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editorial

Achieving goals enables nurses and midwives to do their jobs better, enjoy their work, and be more effective

Determining where someone would like to be, and how to get there in five to 10 years, takes much conscious effort, however, identifying goals that will help someone grow, whether it be educational, professional or personal is very important. Several steps are involved in order to be successful, such as, defining the goals, determining the optimum time frame and putting the plan into action. Combining personal beliefs and values into defined goals and refusing to turn away from these beliefs during difficult times will lead to feelings of true achievement once the goals are attained.

Nursing philosophy is clearly understanding your personal truths, thoughts and goals and determining how they relate to your professional career as a nurse or midwife. Each nurse and midwife, has unique experiences that influence his or her personal choice of profession, but in general, nurses and midwives, are drawn to the profession because of the nurturing characteristics that the profession embraces. My philosophy of nursing may vary from other nurses or midwives, depending on their culture, religion or ethnicity, but the combination of the diversities makes nursing special. In my personal view, the nursing profession should be a highly respectable profession, which should always place the holistic care and concern of the patient as the top priority. Continuing education is mandatory for nurses to be able to provide high quality of care and to provide the latest improved treatment techniques. Whether through treating, teaching, advocating or supporting, patient care is directly impacted through nursing and midwifery care on a daily basis. Nurses and midwives also must accept the responsibility of leading others in the care of patients in order to maintain a high quality continuity of care.

Baccalaureate prepared nurses are better prepared to accept positions that require more leadership skills. Obtaining the Baccalaureate degree also shows commitment to the profession, which shows strength to the employer. As stated by Cynthia O'Neal (2004), "In today's health care environment, baccalaureate nurses must be prepared to use essential leadership skills to manage and coordinate teams of care." The increased amount of training that is focused on nursing ethics, nursing foundations and history, and nursing professionalism promotes the knowledge to organize the responsibilities of several team members successfully, without appearing overbearing. Providing this leadership may not be overly accepted by everyone on the team, and may in turn cause temporary conflict, however, in order for the team to function in an efficient and organized manner, and provide the practice with a productive department, and the patient with high quality of care, this is a change that must take place.

Identifying goals and becoming committed to achieving these goals lead to life changing events, bringing satisfaction and personal fulfillment. People are surrounded by goals from birth, learning to walk and talk, to planning for life after retirement or even death. Continually setting new goals and attempting to achieve them is what prevents complacence. For some, complacence may be the goal, but for others, setting new goals is a means of growth, and growth is necessary in embracing life. Goals do not have to be anything as important as a new profession Making realistic goals and attempting to attain these goals while abiding within certain beliefs and values introduces several areas that continue to add value to life. Goals are an important part in life in that it promotes growth, and combining professional goals with personal goals can create holistic peace within self and family.

the editor

message *from the president*

Paul Pace President
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MUMN is the voice of all the nurses and midwives and when such a voice is ignored, for a long period of time, MUMN then has to resort to industrial actions. The industrial actions, which have just ended, were due to the fact that the Health Division was ignoring the nurses' and midwives' difficulties and was not even bothered to address them. Then as your representatives, industrial actions had to be given. Such industrial actions were successful due to the fact that every nurse and midwife recognised their relevance and was supporting the union's directives. You as nurses and midwives managed to convey a message to the whole country that there is a huge shortage of nurses and that the University is not addressing such a problem.

Having just said that, MUMN will be seeing that all Government hospitals will have the necessary supporting staff including a courier service from the pharmacies to collect the DDA drugs. We will be also seeing that the clerical staff in Mater Dei Hospital is available till 6.00 p.m. from Monday till Saturday. We are also addressing issues such as to have in place all the necessary policies including the level one policies at Mt. Carmel Hospital and that the primary care nurses will have the same working conditions as their counter parts in the hospitals. SVPR will have the same support service from pharmacy as the other Government hospitals. Of courses there is also the element of the generator for Mt. Carmel Hospital and the multi-purpose ward for the same hospital.

These are some of the requests that MUMN is receiving from its members. Then there is the issue of the Pakistan nurses. With a failure rate of 65% percent from the nursing and midwifery courses organised by the University proves that serious problems exist in the system within the nursing University course that needs to be addressed immediately. The Government informed us that soon there would be about two hundred Pakistan and Indian nurses working in our hospitals. This is by far the biggest number of foreign nurses ever experienced within the nursing sector. MUMN voiced its concern on the new problems which can emerge within the clinical settings since we had never experienced such a high influx of foreign nurses. MUMN will be monitoring this situation when they arrive and as usual voices its concern if the need arises.

As MUMN President I would like to inform you that MUMN will be organising a series of meetings to all staff in all Government Hospitals. We need to ensure that all Government Hospitals have a sufficient relieving pool as not to have nurses removed from their wards on regular basis. This is a challenging aspect for the coming months but as MUMN we have proved that we are a reliable, hard working union with an effective voice which can leave an impact on the authorities when needed. We are a sectoral union but a very effective one. This is due to your continuous support where nurses and midwives respond to their union's appeal. As President I thank you therefore for the hard time we all had to endure but by all of us sticking together and supporting each other, MUMN can be your strong voice.

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F'dawn l-aħħar ġimgħat l-MUMN kienet involuta f'tilwima industrijali mal-Gvern fuq diversi punti. Mhux ġost u pjaċir tagħna li ninvolvu lilkom f'dan kollu però l-Kunsill tal-*Union* ġie ffaċċjat b'diversi sitwazzjonijiet li ma ħallewx triq oħra ħlief li mmorru għad-direttivi. Dan l-aktar kien attribwit ukoll għal sitwazzjoni fejn l-MUMN, madwar erba' xhur ilu, ssospendiet id-direttivi kollha tagħha sabiex tidħol f'negozjati mad-Diviżjoni tas-Saħħa imqassma fuq numru ta' laqgħat, liema laqgħat sfaxxaw fix-xejn ħlief waħda u dan mhux minn naħa tal-*Union*. Però, issa li l-laqgħat reġu bdew, irridu nħarsu l-quddiem u nikkonċentraw sabiex nakkwistaw l-aħjar kundizzjonijiet tax-xogħol għan-*Nurses* u l-*Midwives*.

Il-laqgħat dwar il-Ftehim Kollettiv għall-ħaddiema kollha fis-Servizz Pubbliku għaddejjin u s'issa saru erba' laqgħat fejn il-Gvern u l-*Unions* qed jiddiskutu dak li ġie propost mill-istess Gvern kif ukoll il-proposti tal-*Unions*. Nistennew u naraw!

Qed nistennew ukoll li jibdew il-laqgħat sabiex jiġi milħuq Ftehim Kollettiv ġdid għan-*Nurses* li jaħdmu fl-Isptar ta' Rijabilitazzjoni ta' Karen Grech għal dawk li qegħdin impjegati mal-FMS. Dan il-proċess ħa ftit fit-tul peress li konna qed nistennew biex naraw jekk ser ikunx hemm xi tibdil fil-mod li huma mpjegati dawn in-*Nurses* però inħoss li stennejna biżżejjed u għalhekk dawn in-negozjati għandhom issa jibdew minnufih.

Il-preparamenti għall-konferenza tal-ICN li ser isir f'Mejju tas-sena d-dieħla mexjin sew u wasalna fl-aħħar tagħhom għalkemm dejjem ikun għad baqa' xi jsir sal-ġurnata ta' qabel tibda din il-konferenza. Ir-rapprezentanti tal-ICN ser jerġgħu jkunu f'Malta fl-aħħar t'Ottubru biex b'hekk inkomplu niffinalizzaw il-proċess li ser iwassal għall-esperjenza unika għan-*Nurses* u l-*Midwives* f'pajjiżna.

L-*issue* tal-*Occupational Health & Safety* ġie ttrattat ukoll fil-laqgħat li qed ikollna mal-Ministru tas-Saħħa u ġie maqbul li ser tinħareġ sejħa għall-applikazzjoni sabiex jiġu maħtura żewġ postijiet għal *Occupational Health & Safety Nurse Specialist*. Dan huwa pass importanti fit-triq li tiġi rikonoxxuta l-importanza ta' din il-materja.

L-MUMN ġiet infurmata li ser ikun hemm tibdil fl-uniformijiet kemm f'dak li huwa stil kif ukoll il-kulur tal-qalziet fejn issa ser ikun tal-istess kulur bħat-*tunic* li għandna llum. L-istil ser ikun aktar eleganti u addadat għall-klima preżenti.

Għal-lum ħa nieqaf hawn għax l-ispazju huwa limitat. Irrid nieħu din l-opportunità sabiex nirringrazzja lilkom għas-support kontinwu tagħkom u fl-istess waqt nitlob skuża jekk kien hemm xi pazjenti li ntlaqtu b'dawn id-direttivi. Żgur li ma kienx l-għan tagħna però minħabba n-natura tax-xogħol tal-professjonijiet tagħna, kultant jiġu ċirkostanzi li ma tistax ma taffettwa xejn lill-pazjenti.

Humility in pastoral care

Humility is one of the core virtue which every chaplain needs to endorse. From my six year's experience, working hands on in Mater Dei Hospital Chaplaincy Service, I deem humility as the passpartout key through which productive spiritual care is delivered.

Christianity offers both an interesting and varied definitions concerning this foundational virtue which marks any authentic spiritual journey. Humility has been defined as "a quality by which a person considering his own defects has a humble opinion of himself and willingly submits himself to God and to others for God's sake." For the Melliflous Doctor (the Honey-Sweet Doctor), Saint Bernard of Clairveaux, humility is "a virtue by which a man knowing himself as he truly is, abases himself. Jesus Christ is the ultimate definition of Humility". Whereas the great 13th century philosopher and scholastic theologian, Saint Thomas Aquinas, says that humility "consists in keeping oneself within one's own bounds, not reaching out to things above one, but submitting to one's superior". The bottom line of these three definitions is that humility enters into play when one recognizes one's own limits.

