursing Studies student Jennifer Illingworth describes her experience of distance learning.

She said: "In 1999 I decided to undertake some further education, but was unsure what I should do. I was determined to take a course that would be both relevant and beneficial to my work, but working in an area as specialised as the National Blood Service (NBS), this did not prove to be an easy requirement to meet.

"Whilst reading the *Nursing Standard* I saw an advertisement for the RCN's distance learning programmes, in particular the Diploma in Health Services Management. At that time I was the clinical team manager of a mobile blood collection team and the learning outcomes of the course met my needs perfectly. I did, however, worry about my ability to complete the course, never having undertaken any formal academic study before. I was quickly put at ease by a helpful and friendly tutor who helped me to understand my strengths and to work on the areas that needed developing.

"After successfully completing the Diploma, I decided to continue my studies with the RCN Institute by enrolling on the top-up degree in Nursing Studies. These courses have increased both my confidence and professional development and I now have the studying bug! I have changed jobs several times since beginning my studies and am quite certain that this is a direct result of my new-found confidence.

"I have recently been promoted to the role of National Standards Manager in the NBS which has been a personal goal of mine for some time. I am writing this as I am about to embark on my final module, which is both an exciting and scary thought! I wonder what will be next?"

Her advice to potential students is

**"If I can do it, then you can too!"**

The hardest part of any journey is taking that first step. Take yours today. Contact us now for a prospectus.

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

Email: [distance.learning@rcn.org.uk](mailto:distance.learning@rcn.org.uk)

Call: 020 7647 3700

# Inspiration out of devastation

By Mark Jones

I was going to the Sri Lankan capital of Colombo to bring home an elderly couple who had been injured in the tsunami. Waiting in the Dubai airport lounge I had no idea what to expect.

I had contacted a medical aid service in Sri Lanka in case I could be of any assistance even for the very short time I would have there – roughly 24 hours. As I looked on the aid agencies' websites however, they reported that they had enough volunteers and what they really needed was money to sustain their efforts. I realised that there was nothing extra I could do.

Getting on the plane was like watching a 'who's who' of aid agencies, from medical support to engineering and excavation teams. It was clear that they wore their uniforms with pride and hoped that their work would improve others' lives. It felt strange being with them, as I would be rushing in and out of Colombo, staying in a luxurious hotel and not having to experience the reality of the situation.

The taxi driver who took me from Colombo airport to the hospital told me that the concrete banks built some 30 miles out

at sea had protected the city from the effects of the tsunami, even though the waves came close to overflowing the banks.

Although on the surface it was business as usual for the driver, in reality it was the opposite. Tourists had stopped coming and aid agency personnel were using their own transport which had seriously affected his business. The driver was optimistic though, that in two-three months, the infrastructure would be back to normal and that devastated buildings would be replaced and damaged buildings repaired quickly.

When I met the elderly couple, they were lying on very basic, metal framed beds. The linen seemed to be clean but perhaps it was in comparison to the dirty brown colour of the room that had plaster falling off the walls and a ceiling fan which was having little impact on the humidity. It was clearly not an environment conducive to the healing of wounds. Although theirs had been debrided and betadine-soaked gauzes and crepe bandages applied, they had not been touched for some time. The treating doctor was very knowledgeable if very tired and lacking the facilities and staff to offer better care. It was clear that the sooner my patients were at home the better. When I arrived the next day to begin our homeward journey, I saw a trail of ants marching through the patient's room, not one or two but an army of them determined to reach their goal which appeared to be the locker tops where goodies were to be found! Definitely time to go!!

At the airport, I was asked to examine a man who had discharged himself a week earlier, convinced that he wouldn't get any better in hospital. For many surviving tourists, although their injuries were initially treated appropriately, there was no chance of follow up, so they were developing painful infections and had no hope of receiving further treatment. Fortunately I could confirm that he was fit to fly. He told me he'd had nightmares since it happened and everyone I spoke to recalled the same thing – a wave splashing against their feet – then a wall of water crashing towards them.

My 82-year old male patient had been having breakfast in a beach hut and saw his wife being dragged out of the hut by the water, helpless to prevent it. He had held onto a tree for hours until a helicopter saved him, not knowing what had happened to his 83-year old wife. Fortunately, she had been rescued by a man who pulled her to safety in the calmer waters and found a surf board for her to cling to. Despite having fractured ribs, a dislocated and fractured wrist and being covered in gashes and abrasions, she hung on.

