

The quarterly magazine for RCNSTUDENTS

the answer

Summer 2006

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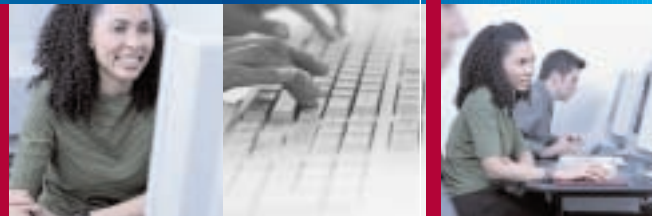
The state of the NHS



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Editorial

The NHS is in crisis! Every day we read in the newspaper and see on the television reports that trusts in England are declaring deficits, services are to be reconfigured and jobs lost, but little mention has been made of graduating students unable to find and secure that first job as a newly qualified nurse. Trusts are trying to balance their books and to maintain the standards demanded by Government with minimal resources. Those trusts which declared deficits in 2005/2006 and cannot find the money to repay the overspend will have to carry the debt over to the current financial year.

In various interviews, Secretary of State for Health in England, the Rt Hon Patricia Hewitt MP has stated that the deficits have arisen as a result of poor management decisions, inefficiency and waste. However King's Fund health economist Professor John Appleby believes that many hospitals have had to face the dilemma of either meeting government targets or balancing the books. Many under pressure from ministers to meet targets have accumulated a deficit (Evening Standard, 2006).

Nursing students will suffer with every redundancy announced as there will be fewer mentors and preceptors to guide them on the road to registration. Placement areas will rely even more on the contribution that nursing students make to the ward environment and staffing numbers.

Patient care will be compromised because the specialist nurses who had



undertaken years of training and updating of skills will not be there to provide the all-important services to those with acute and long term chronic illness. How long will it be before someone dies and the Government has to sit up and take notice of what is happening to the health care system that was once the pride of the UK?

Your ANS Executive Committee is actively campaigning to ensure that you will have a job to go to when you qualify. However, it is only one voice – we need you to join us to shout and make ourselves heard, to call on the Government to guarantee your future. Although the situation is different across the UK, it is vital that we work to support each other. You are the future of the NHS and the voice of the RCN. Together we can speak up and speak loud to safeguard our futures, to safeguard OUR NHS!

Grant Ciccone FRSA is the consultant editor of *the answer*.

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the answer

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news

Where are we now? Update on the ANS strategy

The ANS Executive Committee is continually working on the big issues that face nursing and midwifery students throughout the country.

In light of the recent redundancies and continued job freezes, the Committee is focusing on the effects that this may have upon students now and in the future. One of our main priorities is to lobby and raise awareness of the issue politically and in the media. Our resolution at RCN Congress to ensure all newly-qualified nursing students have a job to go to inspired much debate and discussion, and the issue has now been merged with the RCN's work on the future of nursing.

Work around bursaries is still going strong, and a lobbying toolkit designed to help students take an active role in raising awareness of the financial problems facing them is currently being developed. We hope to launch this by autumn, in time for the next edition of *the answer*.

Mentorship and mentors remain a key issue within the student world and now that the NMC has announced one hour protected time with students, we are moving in a positive direction on this matter. We are still awaiting feedback from one of the consultations that took place earlier this year, and will be reporting back on that at a later date.

The ANS Executive is continuously working towards making the student experience better and addressing the issues that may be faced by us or students in the future.

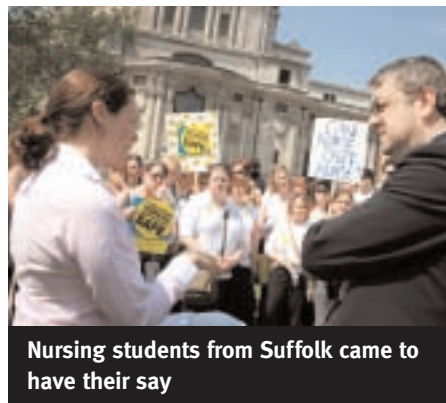
For more information visit >>
www.rcn.org.uk/students

MPs hear from students at RCN lobby

As part of the *Keep nurses working, keep patients safe* campaign, RCN students joined the lobby of Westminster on May 11 to tell their MPs about the impact of deficits in the NHS. Members met politicians to air their concerns about patient safety, redundancies and ward closures. Elizabeth Banbridge, a student steward who attended the lobby with

a group of over 50 students from Suffolk College, spoke to MP Chris Moles of her concerns about students not getting jobs on qualification. She said, 'I thought it was about time we took a stand'.