A humble chaplain is one who is in constant search for her/his personal spiritual identity, which in turn will undoubtedly enrich her/his ministry. In his revealing article, *Confessions of a Relativist*, Rev. Dr. Glenn A. Robitaille, recounts how his spiritual journey has been gradually evolving into a more heterogeneous one. "I must confess that I am among those whose spiritual direction has been more eclectic in the last decade. I would likely qualify as one of those quasi thinkers who can more adequately be described as spiritual than religious. I have done the dogmatic route, from my early Roman Catholic upbringing to my conservative evangelical conversion, and now find myself in that uncomfortable predicament of being comfortably relativistic. There, I have said it. I am a relativist. I have trouble with dogma. I can accept narrow definitions of truth as being necessary for some (or even most), and as a way of ensuring the survival of specific religious groups, but not for me... Admittedly, there is a fine line between relativism and agnosticism. In my own thinking, I can clearly see the elevation of doubt to the status of virtue. Imbedded in my personal doubts are the seeds of humility that have filed off the edges of my former, almost arrogant, triumphalism. In the process of deconstructing my certainties and replacing them with the awe of wonder, I have experienced the reawakening of curiosity that has made every story, every life I encounter in my ministry, interesting".[1]

Continual exploration for one's spiritual orientation puts the chaplain into an optimal position for self-acceptance, radical openess to be molded by a Higher Power, and, most of all, being a teachable minister. On the other hand, if a chaplain obstructs her/his ongoing spiritual quest by subscribing to the illusion that s/he knows it all, s/he ends up by fossilising her/his own spirit, thus killing any hope that the latter animates her/his ministry. When writing on accepting oneself where one is, CPE student Paulette Heinlein states: "This sense of who you really are invites you to imagine who you can really be, and never allows you to forget from whence you came. The real meaning of humility is accepting yourself for where you are right now, and choosing to be reshaped into what God wants you to be, not for your own glory, but for God's. So the real question we all have to answer is, Are we the foolish and weak, or are we 'the wise'? If we are foolish and weak, we are teachable, ever learning and healing, and always growing. Simply put, we are transformed into the Image of God, one of peace and happiness. The real question is, Are we willing to admit that we are foolish and weak? On the other hand, if we choose wise, we will always find ourselves confounded or confused. We run the risk of self-exaltation and unhealthy love for oneself. We become self-propelled, unable to be taught, and stagnant in growth. It becomes increasing difficult to admit who we really are, but not impossible. Which one have you chosen to become?"[2] Humility affords looking foolish and weak because it knows that by doing so it is every teachable, learning, healing and growing.

Two poignant examples which concretely show what I mean by the chaplain's humility deal with holding one's space and upholding a cultural humility attitude. Chaplain Mark LaRocca-Pitts, interestingly speaks about how the chaplain becomes a builder of bridges. In his contribution, "Holding Space: Pastoral Presence for a New Age", LaRocca-Pitts highlights the importance of subscribing to a "holding space" pastoral approach. Such a style of doing chaplaincy has its valid merits. Thanks to it, the chaplain makes an act of will and "invite[s] the divine to be present in the space surrounding another in the hope that this person may allow the divine to work in them

providing healing, meaning, and purpose".[3] In fact, in Robin Bewley's explanation, holding space refers to "a skilled presence using love and intention for the highest good of another wherein a hurting, suffering, and/or disconnected person may rest and receive God's gifts, whatever they may be. It's both about being present and staying out of the way."[4] Holding space suggests that the chaplain maintains in her/his being a place for God in order that s/he can, as a result, hold a space for another human being. In being, first and foremost, centred on God, the eternal I AM, the spiritual care provider is released from her/his own concerns and is actually freer and more equipped to go out there to meet the other's needs, precisely by holding space. Thus, "holding space requires 'humility, conscientiousness, and the ability to step out of the way, to honestly understand that this is not about us [chaplains].'"[5] Humility makes the chaplain other-focused.

The capacity of holding space broadens and introduces pastoral care into what Rev. Larry J. Austin, refers to as "Cultural Humility". For this author, cultural humility is "an attitude of respect when approaching people of different cultures that entails engagement in a process of self-reflection and self-critique requiring an ability to move beyond one's own biases".[6] As chaplains, especially working in a multicultural Malta, for us "to be culturally competent, we must really learn to listen to our patients, learn to ask relevant questions and use our professional insight to move beyond our own tendencies to be judgmental, biased, and prejudiced. And most of all, to move to becoming culturally humble, we must learn to look beyond the obvious trappings of clothes, language and our subjective perceptions, to fully appreciate and value people for who they are – not who we think they ought to be".[7]

The present reflections lead me to conclude that humility is, in fact, a key virtue towards a fruitful flourishing of pastoral care. Perhaps now I can better understand what Saint Augustine said: "Do you wish to rise? Begin by descending. You plan a tower that will pierce the clouds? Lay first the foundation of humility."

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4 Robin Bewley, personal correspondence, 5/14, 2009.
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6 Rev. Larry J. Austin, "Cultural Humility," *Plain Views*, vol. 5, no. 23. (1/7/2009). Retrieved from http://www.plainviews.org/v5n23/er.html on 4/17/2010.
7 *Ibid.*

Body temperature is subject to various fluctuations depending on physical activity and other factors. In the case of infants, since there is a smaller surface area to volume ratio the body will be more subject to such fluctuations. Usually fever is defined as a core temperature of thirty eight degrees centigrade or higher.

MEASUREMENT OF BODY TEMPERATURE

Temperature in children can be measured at different anatomical sites using a range of thermometers namely;

- Mercury in glass
- Electronic
- Forehead
- Chemical and infrared.

Mercury in glass thermometers were the traditional types used but nowadays their use have been super ceded by the electronic thermometers due to safety issues with breakage and worse spillages. DIRECTIVE 2007/51/EC of the European Parliament and of the Council of the 25 September 2007 forbids the trade of mercury containing devices in the EU.

Electronic thermometers have the advantages of being accurate and that of providing a fast reading. Chemical phase-change thermometers measure body temperature by using a combination of chemicals that change colour in response to variations in temperature. These can either be chemical dot thermometers where the chemicals are contained in cells on a plastic stick, or chemical forehead thermometers which consist of a patch of chemicals in a plastic pouch that is placed on the forehead.

Infrared thermometers detect infrared radiation from blood vessels and this is then used to estimate central body temperature. Most thermometers of this type measure temperature at the eardrum (infrared tympanic thermometers) but temporal artery thermometers are now available where temperature is measured on the scalp. Infrared thermometers are quick, non-invasive and simple to use.

The rectum is often considered the most accurate site of measurement of body temperature; the rectal route is therefore a reliable way of detecting fever in babies and young children. However their might be a justified concern for injuries including perforation of the bowel which actually were reported with the use of mercury in glass thermometers and which might also occur with electronic ones. In newborn babies taking the temperature in the axilla (armpit) is almost as accurate as using the rectal route (back passage).

Pathophysiology

Fever occurs in response to the release of endogenous pyogenic mediators called cytokines. Cytokines stimulate the production of prostaglandins by the hypothalamus, which readjust and elevate the temperature set point.

Fever plays an integral role in fighting infection and, although it is uncomfortable, does not necessitate treatment in an otherwise healthy child. However, fever increases the metabolic rate and the demands on the cardiopulmonary system. Therefore, fever can be detrimental to children with pulmonary or cardiac compromise or neurologic impairment. It can also be the catalyst for febrile seizures, a typically benign childhood condition.

Fever can be either acute or chronic, depending on the duration whether it is last for fewer or longer than seven days. In infants and children the most common causes of acute fever are;

- Viral respiratory or GI infections (most common causes overall)
- Certain bacterial infections (otitis media, pneumonia, UTIs)

There may be various causes namely because neonates and young infants have decreased immunologic function and are therefore at greater risk of infection and also because the organism is being challenged with new microbes for the first time.

Treatment

Treatment is directed at the underlying disorder for e.g. infection, however antipyretics can provide comfort. They do not change the course of an infection. However, most clinicians use antipyretics to help alleviate discomfort and to reduce physiologic stresses in children who have cardiopulmonary disorders, neurologic disorders, or a history of febrile seizures.

Paracetamol is an effective antipyretic. On current evidence the drug has a long established safety record. The dosage of paracetamol is 10-15mg/kg p.o or rectally every four to six hours.

Non pharmacological treatment

Tepid baths and the application of cold compresses as well as dressing the child lightly are non drug strategies against fever which produce a temporary and a soothing relief. The use of cold baths is not recommended since it may induce shivering and paradoxically elevate body temperature.

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- The Merck Manual for Healthcare Professionals; Eve R. Colson, MD; Rachel L. Chapman, MD; Melissa R. Held, MD (February 2010)
- Feverish Illness in Children: Clinical Guideline; National Institute for Clinical Excellence (May 2007)

Silver in Wound Care - the delicate balance!

Background: Treatment of antibiotic-resistant bacterial infected wounds poses a major problem in wound care. The development of silver-containing wound dressings has markedly improved the local management of critically colonised and infected wounds. Unfortunately, released silver ions are cytotoxic to human cells, and there is an inherent problem balancing antimicrobial activity against cytotoxicity. Technically, this issue can be addressed by controlling silver release by varying the amount of available silver in the dressing, the surface area of the silver particles and the chemical composition of the silver preparation [1]. Silver is a broad-spectrum agent effective against a large number of Gram-positive and Gram-negative microorganisms, many aerobes and anaerobes, and several antibiotic-resistant strains such as methicillin-resistant staphylococcus aureus and vancomycin-resistant enterococci[2]. Silver dressings have been demonstrated to be effective at killing a broader range of bacteria than cream based preparations. These dressings vary in containing compounds of silver nitrate or sulphadiazine, sustained silver-ion release preparation and silver-based crystalline nanoparticles[3]. Products such as silver sulfadiazine creams and silver nitrate solutions have side effects that can be topical or systemic; which are linked to the negative complex with which the silver forms a salt[4]. To eliminate these adverse effects, pure silver is used. Although all silver dressings are assumed to be safe and effective, it is important for health-care professionals to be aware of the ways in which silver acts physically and chemically, especially when trying to understand statements by marketing companies[2].

How it works: Silver ions absorbed into the wound site, bind to bacterial cell membranes and are transported into the cell. Interfering with the membrane transport system, silver ions impede the bacterial cell's energy source and disrupt peptidoglycan within the wall, causing structural damage. Inside the cell they bind to DNA, impairing cell replication; they also bind to and inactivate intracellular enzymes. The bacterial cell is then prevented from growing or replicating, and often dies as vital components leak through a weakened cell wall which is no longer able to maintain osmotic pressure[2].

Physical and Chemical Properties: Different isotopes of the same element behave the same chemically but have different physical properties. Certain physical properties affect the clinical behavior of a compound. The total amount of silver in a dressing, as well as its crystalline structure, contributes to how much and how quickly silver is dispersed from the dressing onto the wound surface. If a given amount of silver is divided among a large number of smaller crystals, its chemically active surface area will be greater than when the same amount is divided among fewer, larger crystals[2].

Antimicrobial Effects and Toxicity: Silver compounds in various wound products differ in the manner and speed with which they release the bactericidal silver ions[5]. With enhanced bacterial killing effects, there is also concern clinically that too much silver could be delivered into the tissue, resulting in adverse effects on wound healing[6]. Three in-vitro studies have shown that the release of nanocrystalline silver from dressings is toxic to keratinocytes and fibroblasts and affects wound healing[3]. A comparative study of 5 different Silver dressings showed a strong inhibition of wound re-epithelialization occurring when using 2 of the dressings concerned. These findings may explain the clinical observations of delayed wound healing or inhibition of wound epithelialization after the use of certain topical silver dressings[7]. Another comparative study of 3 different silver dressings showed that nanocrystalline silver results in a fast and strong silver release; however, this is associated with significant cytotoxicity. One may debate whether these high silver levels are indeed needed to limit the growth of micro-organisms or whether wound healing may suffer disproportionately most. Clinical evidence and laboratory tests have already demonstrated the beneficial profile of action of low toxicity and potent antimicrobial action of sustained release silver dressings[1]. These results have now been confirmed in a large-scale, prospective multicentre clinical observation study involving 624 patients conducted in the outpatient setting[8].