Although calm when we first met, once my patient realised they were finally on their way home, it was all too much and he cried long-overdue tears. While their physical wounds would recover quickly, their psychological wounds might take longer. The uncomplaining way they spoke and the way they carried themselves despite the trauma and their injuries, will remain with me and inspire me for a long time to come.

*giftaid it*

**LET THE TAXMAN ADD TO  
YOUR DONATIONS  
TO THE BENEVOLENT FUND!**

The RCN is embarking on a major campaign to reclaim Gift Aid on all donations to the Benevolent Fund. We will be writing to everyone who has generously donated to the Fund to ask them to sign up for Gift Aid – and we can then claim back from the Inland Revenue the tax that the donor paid when earning the money. This means that for every pound that you donated, we can claim back an extra 28 pence – so £10 becomes £12.80, £25 becomes £32 and so on. And that's not all – we can claim back Gift Aid on donations made since April 2000, as well as any donation you may make in the future.

**That will really make a big impact on our work!**

So, if you have supported the Benevolent Fund with a donation, expect to see a Gift Aid form coming through your door soon. Please help nurses in need by sending it back to us – after all, it's not every day that the Government gives us a tax break.

Contact **Joanna Paraszczuk, Fundraising Manager, RCN HQ, on 020 7347 3989 for more information.**

# Two very welcome rescues

## A patient's perspective of being in hospital away from home

**By Mrs Arlene Hindle**

There are worse things than breaking a leg, but 5,000 feet up a mountain trembling with shock and fear and in terrible pain, it was hard to think of any.

We were on holiday in Italy and had taken a cable car up Mont Baldo, then made our way a further 2,000 feet up to see even more spectacular views. A few photographs and lunch later, we were carefully making our way back, when my right leg slipped and twisted under me. When I heard the crack, I knew.

Mobile 'phones were non-operational, so my husband, John, made his way down to a ski lift station to get help. After the longest two hours of my life I heard the rescue helicopter. Minutes later I was being air-lifted to Malcesine Hospital.

Some three excruciatingly painful hours later I was in a hospital bed on traction for spiral fractures to my tibia and fibula. Having had a Steinmann pin shot through my foot with no anaesthetic beyond the morphine I had been given on the mountain, I thought, as tears streamed down my face, that perhaps the Italians are tougher than us. I found the procedure utterly barbaric.

Three days later, my tibia was plated under epidural and my leg encased in a cast. It was huge and weighed a ton. I was hospitalised for eight days before being escorted home. As a retired nurse, it was with an experienced eye that I saw what went on around me.

The cleanliness was excellent. One speck on the bedding meant it was changed immediately and the wards were cleaned twice a day. The nurses wore immaculate uniforms and were rarely without gloves. To serve meals, they wore hats and long coveralls.

The sisters and staff nurses however, were never seen beyond giving medication or appearing with a doctor. It seemed that the bed-side care we were taught years

ago is lacking in Italy too. At night the nurses would turn out the lights but continue talking loudly, seemingly unaware that patients were trying to sleep. I didn't dare complain.

The language was also a problem for me and my Italian phrase book was my constant companion. Some staff could speak German and a handful could speak a word or two of English so the feeling of isolation was awful. I worked hard to be a good patient but kindly smiles were rare. I read and read, but the days were painful, long and tedious.

John travelled home earlier to make arrangements for my escorted journey home, but my return was delayed by a day because this was so complex. Although he rang the same medical emergency number that he'd called at the time of my accident, they could not identify me. He was passed on to six different numbers in the UK and several others in other countries. No one could locate me! At one point he was even told that I was definitely not in hospital in Malcesine. I despaired and wept with the sheer frustration of it all! Eventually he met someone who went to enormous trouble to find me. We know now that in Italy, a married woman retains her maiden name and it is used in all official

records which was the cause of the problem.

After that, the service was excellent. Speaking in English to the flight nurse the day before my departure was a joy. She was pleasant, efficient and insisted that my 'pot' was split for the flight home.\*

After a week of hospital food, my airport croissants, strawberry jam and cappuccino were pure nectar. I was looked after so well that the escorted journey home was like a holiday after the previous few days, but I think I owe my nurse an apology for my non-stop talking, after more than a week of phrase book Italian. The first taste of the outside world I was treated to at Verona Airport. Later three dishy Italians helped me on to the plane. It just got better and better!