More info and to sign the petition >> www.rcn.org.uk/deficits



Nursing students from Suffolk came to have their say



Students from Cardiff with RCN Chair of Council Eirlys Warrington

Global nursing shortages addressed

The International Council of Nurses (ICN) and the Florence Nightingale International Foundation (FNIF) have released the findings of a two-year study addressing the worldwide nursing workforce crisis. *The global nursing shortage: priority areas for intervention* identifies top priorities for action in addressing the shortage of nurses worldwide.

The report calls on national and global partners to engage in developing, implementing and financing interventions in key areas, and identifies urgently-needed improvements. It also highlights the need for greater national self-sufficiency, support of nursing workforce development and improved public infrastructures.



The full details of the report can be found in the ICN website >>
www.icn.ch/global

news

Student offered funding to return to Kashmir

Following a passionate speech at RCN Congress on her work with the disaster relief effort in earthquake-torn Kashmir, West Midlands Student representative Subiha Hussain has been offered funding to return to the region. The offer, from a group of medical practitioners, will allow her to revisit the communities she helped bring medical relief, and to see the impact of her work.



Subiha speaking at Congress

Learning about learning disabilities

About 1.5 million people in the UK have learning disabilities, and they generally have higher levels of health needs than their non-disabled peers. It is important that all nursing staff are equipped to recognise people with learning disabilities and to deliver the appropriate high quality care.

The RCN Learning Disability Forum has produced a guide for nurses and nursing students working in primary and hospital care services who are trained in branches other than learning disabilities. The publication *Meeting the health needs of people with learning disabilities: Guidance for nursing staff*, highlights the specific health needs of people with learning disabilities and aims to help staff make their services more accessible. Copies of can be obtained from RCN Direct on 0845 772 6100 (quote publication code 003 024) or it can be downloaded from the RCN website at www.rcn.org.uk/publications



Giz a job, Mr Blair

Congress Students' Day resolution receives UK-wide coverage for jobs crisis

ANS Executive member and consultant editor of *the answer* Grant Ciccone gave a high profile speech at Congress which was widely reported in the UK press, focusing public attention on the plight of students and newly-qualified nurses in the current climate of job cuts and hiring freezes in the NHS.

Echoing the famous line from the 1980s drama, *Boys from the Blackstuff*, Grant made a direct appeal to Prime Minister Tony Blair to "giz a job"! He was proposing the ANS resolution calling on the Government to assure students that there will be a job for every newly-qualified nurse for at least a year. The resolution was passed by an overwhelming 97.54 per cent.

News in brief

West Midlands NHS Trust announces 300 redundancies.

Royal Wolverhampton Hospitals NHS Trust has announced up to 300 redundancies affecting all employees at New Cross Hospital.

Regional RCN officers have met with the chief executive, who has reassured all nursing students who have been offered positions within the trust that these offered would not be withdrawn.

Alcohol may not be good for you...

...for men that is, since the evidence was never strong for women. A news report on a piece in the *Journal of Addiction Research and Theory* suggests that studies on the benefits of moderate drinking were flawed, as they had confused non-drinkers with people who had quit drinking due to ill-health or ageing. It reports 'cardiac protection afforded by alcohol may have been overestimated'.

For more information visit www.bmj.com

New educational resources for you
Every nursing student and midwife should have these on their book shelf:

Female genital mutilation (publication code 003 037) This excellent educational resource will help you understand the complex cultural, physical, emotional and legal issues around FGM, and your role in protecting the child and caring for the woman.

A guide to genetics (publication code 003 010) Clear, easy-to-understand information on genes, inherited disorders, taking a family history, screening and the ethical issues.

visit www.rcn.org.uk/publications

congress 2006

RCN Co



Andy Scott Donkin reports back on the highlights of the week

Despite being a very ordinary conference venue, the Bournemouth International Centre played host to an extraordinary week for RCN Congress 2006. Congress saw derision shown towards the Secretary of State for Health, recognition of the shocking reality of the NHS today, and the beginning of a campaign to keep nurses working and keep patients safe.