The way forward: Indiscriminate use of any material is not appropriate and product choice should be based on published scientific evidence[4]. Laboratory experiments have shown that in a protein-rich environment, silver-containing dressings kill a variety of microorganisms even in low concentrations[5]. Only a minute amount of Ag+ concentrations of one part per million or even lower is necessary to achieve a microbicidal effect[2]. Although some silver product companies will boast about how much silver their dressing contains, it has still not been shown that a larger amount of silver in a dressing necessarily results in better clinical outcomes[2, 5]. Cytotoxic effects of silver and silver-based products should also be considered when deciding on dressings for specific wound care strategies[9]. Thus, the balance between antimicrobial activity and cellular toxicity remains a challenge for developing new products which may interfere less with normal wound-healing processes[1].

Conclusion: Dressing selection is a vital part of the successful management of infected wounds and those at risk of infection. Choice of an appropriate antibacterial dressing should be based on the wound type and condition and on clinically applicable measures, such as antibacterial, healing, and exudate handling effects, and not on any single laboratory parameter[6]. Another issue to note is that such products can be relatively expensive[5], when considering NHS (UK) expenditure on silver dressings in 2006/7 amounted to around £25million[10]. Hence, costs should also be considered as an important factor to guide dressing choice[11].

Tanya Carabott, P.Q.Dip.HSc (Mgmt)

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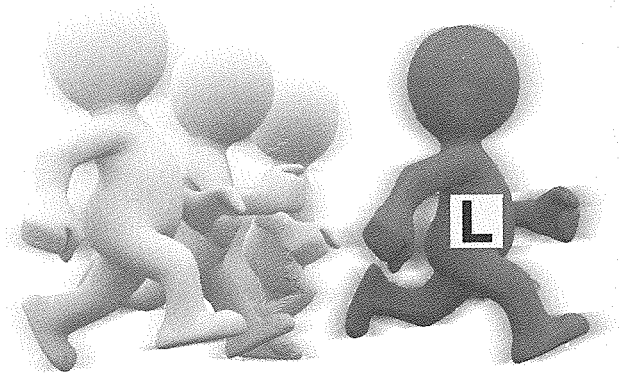
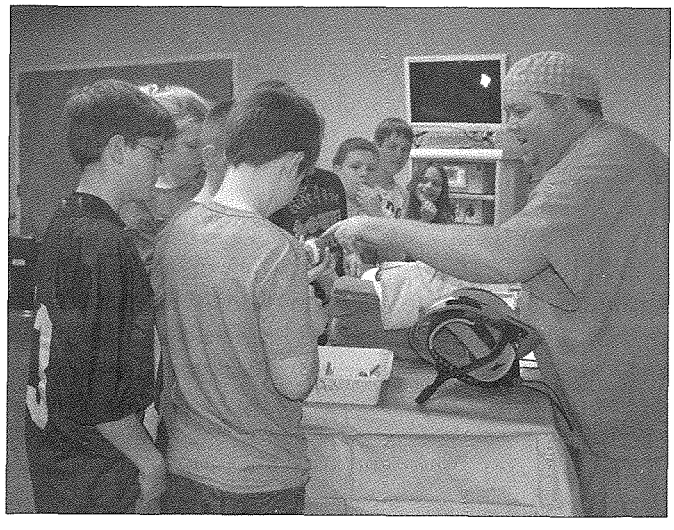


IMPLICATIONS AND DEMANDS OF MENTORING STUDENTS: ARE WE UNDERSTANDING THE CHALLENGES?

Kevin J Holmes

Introduction

The origins of mentoring are rooted within ancient Greek mythology (Andrews and Wallis, 1999; Barlow, 1991; Donovan, 1990). In short, the Goddess of Wisdom, Athena, had disguised herself as a man calling herself Mentor. Mentor had become the surrogate father of Telemachus whose father, Odysseus, was at war with the Trojans. Mentor nurtured Telemachus, the boy who would eventually become the King of Ithaca. Through this piece of Greek mythology, mentoring came to be viewed as an intense relationship between the mentor and the mentee / protégé, the novice and the expert, in order to aid the novice into socialising her/himself within the role. According to Collis Pellatt (2006), Florence Nightingale may have very well been the first nurse mentor. According to Wroten and Waite (2009), mentoring was first addressed as a concept in nursing in the late 1970s. Although unlike Athena nurses do not mentor kings to be, mentoring within nursing* is a beneficial, intense, and demanding relationship which poses responsibilities on the mentor / mentee and has implications which often times are underestimated (Wilson, 2010). Thus, a nurse taking up the role of mentor should set off by reflecting whether or not they have the "requisite personal qualifications and skills" as listed by Hayes (2005) which make up the indispensable armamentarium needed for fulfilling this role. Athena understood that unless she mentored Telemachus, the future King of Ithaca would be vulnerable. This also applies to nursing mentors, upon which this article will focus.

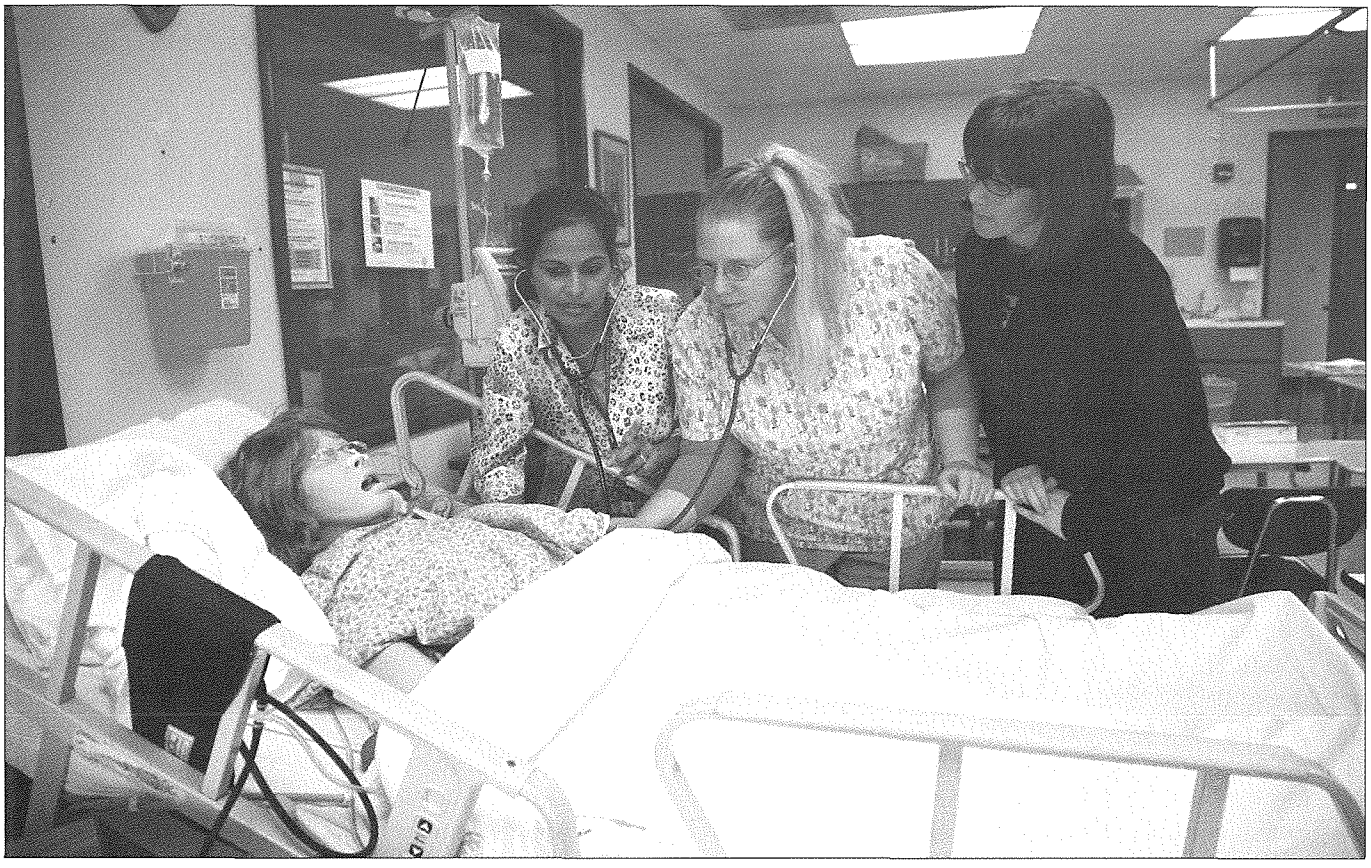


The context

To put things into context I feel that a note on the situation within which nursing currently is, is due below. The current global (and local) shortage within the nursing profession is a result of trends amongst which are an increased demand for healthcare, an ageing population and nursing workforce (the baby-boomers), a decrease in school enrolments due to various reasons, possibility of decreased job satisfaction (Kapustin, 2008), the less than optimal working conditions about which nurses have been speaking quite vigorously in public (Dracup and Bryan-Brown, 2004), and competition with other sectors which have a higher attrition rate due to a better financial gain and perceived higher status. This list is not exhaustive. This shortage invariably increases the workload on nurses. Atkins and Williams (1995) found that nurses might feel that at times their responsibilities as mentors conflict with their responsibilities towards colleagues and patients. As such, student mentoring risks being seen as an extra burden. This grave situation demands that nurses sometimes go that extra mile, hopefully being aware of three things: first is that suggested by Jarvis (2010), that the mentor gains from the relationship as much as the mentee does; second, that the need for retention of nursing students is important and will benefit us all; third, the professional values which we are to pass on to them.