Back home, my x-rays showed that they had done a good job and four months on, I am recovering well. No doubt there are worse scenarios than mine, but I hope my story recognises the wonderful work you do and how much it is appreciated.

\* I know that you are all wondering why a fuss was made over a five day old 'pot' – this is because it had actually been replaced only that morning and was very tight. VP

## Forums are on the Move in Scotland

One of the top priorities of the RCN Scotland Board over the last 24 months has been to increase forum membership in Scotland. Guess what? We're making fantastic progress. Forum membership has increased by over 14 per cent and now, 1 in 5 members in Scotland are a member of a forum (up from 1 in 6).

Increasing forum membership in Scotland continues as a priority and recent developments mean that the four Board Members for Professional Divisions, along with Susan Finlay, one of our Council members, are holding regular meetings for key members in forums in Scotland.

Encourage your colleagues to join up to three RCN forums for FREE and get benefits exclusive to forum members such as newsletters and voting roles.

**Want to know more? Email [scottish.board@rcn.org.uk](mailto:scottish.board@rcn.org.uk) or contact the RCN Scotland office on 0131 662 1010. Log onto [www.rcn.org.uk/scotland](http://www.rcn.org.uk/scotland) (click on "About us" then "Forums") to find out how you can get involved.**

## Useful resources

- [www.npsa.nhs.uk](http://www.npsa.nhs.uk)  
The National Patient Safety Agency which has updates on the safety measures being introduced in the NHS.
- [www.mhra.gov.uk](http://www.mhra.gov.uk)  
The Medical Healthcare Registration which has updates on medical devices and medications currently being investigated or recalled.
- [www.dh.gov.uk/travellers](http://www.dh.gov.uk/travellers)  
The Department of Health site which has information on many aspects of travel including the new E111 and the introduction of the European Health Insurance Card (EHIC). This is also available on our own website: [www.rcn-ifna.org.uk](http://www.rcn-ifna.org.uk)

## Diary dates

The next **Study Day** will be held on **Saturday 4 June 2005** at RCN HQ in London. There will be an update on subjects to be covered nearer the time.

On **18 and 19 November 2005**, there will be a two-day conference at the RCN in London. It is being organised by RCN Events and promises to be a superb event so book early.

## Changes to RCN In-flight course

This course has recently been jointly validated by the RCN and the Faculty of Health and is offered by London South Bank University. It will start in May 2005 and will have places for 24 UK and overseas nurses.

The course has been re-developed with participation from service providers, practicing nurses and the RCN In-flight Nursing Association. Registered nurses who care for patients at altitude do most of the teaching so that theory is applied to practice.

The course attracts candidates from overseas with a wide knowledge base and so offers excellent networking opportunities. It is unique in providing successful candidates a RCN certificate recognised as the kite mark for in-flight nursing as well as 30 points at level 3.

The aim is to prepare competent and reflective flight nurses who can adapt their nursing skills to practice more competently in-flight. It highlights the specific knowledge and skills for in-flight nursing and the personal safety and health needs of the nurse and patient. It also aims to familiarise students with the administrative and legal aspects of national and international air travel. Particular emphasis is placed on the in-flight nurse as an autonomous practitioner.

The course will be over 15 weeks and comprises a self-directed component of eight weeks using e-learning, two

weeks of attendance (including three days of practical experience) and a consolidation period of five weeks.

### Course entry

Registered Nurses/Midwives on part 1, 2 or 3 of the register held by the Nursing and Midwifery Council (NMC) Registration or equivalent if obtained overseas and a minimum three years post qualification.

Candidates must have an acute background, such as ICU or A&E, paediatrics, midwifery or mental health qualifications. They must be confident working alone in isolated conditions and being the sole representative of the assistance company or employer.

Suitability for entry will be determined from the application form and at interview and each applicant will be considered on his or her own merit. All candidates must be computer literate and have a good command of spoken and written English. We understand that interviews are still taking place for the course, and interested applicants should contact either of the following:

Course enquires: Course director, Mr Siva Murugiah: tel: 020 7815 6736 or email: [murugis@sbu.ac.uk](mailto:murugis@sbu.ac.uk)

For application forms: Lelia Oniri, course administrator: tel: 020 7815 8127 or email: [oniril@sbu.ac.uk](mailto:oniril@sbu.ac.uk)



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