Congress' theme of *Nursing the World* was very apt during these unsettled times, with the issue of disaster relief and crisis planning affecting both nursing students and seasoned professionals alike. The international perspective was incorporated into the agenda, and discussion items included

how the RCN can engage in global health issues and the immensely important and emotive subject of female genital mutilation. These stimulated heartfelt debate and brought attention to subjects that may not always receive the coverage they deserve.

Within the agenda were three resolutions that directly affect student nurses; maternity rights for nurses, fair student bursaries and 'don't stop us working'. Student nurse Bennett Mott introduced the resolution to improve maternity rights for nursing students. He highlighted the disparity between the four countries within the UK and brought attention to the disjointed way in which bursaries, family tax credit and social security work. Vicky Clarke and Nykoma Hamilton added further weight to the argument by suggesting that the lack of maternity

support is discriminatory and could contribute to attrition rates. Congress voted in favour of the resolution and RCN Council will work on this issue over the coming year.

The second resolution urged RCN Congress to lobby for a UK-wide review of the provision of non-means tested bursaries for all pre-registration nursing and midwifery students. With the average age of a nursing student standing at 29, the financial pressures and responsibilities of a pre-registration student are considerable. Student Iain Kightley pointed out that "raising the grant to around £10,000 was not a luxury amount of money, just a liveable amount". After a debate heavily in favour of an increase in student bursaries, the resolution was overwhelmingly carried.

Consultant editor of *the answer* Grant Ciccone proposed the resolution

congress 2006

Looking for answers at Congress



submitted by the RCN ANS Executive Committee. The resolution called for the RCN to urge the government to ensure that every newly qualified nurse has a job to go to at the end of their course. Grant spoke passionately about newly-qualified nurses who, having accrued large debts, are now faced with the reality that the excellent job prospects promised to them at the beginning of their course are no longer available. The debate highlighted recruitment being frozen, newly qualified students working as bank health care assistants or claiming benefits whilst waiting for jobs, and the disgraceful waste of taxpayers' money. Congress voted strongly in favour with a majority vote of 97.54 per cent.

The highlight of the week was the attendance of the Secretary of State for Health, Patricia Hewitt. Ms Hewitt

was greeted by a packed hall of frustrated and concerned nurses who responded to her prepared oratory with heckling and foot-stamping. In her keynote speech, she reminded Congress that the majority of the NHS is not in deficit and most hospitals and NHS organisations are in balance or surplus. Astounded by this, delegates asked Ms Hewitt why so many wards are understaffed and why so many nursing posts are being lost. She replied by stating "It's up to each hospital to sort out its staffing", suggesting that trusts and hospitals have to reorganise rotas to use permanent staff better. With regards to the growing number of qualified nurses unable to secure nursing posts, ANS member Pamela Bennie asked if the Secretary of State felt that newly qualified student nurses should be guaranteed a job on registration. Ms Hewitt agreed with the sentiment, but

offered no solution to the problem faced by many students. Earlier in the week, RCN students displayed a coffin outside the conference centre representing the demise of the NHS.

The Congress agenda also included the Students' Assembly, where representatives from international relief agencies spoke with passion about their organisations' achievements in areas of the world devastated by natural and man-made disasters.

Students' Day concluded with our version of the X Factor – Nurse Factor – where we were regaled by 'once-respected' members of the RCN singing their versions of classic songs.

It was definitely a Congress not to be forgotten. ■

For further information and to watch webcasts of the keynote speakers and debating sessions, visit » www.rcn.org.uk/congress2006

viewpoint

The State of the NHS

Grant Ciccone gives his view on the health service's rising costs and increasing deficits

Increasing billions of pounds of our taxes are going into the NHS, so why is the NHS sinking deeper and deeper into debt? Where have all our billions gone? And who is at fault: hospital managers or ministers?

Secretary of State for Health Patricia Hewitt believes that only a small number of trusts have financial problems. Speaking on the BBC1 Panorama programme in March, she said "There's a small number of organisations and a relatively small number of areas where the financial problems are concentrated. These are where you've got the big deficits... [they have] been over-funded compared with the rest of the country for quite some years, and have been overspending." In contrast the NHS Confederation was reported to have said that "it is all too easy to blame managers", stating that many of the deficits are deep-rooted and long-term (BBC, 2006).

There have been many suggestions for the deficits. Trusts have said that the new Agenda for Change and consultants' contracts have added to the pressures of over-stretched resources.

When Ms Hewitt was challenged about pay reform, she admitted that they had cost "a bit more".