Having said this, I believe that the majority of mentors really care about their students and that most manage to put the emphasis on supervision as an enabling process in order to promote professional growth. Rather than feeling burdened by mentoring, I would say that nurses actually appreciate the fact that they are being given the chance to influence not just the learning process but also the assessment of these students. The ethical responsibilities of duly assessing have implications and demands which I will address within the text that follows. →

** The usage of the terms in this article is as follows: 'nursing' refers to both nursing and midwifery, 'nurses' refers to nurses and midwives whereas 'nursing students' refers to nursing and midwifery students where applicable.*



The relationship

Political, economic, and manpower constraints make it highly unlikely that the nursing courses will be lengthened. Consequently, an increasing number of students are being admitted to a shorter course. The practical component of the pre-registration programme comprises a substantial and important part of training that takes place through all the three years of study. Mentors across all health care entities work with various students in just one part of this whole journey, therefore without necessary attention, this could lead to fragmentation of the learning process. Also, they have to work within the constraints of a list of competencies as "a pale representation of the real world" (Wilson, 2010) in order to assess them. Knowledge of which areas the student was exposed to and how s/he did, would be, in my humble opinion, an asset in two major aspects: first, when planning the exposures and second, when one comes to figure out where this person fits into the whole picture. One might argue that knowledge of previous failures or successes might condition the mentor but this is where we have to challenge ourselves to assess according to the here and now and to reflect on our stereotypical assumptions. This might be especially true when we are presented with a particular student who does not fit into the stereotypical mould of the 'good student'. I do not intend to advocate for the 'bad student' who is the product of a poor mentoring relationship, a mirror image of a poor role model (Woodrow, 1994). I argue that not all students fit one mould and those who challenge our stereotypical assumptions are not necessarily products of poor mentoring.

Whilst I do not intend to make excuses for poor mentoring, I believe that nurses are to understand the complexities involved in the language of mentoring. This is especially relevant with regards to 'befriending' and 'assessing'. To befriend, one of the channels through which Hayes (2005) holds that mentoring is accomplished, is to make the student feel at ease as if s/he is with a genuine friend, allowing someone to feel at ease asking silly questions (Gray and Smith, 2000) knowing s/he will not be ridiculed for it. Unless people feel at ease, learning is less likely to happen. In fact, sometimes junior students feel more at ease with peer mentors (final year students), a term used by Abriam-Yago (2002) in a minority student context. This will be dealt with in the next paragraph. Given that befriending naturally occurs between mentor and student, assessing becomes a balancing act and thus the importance of honouring personal boundaries (Driscoll, 2009) during the process. Each and every grade awarded carries an ethical responsibility. Whilst failing a student is not a thing many are comfortable with (feelings of betraying the student are common), one has to fully understand what is at stake if someone is wrongly allowed to pass the placement. One thing which I find useful in my practice is that although I give constant feedback, in mid-placement I organise a short meeting with the mentee, where I show my genuine concern and point out the deficiencies or I show my contentment and point out how the student can move further within his or her learning. In the case of a weak student, I make it clear that unless improvement is observed in the identified weak areas, then it will be difficult for me to sign off that they have →

reached the required level of practice required. This is being a standard-prodder, one of the three categories within which the mentor role has been separated. According to Lakasing and Francis (2005: p40), the standard-prodder pushes "the learner to achieve higher standards". The other two categories are the envisioner and the challenger.

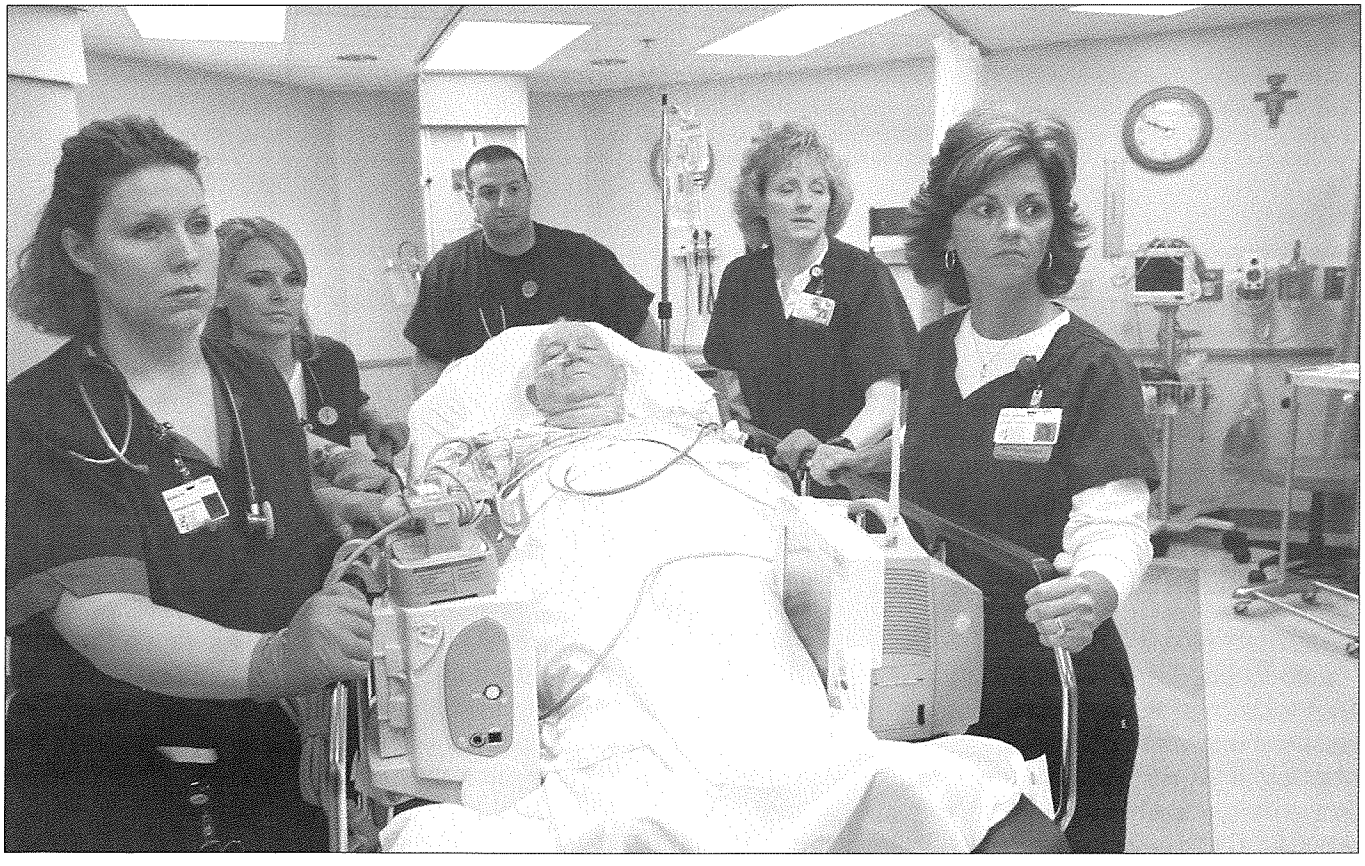
The genuine approach which I adopt has its origin in client-centred psychotherapy (Carl Rogers) and later the student-centred approach to education (Lambert and Glacken, 2005). I hope that this fundamental quality of genuineness on my part is ultimately appreciated by the students especially considering that often times, as Storrs, Putsche, and Taylor (2008) found, both student and mentor experience gaps between what they had expected to experience and what they actually experienced within the relationship.

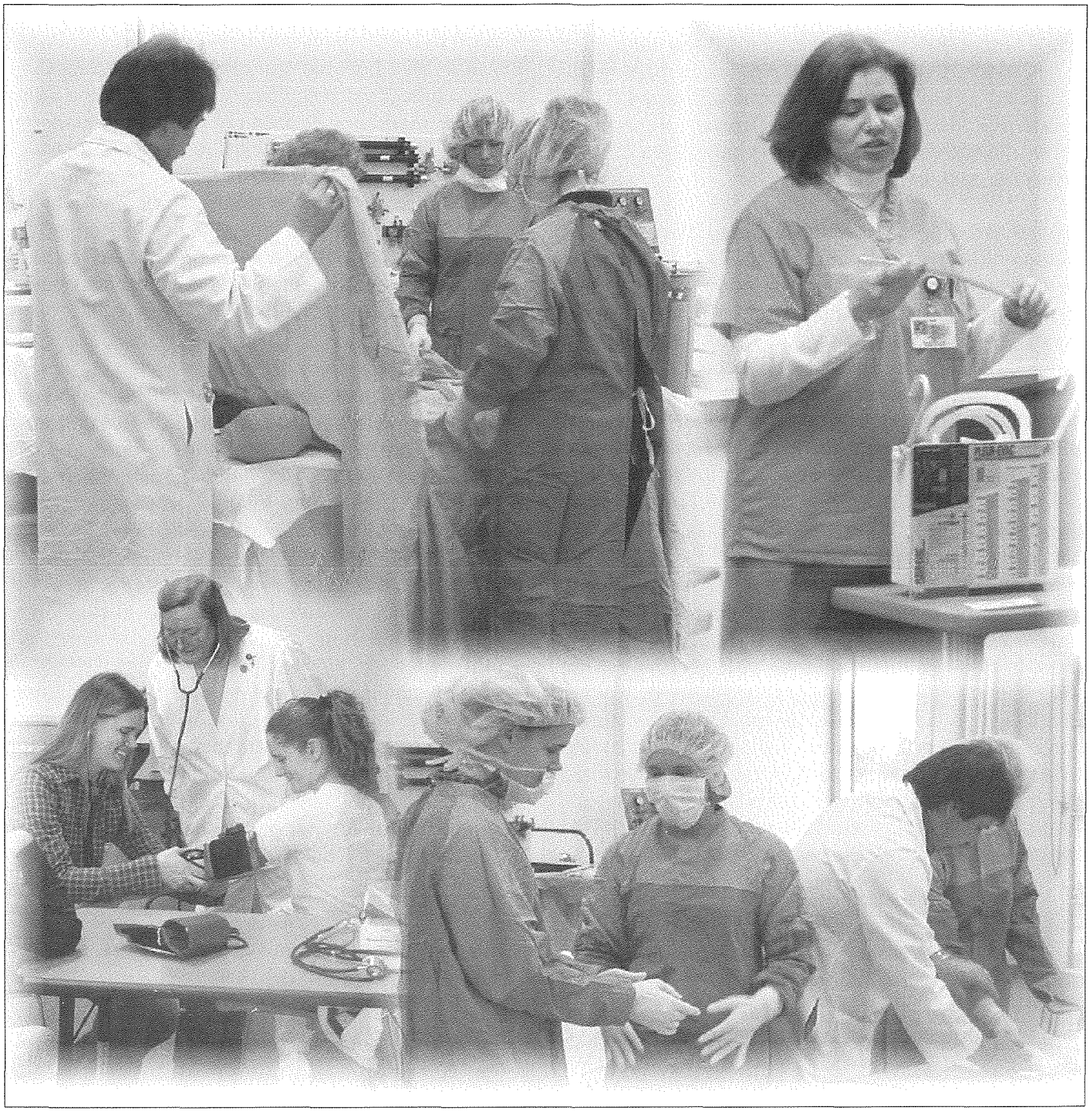
Overkill

Whilst the provision of genuine feedback and constructive criticism are crucial, the excess of guidance and direction, too much help and advice, and the constant breathing on one's neck will all bring about overkill (in Bryant's terms, 2010) as this will not allow the struggle through problem solving. Having said this, I go back to the peer mentoring mentioned previously. We are all aware that some students find it hard to work and perform if too many eyes are watching them intensely as basically they will feel like they are under a constant examination period. This can cause them a lot of stress. So initially, they should be quite dependent on staff but then, as they work through the placement and develop more knowledge and skill, they become less dependent and feel that they have become a significant member of the team. With peer mentoring, it does not mean that every one breathes on their neck or that the mentor's role here is redundant. Gray and Smith (2000) argue that the mentor's role is now different. Gradual distancing is movement related to the self confidence of the mentee, reduction of the reliance on the qualified staff. Supervision has to continue at a distance through fellow nurses in the same unit.