Since 1997, the Blair government has drowned hospitals in a sea of targeted initiatives. Hospital managers have been told that they must cut waiting lists to a maximum of 18 weeks and many trusts are struggling to meet this target. A joint report by the National Audit Office and Audit Commission published last year has suggested that Government-led targets have had an impact on trust finances (NAO, 2005).

Since the beginning of the year patients have had the choice of up to four hospitals for receiving non-emergency care. To help soften the burden a new 'payment by results' system has been developed by the Government so that hospitals will be paid per patient treated rather than being given a lump sum based on past activity. Ministers have also been encouraging more private sector provision of services with the aim of having one in every ten elective operations being carried out privately with NHS money by 2008. The government believes that introducing

such measures will help to drive up standards.

Building up the National Health Service has been a very painful business for both government ministers and hospital managers alike. But now the government will have to manage down the public's expectations of what all their taxes are actually delivering. Labour has been banking on the NHS as a trump card at the next election, but the way they've played it means it might not prove to be quite the ace they thought.

References:

National Audit Office and Audit Commission (2005) Financial Management in the NHS, London: NAO.

British Broadcasting Corporation (2006) Panorama: the NHS blame game (Transmitted on BBC2 television, 17 March).

For information about the RCN's position on NHS deficits and the *Keep nurses working, keep patients safe* campaign visit www.rcn.org.uk/deficits

elections

ANS Executive Committee elections 2006

Grab this chance to make a difference, get involved with the ANS Executive Committee and speak up for nursing students!

The ANS Executive Committee is a representative committee of nursing and midwifery students from across the UK who campaign on your behalf. The RCN is now on the lookout for new members to join the Committee from October.

Who makes up the ANS Executive Committee?

Two student members of RCN Council (from which a chair is elected on an annual basis by the Committee), two members from Scotland, two members from Wales, two members from Northern Ireland and one member from each of the nine English regions.

The purpose of the ANS Executive Committee:

- to provide opportunities for RCN student members to meet to consider matters relevant to students undertaking pre-registration education
- to promote activities that will assist nursing and midwifery students to keep abreast of change and to contribute to advances in nursing and to the promotion of high standards of nursing practice
- to promote activities that will assist nursing and midwifery students to increase their professional and political awareness of, and contribute to, developments in the profession
- to consider issues of importance to

nursing and midwifery students in relation to pre-registration education and to other health care students

- to encourage all nursing and midwifery students to be in membership of the RCN
- to encourage all student members to be involved in the activities of the ANS and RCN at all levels – local, regional and national.

The Committee is given both financial and staff support for its work, particularly from nurse advisers and a student administrator. The benefits of being a member of the ANS Executive Committee include having a voice in creating RCN policy at national and local level, influencing the nursing education agenda, making a difference to nursing and midwifery students and your own personal development.

What does being on the ANS Executive Committee involve?

It can be demanding so those considering standing should think very carefully about the time commitment required, as well the demands of pre-registration nursing courses and personal lives.

In general, members of the ANS Executive Committee will be expected to:

- attend up to four two-day meetings per year

ANS Committee seats available

We are currently seeking nominations for election to the following seats:

Two year term of office:

- Student Member of RCN Council
 - Scotland
 - Wales
 - Northern Ireland
 - East Midlands
 - Eastern
 - North West
 - South West
 - Yorkshire & the Humber
- attend a two-day strategy setting meeting, where the ANS strategy is set for the coming year
 - participate in policy work
 - link in with RCN structures locally (i.e. with branch/board/local staff)
 - attend the annual ANS conference and RCN Congress
 - contribute to the ANS magazine
 - take on responsibility within the Committee.

Note that the role of Student Member of RCN Council carries additional responsibilities. Details are available from richard.bernhard@rcn.org.uk

Positions commence from 18 October 2006. Any applicant should be a student member of the RCN undertaking a pre-registration nursing or midwifery course leading to initial registration, with at least six months remaining from when the position commences. Applicants cannot hold office in any other UK nursing membership organisation or UK health service trade union.

Closing date for nominations is noon on 14 July 2006. Election packs are available from:

Richard Bernhard, UK Returning Officer, 20 Cavendish Square, London W1G 0RN or email richard.bernhard@rcn.org.uk

Visit » www.rcn.org.uk/rcnelections

student experiences

Thoroughly modern matron

Nursing student Laura Jane Robinson experiences nursing in the 1950s

Sitting in a lecture during my first year, our group leader told us the BBC had contacted her looking for nursing students to take part in a 1950s nursing programme. I sent off an application form, never really expecting anything to come of it. So imagine my surprise when, out of the blue in my second year, I received a phone call from the BBC. They explained a little about the programme and gave me a short informal interview over the phone. Later in the year I was invited to an interview in Birmingham so, not really knowing what to expect, I decided to go. When I arrived in the city I was met by one of the BBC crew. We chatted and I was asked various questions about why I wanted to be a nurse and why the programme interested me. All the time he was filming the process, which was really embarrassing! I had never done anything like this before. A few days later I was asked to take part in the programme along with five other nursing students who had been picked from around the UK. I could not believe I had been chosen from the West Midlands!

So, last June I made my way to Belfast for the filming of the programme. Myself and the other students were taken to Belvoir Park Hospital, which we understood was once a hospital for infectious diseases. Here we had a first glimpse of what we all would be wearing. On the first day of filming we took about two hours to get the uniform on and I remember thinking that I would never manage to start work on time if I had to do this

every day. Gradually I came to like the uniform, because, even though the collar was so tight around my neck and I could not bend down as the apron had been starched so much, I felt like a true professional wearing it.

Filming took place in a disused ward that had been set up as it would have looked in the 1950s. It was really strange seeing the set for the first time, and it looked nothing like wards of today. The main ward only had the beds and an old wooden desk in the corner.

During the week we were taught how to carry out various nursing procedures the way they were done in the 1950s, by either matron or sister. We learnt bandaging techniques, bed making (which had to be done to a fine art or else!), administering injections and enemas, hand washing and how to wash all those lovely bedpans by hand (this still gives me nightmares!). We also learnt how to measure a patient's blood pressure, pulse and respirations, and how to insert a nasogastric tube on each other (no dummies for that task!). We even had an old-fashioned-style anatomy class.

The most memorable task was the ward cleaning. We were split into two groups in order to compete against one another. Matron gave us a trolley of different cleaning solutions, including vinegar and tea leaves. I guessed the vinegar was for cleaning the windows, but we couldn't figure out what the tea leaves were used for, although it was fun trying!

We dreaded the morning and afternoon line inspections on the ward, which were carried out by

matron and sister. This was the time of day when matron told us how we had performed. It was not always good! At least one of us was told to tidy up our appearance each day and to stop giggling, as it was not allowed in the 50s. Even though matron and sister were quite stern during inspections, off camera they were really friendly. At the end of each day we had to give 'Big Brother' style interviews, where we were asked how we would cope in the 1950s and how it compared to present day nursing.

Filming went really well and we soon got used to the cameraman sneaking up on us. There were ups and downs but I met a nice bunch of people and had a great laugh. The week was so interesting and a real eye-opener to learn about the life of a nurse in the 1950s. I had a great experience that I will never forget.

'Thoroughly modern matron' was shown on BBC1 in November 2005.



Laura Jane Robinson and Matron

Commissioning a patient-led NHS

Student Member of Council Andy Hart looks at the impact on nursing students in England

Last July, Sir Nigel Crisp outlined proposals for delivering the NHS Improvement Plan and stated that health services were to be provided from a wide range of suppliers from the private and independent sectors through commissioning by primary care trusts (PCTs). The 'Crisp letter' went further by stating that PCTs were to act as provider of services 'only where it was not possible to have other providers'. This led to the RCN applying for a judicial review on the grounds that such a major policy change should be subject to public consultation. Before the High Court hearing the Secretary of State reiterated the Department of Health's position on service provision by PCTs 'would remain what it always had been prior to the letter of 28 July sent by Sir Nigel Crisp'.

So what does all this mean to nursing students in England? On the surface it would appear nothing, because the RCN application for a judicial review stopped the proposals set out in the Crisp letter. However, if there was to be an increased provision of services by the private and independent sector, it is worth considering some of the consequences.

At present there are agreements between local NHS trusts and educational establishments for the provision of placements to enable students to gain as broad experience as possible. So, it is of some concern how private and independent sectors would accommodate the number and quality of placements that are required by universities. At no point in the

proposals detailed by Sir Nigel Crisp was there any mention for the provision of education and training of students.

How would the provision and training of mentors be provided within the private and independent sector? Whilst there are many examples of excellent placements, the development of placement areas to provide the required quality of education and training should remain under the remit of each strategic health authority to enable the continuation of workforce planning.