Joy stealing

This last statement links to the theme of belonging and being part of a team. Nolan (1998) had suggested that being part of the team, the student is more likely to learn better. Not being treated as part of the team and other bad experiences within clinical placements and with mentors have been found by Pearcey and Elliott (2004) to cause students to leave pre-registration courses. An unfortunate reality which sometimes the students have to face in relation to some team members, which also puts students off, is that described by Heinrich in Driscoll (2009) as being "joy stealing", something which we as mentors have to problematise and deal with in conjunction with our protégés. This term usually refers to the disgruntled employee who eventually sucks out the joy of co-workers. Beskine (2009: p37) asserts that students "yearn for happy placements" and rightly so, according to Driscoll, this "joy stealing" makes →





students question if they themselves will adopt the same attitude someday and consequently might be disheartened. The mentor, in problematising these joy stealing reactions together with the student should ideally act like a mirror that reflects positively on the protégé's thoughts and feelings, and also being transparent and truthful, two concepts which are crucial to the adult educator as in Paulo Freire's pedagogy.

Conclusion

To conclude I feel that mentors should celebrate the fact that through this system of continuous assessment of pre-registration nursing students, they are being given the opportunity to be actively involved in the preparation of the new nursing recruits and this, I hope, will to a certain extent outweigh the burden of having to walk the extra mile and maybe increase job satisfaction. The considerable investment of mentors in each and every mentoring relationship taken up benefits everyone. The mentor, as a gardener, watches the student bloom as they develop more knowledge, become much more proficient in the skills, and most importantly develop those professional attitudes and behaviours that will equip them with the ability to integrate much more rapidly into the workforce upon graduation. Needless to say, students benefit from the mentorship rapport and the subsequent focused learning opportunities that are provided. In turn, the profession and the health care organisation also benefits through the provision of a well socialised recruit who will eventually be fruitful in his / her delivery of care. Ultimately, the raison d'être of nursing, the patient, will benefit as well.

➔

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SUGARY SOFT DRINK

Hannah Thomas-Peter, *Sky News Online*

Enjoying a sugary soft drink just twice a week could almost double the risk of pancreatic cancer, according Researchers tracked 60,500 people taking part in a large-scale health study in Singapore. Over 14 years, 140 of them were diagnosed with pancreatic cancer, which is one of the most deadly forms of the disease. The scientists found that people who drank two or more soft drinks per week had an 87% increased risk compared to those who did not. Study leader Dr Mark Pereira, from the University of Minnesota, said: "The high levels of sugar in soft drinks may be increasing the level of insulin in the body, which we think contributes to pancreatic cancer cell growth. "Singapore is a wealthy country with excellent healthcare. Favourite pastimes are eating and shopping, so the findings should apply to other Western countries." Pancreatic cancer is relatively rare, affecting around 7,600 people each year in the UK. But only 2% to 3% of patients survive as long as five years. Cancer Research UK said that evidence on the link between soft drinks and cancer is inconsistent. Spokeswoman Jessica Harris said: "Although this study included a lot of people, very few of them developed pancreatic cancer so it is difficult to know if soft drinks do increase the risk of pancreatic cancer, or whether the results are just down to chance. "Also, people who drank lots of fizzy drinks in this study were more likely to be unhealthy in other ways, like smoking, eating more calories, and being less active, so it is difficult to separate the effects of all of these things." The findings have been published in the journal Cancer, Epidemiology, Biomarkers & Prevent.

Source: http://news.sky.com/skynews/Home/World-News/Research-Says-Drinking-Sugary-Soft-Drinks-Twice-A-Week-Almost-Doubles-Chances-Of-Pancreatic-Cancer/Article/201002215544517?lpos=World_News_Third_Health_Article_Teaser_Region__0&lid=ARTICLE_15544517_Research_Says_Drinking_Sugary_Soft_Drinks_Twice_A_Week_Almost_Doubles_Chances_Of_Pancreatic_Cancer

Call to label hidden fats in food

Food labels should list "hidden" fats to help reduce coronary heart disease, according to scientists.

Trans fats, the solid fats found in some processed foods, boost "bad" cholesterol levels, increasing the risk of heart disease.

The Oxford team says labelling trans fats content, as well as saturated fats and cholesterol, will enable consumers to make healthier food choices.

The article is published in the British Medical Journal.

TRANS FATS

- They are partially hydrogenated vegetable oils, turning oily foods into semi-solid foods
- Used to extend shelf life of products
- Put into pastries, cakes, margarine and some fast foods
- Can raise levels of 'bad' cholesterol
- Even a small reduction in consumption can cut heart disease
- They have no nutritional benefit

Trans fats, also called trans fatty acids, occur naturally in small amounts in dairy products and meat, but are also formed by a process called partial hydrogenation, which is used to extend the shelf-life of processed food. They can be found in margarines, biscuits, cakes and fast foods.

The authors, from the University of Oxford, point to recent US research that revealed a 2% increase in the energy intake from trans fats was associated with a 23% rise in the occurrence of coronary heart disease.

The Oxford researchers have concluded that consumers should be able to see the amount of trans fats in their foods.

Dr Robert Clarke, honorary consultant in public health at the University of Oxford, said: "It is difficult for the layman to make informed choices about what he or she eats if they do not know what is in their food."

EU CHANGES

In the UK, the nutritional information posted on food labels is at the discretion of the food manufacturer, unless a specific nutrition claim, such as "low in trans fats", is made. "There is no need to have trans fats in our diet at all "

DR MIKE KNAPTON

Most choose to provide some data, and some companies list the level of trans fats, including Sainsbury's, Nestle and Unilever.

A review of an EU directive that governs the content and format of nutrition labels is under way, and this may change the current regulations.

But Dr Clarke said: "Experts feel this discussion is getting nowhere."

He suggested the UK undertakes a similar approach to labelling fats as the US Food and Drug Administration's scheme, implemented in 2006.

He said: "The American model of including the saturated fat content, the trans fats content and the dietary cholesterol level seems appropriate and allows the consumer to make a choice about what they eat.

"It is all about trying to introduce a change that affects a minority of foods that could have a significant impact on the LDL cholesterol, which in turn influences risk of heart disease."

'NO NUTRITIONAL VALUE'

A spokesman from the Food Standards Agency said: "The agency recognises the need to improve the labelling of trans fats in foods and is pressing for changes at European level when the Commission publishes a new proposal."

Dr Mike Knapton, of the British Heart Foundation, said countries such as Denmark had banned the use of trans fats in products without any discernable impact on the consumer.

"Given that they are bad for you, we can replace them, and they have no nutritional benefit, it seems sensible to try to give the public information about which foods contain trans fats. "There is no need to have trans fats in our diet at all."

A spokesman from the Food and Drink Federation said: "Consumers can be reassured that food manufacturers are already cutting trans fats in food. "Manufacturers are fully committed to reducing the level of trans fats to as low as is technically possible."

Most red birthmarks in children will disappear with time

Dr Trisha Macnair last medically reviewed this article in October 2009

What are birthmarks?

Birthmarks are common in children, and most disappear within a few years without any need for treatment. Any attempt to remove them runs an unnecessary risk of complications or scarring.

Tiny babies have no idea they have a strange red mark on their skin, or that others might consider this unusual, so they're rarely troubled by birthmarks.

Of course, if the mark is very conspicuous, and lasts into toddler years, they may become more aware of it. But, again, treatment may not be the best option. Instead, it's usually better to simply play it down as far as possible, and make efforts to ensure everyone at home and school understands it's quite normal, and will go away eventually.

Symptoms of birthmarks – There are several types of red birthmark

Most common are stork marks - flat pink areas at the back of the neck, or between the eyebrows, which become more vivid when the baby cries. These fade quickly, usually over a few months.

Strawberry naevi are bright red, lumpy and soft lesions with small white dimples on the surface. They usually appear soon after birth, and often steadily enlarge in the first few months. They're caused by abnormal blood vessels, which grow bigger in response to oestrogen passed on to the baby from the mother while still in the womb.

Strawberry naevi can look quite frightening and disfiguring to parents, but these are best left alone because they clear up completely, with no scars, in most cases. Slowly, the lumps become paler and flatter until they disappear. By the age of six years they're usually completely gone.

There's one type of red birthmark that's permanent, called a port wine stain. These marks, formed by abnormal blood vessels, are named because they're flat and purple and look like a spill of wine on the skin. With age they may become thicker and darker in colour.

Birthmarks - treatment and recovery

While your child is still young, it's important to check with your GP whether a birthmark is a port wine stain for two reasons:

- Sometimes a port wine stain can be one visible sign of a syndrome of different problems. For example, a port wine stain around the eye and side of the face can be linked to an abnormality of the blood vessels in the brain. This condition, called Sturge-Weber syndrome can lead to blindness and epilepsy. Port wine stains around the eyelids may also be linked to glaucoma and problems with the optic nerve. Further tests may be needed to check for these possibilities.
- Laser treatments, using a technique known as pulse dye laser or PDL, can be used to destroy the abnormal blood vessels and produce good results, with minimal scarring, but are best done while a child is still an infant, before the birthmark grows. The treatment is lengthy and expensive and may not be available on the NHS.

Cosmetic treatments, including skin creams which cover the mark (the British Red Cross offers a service to help with this) can help.

Source: http://www.bbc.co.uk/health/physical_health/conditions/birthmarksstrawberrynaevi.shtml

From our diary

Mid-djarju tagħna...

1: Once again the MUMN Pensioners' Group Committee organised an outing for its members. This outing was really interesting and fun and gives the opportunity for these Nurses and Midwives to share their experiences. A very big well done !

2, 3: MUMN embarked on an intensive marketing campaign to invite youths to chose the nursing and midwifery professions. These are some of the billboards that were held up as part of this successful campaign.

4: MUMN attended a four day meeting in Geneva organised by ICN. The participation for this meeting was from the National Associations, Chief Nursing Officers and the Regulatory Councils from each country. General Secretary Colin Galea and Vice-President Maria Cutajar represented MUMN during this meeting.