Without quality control and audit the danger would be in not providing the quality of students' experience and the failure to meet NMC pre-registration requirements. It should also be noted that the move to providing care in the community would increase the requirement for training in the community.

The fantastic work provided by the independent sector should not be underestimated or ignored, but it has the same financial and resource constraints as the NHS. Without a



commitment to provide the correct quantity and quality of mentorship, the number of placements available in areas provided by the private and independent sectors will reduce. The possibility of qualified nurses being expected to undertake mentorship courses in their own time and at their own expense could also be cause for concern.

The NHS Improvement Plan and creating a patient-led NHS are still very much at the heart of the future of the NHS. If future developments are to include an expansion of the private and independent sector, the need for partnership-working between providers of education, clinical placements and workforce planning is paramount. Without it, mentorship standards and the provision of diverse, quality placements could be jeopardised to the extent that students cannot complete and achieve their competencies.

References

- Department of Health (2005) *Commissioning a patient-led NHS*, London: DH.
- Department of Health (2005) *Creating a patient-led NHS: delivering the NHS Improvement Plan*, London: DH.
- Department of Health (2004) *The NHS Improvement Plan: putting people at the heart of public service*, London: DH.

All available to download from » www.dh.gov.uk

council and regional roundups

Council roundup

The news of nurses' 2.5 per cent pay award, NHS deficits, pensions and the Professional Development Structure are all very much at the heart of the work that Council and members are working on with the staff of the RCN. This work cannot and will not be successful without the continued lobbying by the RCN and its members, including students, to make sure that the RCN is at the forefront of all consultations with employers and government.

Budget deficits and redundancies are making finding a job more difficult, and in some areas almost impossible, with students only being given the option of working on the bank, moving areas or working as health care assistants.

Moving areas is not an option for many when taking into account that the average student nurse is 29 years old and likely to have financial and family commitments. Availability of student placements is also an area for future concern when we are seeing ward closures and reallocation of staff. There is little doubt that we are living in changing times, so become involved at whatever level you can, whether national or local, and have your say. Let's bring the student voice to the fore of all the difficult issues facing students, nurses and nursing.



Andrew Hart
RCN Council

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Richard Cummins
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Regional roundups

Northern Ireland:

Hi everyone! Well, Congress and the NI Students' Conference are over for another year. Both were very successful events for RCN students, so thank you to all the staff and students who got involved.

One Northern Ireland ANS Executive position will come up for election this year, so turn to page 9 to find out how to apply. This is an excellent opportunity to represent your fellow students in NI and have a great time! If anyone has any questions or problems, feel free to get in touch with us and we'll do our best to help.



Victoria Clarke
Northern Ireland

c1916003@qub.ac.uk



Oladimeji Sa'ad (DJ)
Northern Ireland

saadoladimeji@hotmail.com

Scotland:

We are celebrating the reformation of the Student Forum and are still keen to hear from students who would like to get involved – it gives us the chance to bring issues of nursing and midwifery students to the fore.

Congress was a fun although tiring time. We are looking into organising a larger group to attend next year to give opportunities to more students.

In Scotland are we continually working towards a better voice on issues and concerns surrounding the education of nurses



Iain Kightley
Scotland

ikightley@btinternet.com



Claire Alexander
Scotland

c.d.alexander@dundee.ac.uk

Wales:

Helo bawb / hello everyone, since our last report, there was a student conference day in London which went well. Overall, responses about the day were positive and it was fantastic to see most Welsh nursing schools represented.

The ANS is collecting information and statistics on nursing students who qualify and can't get jobs, and on nurses who are made redundant. Please email us with facts and figures about what is happening in your trust, as this will help us greatly with our research. If you have any other problems do email us and we will try to help.



Pam Bennie
Wales

blackmagic1969@hotmail.co.uk



Chris Cooper
Wales

hsuf0e@bangor.ac.uk

East Midlands:

The inaugural meeting of the Student Forum took place in February. There was a useful exchange of information, particularly around the future of students looking for substantive posts after qualifying. Plans were made for Congress and for Nurses' week and there was a review of the student fresher fairs.

For details of the next meeting, please contact Jennifer Doohan at the East Midlands office on 0845 456 7873.



Grant Ciccone
East Midlands

g.ciccone@blueyonder.co.uk

Elections currently taking place – more information next time

Eastern:

As you are winding down for the summer holidays, take a moment to reflect on the turbulent time faced by

regional roundups

nursing and nurse education over the last six months. The RCN and the RCN ANS Executive have and will continue to speak up for nurses and nursing students, ensuring your voice is heard. We will further the debates and actions started at RCN Congress. If you have any issues or concerns that you would like to air, please let me know.

Have a great summer!



Andrew Scott Donkin
Eastern

scottndonkin@mac.com

London:

Hi fellows! Many of you came to for RCN Congress, especially for students' day, and I'm sure you had a splendid time, meeting and networking with new students across the UK.

On another note, you are invited to join the new London forum meeting which will be starting soon – please email me if you're interested. This is a great opportunity for you to freely express any concerns, matters and issues that you may have. Thank you all.



Ayodele Tijani
London

joytij83@yahoo.co.uk

North West:

Like the rest of the UK, the North West is affected by the growing financial crisis in the NHS, job freezes, redundancies and students struggling to find work in the areas they want. For the ANS this is a time when we raise the profile of our support to students and remind our members of the strength

found in joining with colleagues and being part of a united and organised voice.

The North West has been chosen as a beacon area for the RCN's equality and diversity strategy, and is in the process of developing high profile events to focus people's attention and energy on inclusion. If you have any suggestions or would like more information, let me know.



Benn Mott
North West

bennmott@gedben.com

Northern:

Welcome to new students within the Northern Region, I would welcome contact details or comments from students from the universities within the area. The Northern region is particularly interested in recruiting student stewards, so please contact me for information.

If you have any information regarding employment upon qualification in your areas, I would be interested to hear from you. This appears to have been an issue with the last qualifying cohorts, some of whom are still awaiting employment in my area. Also, as the ANS link for the UK Safety Representatives I would welcome any feedback on any safety issues that you may have experienced in your areas.



Colin Slater
Northern

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South East:

Elections currently taking place – more information next time.

South West:

Don't worry, be happy! The lecturers' dispute will end and you will get a job – even though it may be stacking shelves in your local supermarket! and don't forget this is the best year ever for the NHS. Thankfully not everyone agrees with Patricia 'Blewitt'. The RCN has taken a strong stance and recently held a mass lobby of Parliament. I would like to thank all the South West students who were able to travel to London and take part. Please write to your MP, your local paper and the Prime Minister and make sure your views are known.

The RCN needs more student stewards for the South West region, so email me for information.

Hope you all have a good summer.



Mark Rickman
South West

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West Midlands:

During these uncertain times of hospital deficits and redundancies you can be sure that the West Midlands regional office, the Student Forum and the ANS are fighting to secure the future of the NHS and jobs for all those nurses who qualify in the next few months. I have been campaigning in London and Manchester to ensure that the message of 'no nurses, no services' reaches all parts of the region.

Your student forum is recognised as the best in the country for its support and political campaigning. We meet regularly at the

regional office, so come and get involved.

A big thank you to all of you who recently attended the ANS Conference and RCN Congress, these events keep you in the loop and makes the RCN and ANS a stronger political force.

Finally, congratulations to all of you who have recently qualified. I wish you much success in your future careers as registered nurses.



Grant Ciccone
West Midlands

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Yorkshire and the Humber:

Firstly, welcome to new nursing students, I wish you all every success on your individual courses.

Across our region problems have been reported about newly qualified students not being able to secure employment and students in Sheffield encountering problems with pre-registration training. We continue to give these issues our attention and support.

On a positive note, the majority of newly qualified students on the east coast have secured employment within their local trust. I have been visiting universities in the region, and hope to build a strong network of support and encouragement to all our students. If you would like to get involved or have any queries, contact me or look out for details on your notice boards.



Sarah Foulger
Yorkshire / Humber

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real lives



Where are they now?

Past ANS Executive Committee member, Jeremy Benton, tells us what he is up to now...

I qualified in June 2004 as a mature student halfway through my term with RCN ANS Executive Committee, and began my career in a community hospital. It was an excellent place to start practice, as it allowed me to devote time to my ANS and RCN work.

During my studies, I was elected as vice-chair of the South Oxon branch, and, since qualifying, have been elected as chair.

In 2004 I became an RCN representative and staff-side chair for my trust. Following a motorbike accident, I was seconded to the trust's Agenda for Change/Knowledge and Skills Framework (AFC/KSF) team until I became fit. I also got involved with the trust's Improving Working Lives

(IWL) team as a validator for my strategic health authority and part of my unit's Essence of Care working group, as well as various joint staff-side/management groups. I also qualified as a mentor and have attended various study days.