5, 6, 7: MUMN called a press conference to make clear its position on the industrial dispute with the Government. During this press conference, MUMN President announced the support MUMN received from the European Federation of Nurses.

8: The International Council of Nurses invited MUMN to attend to a very important meeting at Washington DC regarding Health Promotion. MUMN President Paul Pace and Financial Secretary George Saliba represented MUMN at this meeting.

10 ta' Lulju 2010

STQARRIJA GĦALL-ISTAMPA U X-XANDIR

L-MUMN MA TISTAX TIGGARANTIXXI AKTAR LI TINGĦATA L-AQWA KURA LILL-ANZJANI RESIDENTI FL-SVPR

Il-Malta Union of Midwives & Nurses ħarġet struzzjonijet lin-*Nurses* li jaħdmu fir-Residenza San Vincenz de Paule sabiex iħarsu s-saħħa u s-sigurta tagħhom waqt il-qadi ta' dmirijithom peress li d-Direttortat tad-Dipartiment tal-Kura tal-Anzjani qed jonqos f'dan l-aspett.

Fiż-żewġ laqgħat li l-MUMN kellha mad-Direttorat ta' dan id-Dipartiment spjegat li n-nuqqas ta' *Nurses* u *Carers* fis-swali ta' din ir-Residenza qed iżidu t-tqandil tar-residenti b'mod sostanzjali. Barra minn hekk l-MUMN infurmat lill-istess Dipartiment li bin-nuqqas ta' *Nurses* u *Carers* fis-swali ma tistax tiggarantixxi li tingħata l-aħjar kura lill-anzjani residenti f'dan il-post.

Dan in-nuqqas ilhu sejjer għal dawn l-aħħar tlett xhur u d-Dipartiment baqa' jkaxkar saqajh fuq dan il-fattur peress li jidher li l-aspett finanzjarju jiġi l-ewwel u qabel is-saħħa u s-sigurtà ta' l-impjegati tiegħu. Għalkemm l-MUMN u d-Diviżjoni tas-Saħħa kienu laħqu ftehim dwar in-numru ta' Nurses li għandu jkun hemm fir-*relieving pool*, dan in-numru ma baqax jiġi rrispettat bil-konsegwenzi negattivi fuq in-*Nurses*. Barra minn hekk numru ta' *Carers* li lestew b'suċċess il-kors tagħhom tlett xhur ilhu baqgħu ma ġewx awtorizzati sabiex jibdew il-ħidma tagħhom.

In-*Nurses* fl-SVPR huma l-uniċi impjegati fis-servizz pubbliku li biex jieħdu 24 ġurnata *vacation leave* iridu jaħdmu 24 ġurnata *overtime* inkella ma jkunux jistgħu jieħdu l-*vaction leave* tagħhom. B'din is-sistema l-*overtime* fuq dawn in-*Nurses* qed jiġi sfurzat fuqhom b'mod indirett. L-MUMN ilha tipprotesta mad-Diviżjoni tas-Saħħa fuq din is-sistema u minflokk id-Diviżjoni tara kif ser isolvi l-problemi eżistenti, issa qed inkomplu nitfgħu l-melħ fuq il-ferita billi qed tiġi ipperikolata s-saħħa u s-sigurtà tan-*Nurses* u impjegati oħra f'dan is-settur.

Tajjeb li jingħad li f'din ir-residenza m'hemmx uffiċjali li jħarsu s-saħħa u s-sigurtà tal-impjegati kif inhu stabbilit mir-Regolamenti tal-Awtorità għall-Ħarsien tas-Saħħa u s-Sigurtà kif ukoll kif inhu stipulat fid-Direttivi tal-Unjoni Ewropeja f'dan ir-rigward.

L-MUMN temmen li l-anzjani residenti għandhom jirċievu l-aqwa kura possibli anki fid-dawl li qed jittieħed persentaġġ qawwi mill-penzjoni tagħhom. L-MUMN tirrikonoxxi l-iżvilupp li qed isir fl-infrastruttura ta' din ir-Residenza iżda bħal ma ġara fl-Isptar Mater Dei, qed jiġu ttraskurati ir-riżorsi umani li mingħajrom l-iżvilupp fl-infrastrutura ma jfisser assolutament xejn.

Għaldaqstant l-MUMN tappella lid-Diviżjoni tas-Saħħa sabiex immedjatament tieħu dawk il-passi u miżuri kollha neċessarji sabiex tirregola n-numru tal-*compliment* ta' *Nurses* u *Carers* fis-swali ta' din ir-Residenza sabiex b'hekk dawn l-istess impjegati jkunu f'pożizzjoni li jiggarantixxu l-aqwa kura lill-anzjani kif wara kollox jixirqilhom.

Colin Galea
Segretarju Ġenerali
Malta Union of Midwives & Nurses

22nd August 2010

PRESS RELEASE ISSUED BY MUMN COUNCIL

MUMN Replies to Sunday Times' Allegations

MUMN refers to the report published on the front page of today's edition of The Sunday Times where it was stated that a top official of MUMN is being investigated for his involvement in a scam to defraud patients, charging hundreds of Euros for a service which they thought or was made to believe was free.

MUMN states that the whole report is fallacious and riddled with inaccuracies and untruths and it shall be taking the necessary legal action to defend its name and that of its officials. In the first place there was no scam

Continued on next page >>>

whatsoever, nothing illegal and no wrongdoing. The facts of the case are that the service in question had been provided for free but the Health Department had decided that this service would no longer be given. This notwithstanding a number of consultants working at Mater Dei Hospital continued to prescribe this treatment for their patients and the nurses' involvement (not one but many as this was widespread practice throughout the whole Mater Dei Hospital) was to execute the consultants' orders in the interests of the patients, as it is their duty to do. The report maliciously gives the impression that a particular nurse who is a 'top' MUMN official (which he is not as he is not even a member of the Council and only chairs a committee) was participating in this alleged 'scam' for his financial gain.

MUMN declares that no nurse has whether directly or indirectly made even the slightest gain out of this situation. Hence the report has been based on is mere allegations and The Sunday Times did not even had the decency to seek to obtain the other version from the nurse or nurses involved. Had it done so, as is normal practice in all but the most amateurish of journalism, it would have easily realized that there was no story at all (let alone a front-pager) and would not have tarnished the good name of MUMN and its officials or at least given a much more balanced report. Furthermore, with regards to the police investigations which the report refers to, MUMN declares that no nurses (including the nurse to whom the report would appear to refer) were ever questioned by the police on this case and hence it fails to see how the police could have conducted and even concluded an investigation without questioning the alleged wrong-doer. MUMN shall demand the publishing house of The Sunday Times to publish this press release on its front page whilst reserving the right to sue for libel.

Paul Pace
President - MUMN

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07 ta' Settembru 2010

STQARRIJA GĦALL-ISTAMPA U X-XANDIR

L-MUMN MA TISTAX TAĊĊETTA *'UNSAFE PRACTICE'* FUQ IL-PAZJENTI LI QED JIRĊIEVU TRATTAMENT KONTRA L-MARD TAL-KLIWI FL-ISPTAR MATER DEI

Il-*Malta Union of Midwives & Nurses* illum tat struzzjonijiet ċari lin-*Nurses* li jaħdmu fir-*Renal Unit* sabiex ma jibqgħux ipoġġu fil-periklu l-kura li qed tiġi mogħtija lill-pazjenti fir-*Renal Unit* meta dawn qed jiġu ordnati mill-*Management* sabiex minflok jieħdu kura ta' tlett pazjenti, jibdew jieħdu kura ta' erba' pazjenti bil-perikli kollha li ordni bħal din tista' ġġib magħha.

In-*Nurses* li jaħdmu fir-*Renal Unit* ilmentaw ma din il-*Union* li huma mhux qed iħossuhom etikament korretti meta qed jobdu ordni tal-*Management* biex flok jagħtu l-kura lil tlett pazjenti, qed jiġu imgħgela jieħdu ħsieb erba' pazjenti.

Fl-aħħar snin fir-*Renal Unit*, il-*Management* dejjem ordna li n-*Nurses* għandhom jieħdu ħsieb tlett pazjenti peress li din is-sistema hija *safe practice*. Fl-aħħar ftit ġimgħat, minħabba nuqqas ta' *Nurses*, in-*Nurses* ġew ordnati sabiex jieħdu ħsieb erba' pazjenti bir-riskji kollha li din id-deċiżjoni iġġib magħha.

L-MUMN ma tistax taċċetta sitwazzjoni bħal din fejn barra li qed tpoġġi fir-riskju l-kura li tingħata lill-pazjenti tkun ukoll qed tpoġġi lin-*Nurses* f'sitwazzjoni fejn jistgħu jiżbaljaw u b'hekk ikunu esposti għall-azzjonijiet dixxiplinarji u anki dawk legali.

Huwa tal-mistħija li d-Diviżjoni tas-Saħħa flok tipprova ssib soluzzjoni għall-problemi eżistenti qed tinfexx f'attakki bla bażi kontra l-MUMN. Din il-*Union* mhux ser tiġi intimidata b'din l-attitudni u ser tikteb lill-organizzazjonijiet Ewropej li hija affiljata magħhom sabiex tirraporta l-aġir tad-Diviżjoni tas-Saħħa sabiex jittieħdu l-passi kollha neċessarji.

Colin Galea
Segretarju Ġenerali

16 ta' Settembru 2010

STQARRIJA GĦALL-ISTAMPA U X-XANDIR

L-MUMN LESTA LI TILTAQA' MAD-DIVIŻJONI TAS-SAĦĦA PERÒ MINGĦAJR L-EBDA KUNDIZZJONI IMPOSTA FUQHA

Il-Kunsill ta' l-MUMN iltaqa' il-bieraħ sabiex jiddiskuti s-sitwazzjoni preżenti fejn il-*Union* għandha kwistjonijiet mad-Diviżjoni tas-Saħħa fl-Isptarijiet Monte Carmeli, Mater Dei kif ukoll fiċ-Ċentri tas-Saħħa.

Il-Kunsill tal-Union b'mod unanimu iddeżieda li l-MUMN hija dejjem disposta li tiltaqgħa sabiex tiddiskuti mad-Diviżjoni tas-Saħħa kif ser jissolvew il-problemi pendenti però mhiex lesta li tiltaqgħa jekk tiġi imposta fuqha xi kundizzjoni. Dan wara li erba' xhur ilhu l-istess *Union*, fuq talba tal-Gvern, issospendiet id-direttivi industrijali kollha tagħha sabiex isiru laqgħat apposta fuq kull sptar u ċ-ċentri tas-saħħa, liema laqgħat sfaxxaw fix-xejn ħlief waħda, minħabba li uffiċċjali tad-Diviżjoni tas-Saħħa għal xhur sħaħ ma setgħux jiltaqgħu ma l-MUMN minħabba impenji oħra, meta l-ftehim kien li ssir laqgħa kull ħmistax.