I used the RCN Student Political Awareness course to develop press contacts and became a regular contributor, particularly to the *Nursing Standard*, on student issues.

I recently moved trusts and started an 18 month critical care rotation. It's a steep learning curve and fantastically rewarding (although lacking somewhat in nurse/patient conversation!). I am also a representative in my new trust.

To paraphrase Florence Nightingale, nursing is a profession where to stand still is to move backwards, so there's not much danger of that then...

Letters

Dear Editor,

I have heard that the NMC is planning on major changes to the way nursing students are trained. I am soon to qualify and I am wondering if any of these changes will affect me.

Yours sincerely,
Nursing student from Norwich.

Ed says:

The Nursing & Midwifery Council (NMC) is proposing to bring in new ways of assessing students to ensure they are fit for purpose and practice at the point of registration.

The NMC has developed new essential clusters, including medicines administration; care management; nutrition and fluid balance; care and compassion; communication; and hygiene and infection control, all of which will be assessed at various points in the nurse training programme to ensure that the nursing student is progressing at the required stage. There will also be new requirements to strengthen mentors and mentorship training programmes.

The new changes to the nursing programme will not take place until September 2007.



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clinical skills

Blood pressure

Here we look at how to take a blood pressure with the mercury sphygmomanometer.

Although they are currently being phased out of hospitals, the mercury device is still considered the gold standard according to the British Hypertension Society.

Potter and Perry (2003) define blood pressure as the force exerted on the walls of an artery created by the pulsing blood under pressure from the heart. Therefore blood pressure can be summarised in the following equation:

$$\text{BLOOD PRESSURE} = \text{CARDIAC OUTPUT} \times \text{PERIPHERAL RESISTANCE}$$

A normal blood pressure reading will generally range from 100/60 to around 140/90 mmHg. Alexander et al (2000) explains that factors such as age, sex and race will influence blood pressure values.

Equipment needed for taking a manual blood pressure:

- sphygmomanometer
- stethoscope
- alcoholic swab
- pen and a record form.

Procedure

1. Explain the procedure to your patient and gain informed consent.
2. Let the patient rest for 3-5 minutes before taking the reading. This is to make sure the blood pressure reading will be as accurate as possible. It is also advisable that the patient does not smoke or exercise 30 minutes prior to the blood

pressure measurement. This is because exercise and smoking can cause untrue rises in blood pressure.

3. Remove any tight clothing, ensuring the arm is relaxed (preferably in a lying or sitting position) and supported at heart level, with the palm turned up. If the arm is raised above the level of the heart, this can increase the diastolic pressure by up to 10 per cent.
4. Wash your hands
5. Locate the brachial artery and position the cuff 2.5 cm (1 inch) above the point at which you have found the brachial pulse. Ensure that the bladder of the cuff encircles at least 80 per cent of the arm.
6. Estimate the systolic pressure. This is done by detecting your patient's radial pulse and inflating the cuff until you can no longer feel the radial pulse. Remember the pressure, as this is the estimated systolic pressure.
7. Clean the diaphragm of the stethoscope with the alcohol wipe and place over the brachial artery.
8. Inflate the blood pressure cuff to 30 mmHg above the estimated systolic pressure you obtained in step 6. For example, if the estimated systolic pressure was 110 mmHg, then you would inflate the cuff to 140 mmHg.



9. Slowly release the pressure in the cuff at a rate of 2-3 mmHg per second.
10. Listen carefully for the first sound. This is known as the first Korotoff sound, and indicates systolic blood pressure (see fig. 1).
11. When the sounds disappear (Korotoff, phase 5) this indicates the diastolic pressure.
12. Record your findings in an observation chart.
13. Always remember to thank your patient and remove the blood pressure cuff after use.

Rachel Foster, Editorial Board member

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Figure 1. Korotoff sounds

(Perry and Potter, 2001)

PHASE	SOUND	PRESSURE (Normal)
Phase 1	A sharp thump	140 – 116 mmHg
Phase 2	A blowing/whooshing sound	128 – 116 mmHg
Phase 3	A softer thump than phase 1	116 – 104 mmHg
Phase 4	A softer blowing sound that fades	104 – 90 mmHg
Phase 5	Silence	90 – 78 mmHg



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