Meta erba' xhur ilhu l-MUMN aċċettat li tissospendi d-direttivi kollha, dan għamlitu mingħajr ma kellha xejn f'idejha però b'sens ta' rieda tajba iddeċidiet li tilqa' t-talba tal-Gvern. Issa l-Kunsill ta' l-MUMN mhux ser jaċċetta li jerġa jirtira d-direttivi tal-*Union* qabel ma jiġu solvuti l-problemi pendenti però huwa dispost li jiltaqgħa biex jinstabu dawn is-soluzzjonijiet mingħajr l-ebda kundizzjoni.

Il-Kunsill tal-*Union* iddeċieda wkoll li ser jagħti ġimgħa ċans lil Gvern biex isiru dawn il-laqgħat u fin-nuqqas ta' dawn il-laqgħat ser ikun kostrett li jżied id-direttivi industrijali.

Colin Galea
Segretarju Ġenerali

Vitamin D, genes and MS examined in a new study

24th Aug 2010

A new study adds weight to the theory that vitamin D plays a role in MS – but the exact nature of the relationship between the vitamin and MS is still unclear.

What does the study show?

Researchers based at the University of Oxford looked at thousands of genes for specific areas of DNA within the genes where vitamin D has the ability to bind directly and possibly change the way our genes work.

They found:

- Hundreds of genes might be directly influenced by vitamin D levels
- The genes identified are known to be involved in a number of conditions, including MS
- Sufficient levels of vitamin D both before birth and during early childhood may lower the chances of an individual developing MS

The discovery is based on **earlier work** part-funded by the MS Society.

What does this mean for people with MS?

This discovery adds to the mounting evidence suggesting that vitamin D may play a role in the development of MS, but there are still some unanswered questions that need to be addressed with more research.

Should I be taking vitamin D?

Current guidelines from the Department of Health recommend that pregnant women and children between the ages of six months and five years take 400 International Units (10 micrograms) of vitamin D daily.

The guidelines go further in stating that if you are at risk of vitamin D deficiency you should also consider taking a daily supplement of 400 International Units.

If you are considering taking a vitamin D supplement, you may want to talk to your doctor or another healthcare professional.

What happens next?

The MS Society is holding a vitamin D summit in Scotland on 21 September with Shine on Scotland. The summit will be attended by Scottish government officials and researchers leading the field in vitamin D nutrition.

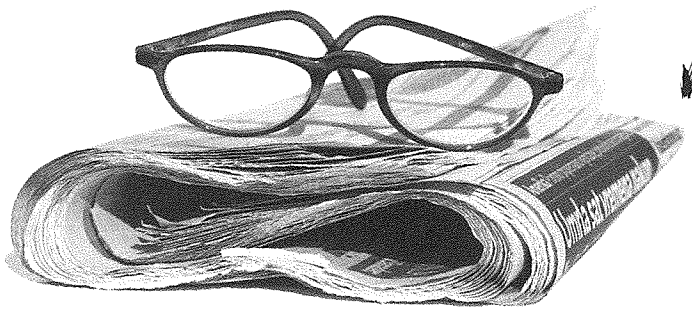
Participants will:

- Examine the current evidence surrounding vitamin D supplements
- Produce a set of recommendations for further research
- Make health policy recommendations to the Scottish government regarding vitamin D

What does the MS Society say?

Dr Doug Brown, head of biomedical research at the MS Society, said: "We are seeing mounting evidence that vitamin D deficiency plays a role in the development of MS and this latest study is an encouraging milestone. We are now exploring ways of moving this exciting area of research forward."

Mill-gazzetti



l-orizzont

IL-MATER DEI MHUX B'XEJN! L-MUMN se tippubblika lista ta' trattamenti li qegħdin jingħataw bi ħlas fl-isptar statali

Il-President tal-Unjin Maltija tal-Qwiebel u Infermieri (MUMN), Paul Pace, qal lil l-orizzont li fil-jiem li ġejjin l-unjin se tinforma lill-poplu bi trattamenti oħrajn li fl-Isptar Mater Dei qegħdin jingħataw bi ħlas għax ordnati mill-konsulenti u t-tobba, u flokhom jiżżeffnu fin-nofs l-infermieri.

Ilbieraħ filgħodu l-MUMN ippreżentat libell fil-Qorti kontra s-Sunday Times għax ħassitha malafamata b'artiklu ppubblikat nhar il-Ħadd li għadda. Pace qal li fl-artiklu inkwistjoni, uffiċjal tal-MUMN kien indikat ċar bħala li mexxa kollox fil-każ ta' trattament ta' pazjenti bin-'negative therapy' (VAC), b'konsegwenza li tefgħu lilu u l-istess MUMN f'dawl ikrah. Huwa qal li l-Ħadd filgħaxija l-MUMN kellha laqgħa mal-infermieri kollha fl-Isptar Mater Dei biex jaraw xi żviluppi se jkun hemm fuq il-każ. L-MUMN ma tista' taċċetta qatt artiklu bħal ma ppubblikaw The Sunday Times fil-ħarġa tal-Ħadd li għadda fejn trattament ordnat minn konsulent, il-kelma tabib jew konsulent fl-artiklu ma tidher imkien. Barra minn hekk l-istqarrija li ħareġ il-Ministeru tagħti x'tifhem li hemm grupp ta' infermieri involuti. Xi ħaġa oħra li qiegħda tinkwieta lil Paul Pace bħala l-President tal-MUMN hija li fl-ebda parti mill-investigazzjoni dawn l-infermieri ma ġew imsejħin biex jagħtu l-verżjoni tagħhom.

Dawn se jittellgħu quddiem il-Kummissjoni tas-Servizzi Pubbliċi (PSC) meta fl-investigazzjonijiet li saru lanqas biss kienu jafu li kienu qegħdin jiġu investigati. Għaldaqsant l-MUMN ma tafx kif il-Ministeru wasal għal dawn il-konklużjonijiet, qalilna Pace.

"Aħna nippretendu li jekk qed tagħmel investigazzjoni qatt m'għandek tisma' qanpiena waħda," qal Pace.

Il-President tal-MUMN qalilna li fil-jiem li ġejjin din l-unjin se tkun qiegħda tinforma lill-pubbliku bi stqarrijiet uffiċjali fejn se turi li fl-Isptar Mater Dei qegħdin isiru trattamenti oħrajn fejn il-pazjenti qiegħdin iħallsu għalihom. Mistoqsi minn l-orizzont jekk jistax jgħidilna liema huma dawn it-trattamenti li pazjenti qegħdin iħallsu għalihom fl-isptar tal-istat, Pace semmilna każ fejn il-professur jordna pilloli u lill-pazjent jgħidlu li l-Gvern ma jġibx minn dawn il-pilloli jew għax ikunu 'out of stock' jew għax huma aħjar. Għaldaqstant il-pazjent ma jkollux għażla oħra u jkollu jixtri l-pilloli meta jkun għadu qiegħed jingħata t-trattament fl-Isptar Mater Dei. Paul Pace semmilna trattament ieħor li pazjenti nisa fl-Isptar Mater Dei qegħdin iħallsu għalih.

Huwa qalilna li l-pazjenta jkollha tixtri dak li jordna l-konsulent fejn titpoġġa fit-teatru tal-operazzjoni u tiġi implimentata. Imma, temm jgħidilna Paul Pace, il-konsulenti u t-tobba imkien ma jissemmew u jeħlu l-infermieri.

Biex tara l-artiklu kollu mur http://www.l-orizzont.com/news.asp?newsitemid=65526

l-orizzont

L-MUMN se tħarrax l-azzjonijiet wara ittri ta' intimidazzjoni fis-satra tal-lejl: ATTAKK FUQ L-UNJINS

Filwaqt li ddikjarat li mhix se tħalli lid-Diviżjoni tas-Saħħa tkompli tintmida u tbeżża' bl-ittri tagħha lill-infermieri u l-qwiebel, l-MUMN ħabbret li mhux talli mhix se tirtira d-direttivi industrijali li għandha fis-seħħ bħalissa, imma se tkompli żżidhom u tħarraxhom fil-ġranet li ġejjin.

L-MUMN iddikjarat dan f'ittra li bagħtet ilbieraħ lid-Direttur Ġenerali Servizzi fid-Diviżjoni tas-Saħħa, it-Tabib John M. Cachia, b'reazzjoni għall-ittra tiegħu u żewġ ittri oħrajn li tqassmu fis-satra tal-lejl ta' qabel fl-isptarijiet Mater Dei u Monte Carmeli lill-infermieri u l-qwiebel dwar id-direttivi industrijali tagħha u l-Artiklu 64 dwar l-Impjiegi u r-Relazzjonijiet Industrijali.

L-Artiklu 64 jirreferi għan-numru ta' infermieri u qwiebel li għandhom ikunu preżenti fis-swali biex joffru servizzi essenzjali. L-MUMN sostniet li f'dan l-artiklu m'hemm imkien speċifikat liema huma dawn is-servizzi essenzjali u għaldaqstant l-interpretazzjoni ta' liema huma s-servizzi essenzjali hija suġġettiva.

L-MUMN qalet li hi temmen bis-sħiħ li d-dħul ta' informazzjoni fil-kompjuter u t-transportazzjoni tal-mediċinali mill-ispiżerija għas-swali mhumiex servizzi essenzjali li għandhom isiru mill-infermieri u l-qwiebel. Dan jgħodd ukoll għax-xogħol l-ieħor kollu li jista' jsir mis-'supporting staff' li nħoloq apposta biex jgħin u jassisti lill-infermieri u l-qwiebel biex dawn jiffukaw aktar fuq il-pazjenti li jkunu rikoverati fis-swali.

L-unjin żiedet tisħaq li fiċ-ċirkostanzi preżenti fejn kemm l-Isptar Mater Dei u l-Isptar Monte Carmeli

qegħdin isofru minn nuqqas kbir ta' infermieri, ma jagħmel l-ebda sens li d-Diviżjoni tas-Saħħa tkompli tinsisti li l-infermieri u l-qwiebel għandhom jagħmlu wkoll ix-xogħol tas-'supporting staff'.

L-MUMN temmet tgħid li kienet tistenna li d-Diviżjoni tas-Saħħa ssib rimedju għaċ-ċirkostanzi preżenti biex b'hekk tiġi solvuta l-kwistjoni pendenti, u mhux tipprova tintimida u tbeżża' lill-infermieri u l-qwiebel fis-satra tal-lejl b'aġir qarrieqi u ta' livell baxx għall-aħħar.

Sadattant, l-unjin sejħet konferenza stampa għal dalgħodu biex tiċċara l-pożizzjoni tagħha dwar il-kwistjonijiet pendenti li għandha mad-Diviżjoni tas-Saħħa u tinforma bid-direttivi industrijali li tista' tkompli tieħu b'ritaljazzjoni għall-intimidazzjoni diretta li qiegħda ssir fuq l-infermieri u l-qwiebel.

Biex tara l-artiklu kollu mur http://www.l-orizzont.com/news.asp?newsitemid=66066

THE TIMES (Sunday, August 22, 2010)

Mater Dei scam being investigated

Author: Ariadne Massa

Police are investigating a scam at Mater Dei Hospital in which a nurse and a salesman swindled vulnerable patients out of hundreds of euros by offering therapy not provided by the state and leading them to believe it was free.

The patients, mostly amputees recovering at Mater Dei where healthcare is free; were encouraged to use equipment to speed up the healing of deep wounds. They were then charged between €700 and €1,000.

In one case, an elderly man with little money was served with an invoice of over €700 which he could not afford to pay, an inquiry revealed.

The internal inquiry into this racket, commissioned by the Health Ministry last May, has just been completed and the findings were handed over to the Police Commissioner last Friday.

TheSundayTimes has learnt this scam involves a nurse who is employed in a managerial position at Mater Dei and occupies a top post within the structures of the Malta Union of Midwives and Nurses.

The report states that this nurse's behaviour is completely unacceptable, and severe disciplinary action should be taken.

When contacted, a spokesman for the Health Minister said the ministry was evaluating what disciplinary action to take.

Meanwhile, the salesman, who was originally employed by a private company that provided this therapy but then set up the same business on his own, was so trusted that patients thought he was a consultant.

During the course of the inquiry, interviews were conducted with a number of families who were ensnared by this highly organised scam, but it has not been established how many patients have been affected.

The ministry ordered the internal investigation after it got wind of the scam last April when a patient turned up with an invoice expecting to be reimbursed for the VAC Therapy; a fairly new technique also known as negative pressure wound therapy; which he received at Mater Dei. Earlier this year, Mater Dei had started providing this therapy; which is administered using a small piece of equipment that can easily be carried around; on a trial period.

However, it stopped offering this service because the therapy was still being tested and complications arose in the tendering process of the provision of VAC Therapy.

The scam worked smoothly because the salesman continued providing the equipment and the nurse offered the therapy to patients, who were given the impression it was free; or when they asked if there was a charge, they were told, it did not cost much, the report established.

Patients were then handed an exorbitant bill, which even had the temerity to include nursing services.

The ministry spokesman said the government would not tolerate any form of abuse. Abusing patients vulnerability, she said, was completely unacceptable. The spokesman confirmed the ministry had handed the inquiry report to the police.

THE TIMES (Thursday, September 16, 2010)

MUMN ready for talks, but refuses to lift industrial action

The Malta Union of Midwives and Nurses (MUMN) said today that it is ready to hold meetings with the government on their current disputes, but it is not prepared to lift industrial action.

The Ministry of Health in statements earlier this week had said that industrial action needs to be called off before meetings are held.

But the MUMN said it is not prepared to accept any conditions by the government, more so because when it lifted industrial action four months ago following a promise of fortnightly meetings, only one meeting was held.

The union also warned that unless meetings are held over the coming week, it will order even more action.

The MUMN has ordered industrial action at Mater Dei and Mt Carmel hospitals as well as health centres, protesting over a shortage of over 500 nurses and an inadequate intake of students to the nursing course.

THE MALTA INDEPENDENT

Nurses' dispute: Current complement of nurses 'equivalent to that of strike mode'

by Francesca Vella

The current complement of nurses is equivalent to what it would be if the health system was operating in strike mode, the Malta Union of Midwives and Nurses (MUMN) said yesterday.

The union said it is high time that the government deals with the numerous problems in the health sector. Addressing a press conference at the union's premises in Mosta yesterday morning, MUMN president Paul Pace said the union's members are deeply hurt by the health authorities' "lies, intimidation and threats against them".

The union has issued industrial action directives to members, in protest at the serious shortage of nursing staff.

The union does not intend politicising the issue, because the health sector should never be turned into a political game, Mr Pace said.

"We didn't intend being alarmist, but at this point we must react to a number of lies about us in certain sections of the media and in comments made by the government. We never played dirty. Certain things must now be revealed.

"Nurses have been suffering, and the health authorities have not done anything to start tackling problems in the health sector," said Mr Pace, referring to the union's various directives to nurses working at Mater Dei Hospital and Mount Carmel Hospital, some of which were issued two years ago. The union's main issue is the shortage of nurses.

Mr Pace referred to the Employment and Industrial Relations Act, which lists the government units required to be manned at all times for the continued provision of essential services to the community in the case of a strike.

These include, for instance, the Renal Unit: "One nurse for every four patients plus one for every special case". Mr Pace pointed out, however, that even though there is meant to be one-on-one nursing in this particular unit, currently there is only one nurse for every four patients.

This means that the current complement of nurses in hospital wards is equivalent to what it would be in the case of a strike, said Mr Pace.

In certain wards where there is meant to be one-to-one nursing, such as the Intensive Therapy Unit, there is just one nurse for every three patients.

No generator at Mount Carmel Hospital

The MUMN president spoke in particular about the fact that there is no generator at Mount Carmel Hospital (MCH) and in the case of a power cut, nurses are left with no choice but to use gas lamps distributed by the management.

A directive on the issue states: "MUMN was informed that the generator is not a priority issue to the management of MCH. While funds are sought for feasts and worker of the year award, not the same can be said for the generator".

As a result, the union issued a directive instructing nurses not to carry out any nursing duties during the night, including cardiopulmonary resuscitation (CPR).

"How are you meant to administer CPR in pitch darkness? Aside from that, patients at Mount Carmel Hospital start screaming when there's a power cut."

As for the gas lamps, according to the directive, nurses should place any gas lamps that are currently in the wards in front of the CEO's office, as these should never have been distributed.

Mr Pace said that this year, nurses had to abandon wards at Mount Carmel Hospital three times, because of situations where psychiatry patients attacked nurses.

"Nurses from different wards have had to go to the assistance of their colleagues whenever something like this happens. Problematic situations arise because the management fails to address certain issues, such as the fact that drug addicts are placed in the same wards with psychiatry patients.

"The patients' interests come first, but not to the detriment of nurses' health and safety."

Health Minister promises no nurses will be dismissed

The MUMN said that despite the fact that nurses have been threatened that they would be dismissed should they continue following the union's directives, Health Minister Joe Cassar informed union officials that he would be giving instructions to make sure that this does not happen.

Union president Paul Pace said that a letter from John M. Cachia, the director general of Health Care Services Division, which was sent to the MUMN on Friday, instilled a sense of anger, not fear, among nurses.

The letter states that the directives issued by the union are putting patients' lives at risk in a capricious way, "without there being a valid industrial dispute".

Colin Galea, the union's secretary general, said that about 90 per cent of its 1,300 members at Mater Dei Hospital and Mount Carmel Hospital are following the MUMN's directives.

Government 'ignored MUMN's document with possible solutions'

The union complained that the government has not even started discussing the proposals it put forward in a document presented at the beginning of this legislature, in 2008. The document includes possible solutions to the various challenges in the health sector.

Last April, the union also proposed the setting up

of a task force to deal with the issue regarding the shortage of nurses and the fact that qualified students who would like to follow one of the two university courses (a degree course and a diploma) in nursing have been refused due to a lack of facilities and human resources.

The MUMN president said that the government had said there was no need for such a task force because the problem would be resolved by the beginning of the academic year. However, the same problem has come up again, said Mr Pace, pointing out that only 44 nurses graduated this year.

Earlier this year the union suspended its directives for three months to allow for the possibility of meetings with the government (which promised to hold a meeting with the union every two weeks).

And yet, there were just two meetings, one about the situation at Mount Carmel Hospital and one on the situation in the primary health care sector.

The union has repeated its openness to discussions. But a number of directives are still in place.

A particular one states that nurses should not collect medicines from hospital pharmacies or stores. This is not in the nurses' job description, said Mr Pace, adding that nurses are not porters.

Recruiting Pakistani nurses unacceptable – European nursing federation

The European Federation of Nurses Associations (EFN) has issued a statement on the situation that has developed in the Maltese health system, saying that recruiting nurses from Pakistan is not an ethical, professional, economic and political solution.

EFN said that due to a serious shortage of nurses in Malta, which is putting in danger the quality of care delivered and the safety of patients and nurses themselves, the Health Minister cannot expect nurses to take up the role of 'porters'.

"There should be a well-organised logistic 'portering' system inside the hospital so the nurses do not have to spend and waste time queuing to get the medicine from the hospital pharmacy."

To safeguard quality and safety, nurses should not be running all over the hospital with prescriptions, in turn losing precious time with patients, said the EFN statement.

Referring to the international call for applications for the recruitment of nurses, the federation said: "Malta has a shortage of 550 nurses on such a small touristic island and the Minister of Health is tackling this shortage by recruiting nurses from Pakistan. This is unacceptable for EFN.

"Recruiting nurses from Pakistan is not an ethical, professional, economic and political solution. Malta needs to invest now in nursing education, recruiting young Maltese citizens to nursing schools and implementing immediately a Maltese recruitment and retention strategy to achieve a highly educated and motivated health workforce."

EFN said EU member states and the European Commission need to support the Maltese government to act towards a safe health system.

Patients' health must come first

Meanwhile, in a statement released in the evening, the government said that patients' wellbeing must be put before anything else.

The parliamentary secretariat for community care thanked nurses for all their hard work, but could not understand why the MUMN was issuing directives that were "hurting" patients'. It said that it was ready to meet the union to broker a solution provided that directives were suspended.

THE MALTA INDEPENDENT

Nurses' issues not money-related – MUMN president

by Francesca Vella

As the industrial dispute in the nurses sector continues, the Malta Union of Midwives and Nurses is insisting that the nurses' issues are not money-related.

MUMN president Paul Pace told this newspaper: "We are urging the government to address the shortage of nurses, particularly by removing the numerus clausus principle from the nursing courses, meaning that the number of students who can follow these courses won't be limited."

The union is also insisting that the government immediately starts tackling other shortcomings, not only with respect to the shortage of nurses.

There have been rumours that the MUMN made requests for improved financial packages for nurses, but no information on the negotiations has been disclosed.

Asked whether it was true that the union had made requests for improved financial packages, or compensation for nurses, Mr Pace said: "Our issues are not money-related. We don't want to continue working in the current situation.

"Our main request has always been for the government to increase the number of nurses. There are a number of problems that the government has failed to address," he said, referring to the various problems in the health sector, particularly at Mater Dei Hospital (MDH) and Mount Carmel Hospital (MCH), where most of the union's directives are in place.

Mr Pace acknowledged that directives should always be a last resort, especially when patients are involved.

"Our hospitals lack policies and decent management. It is about time that certain things are addressed," he said, pointing out that one of the problems at MCH, the psychiatry hospital, for

instance, is the lack of policies related to nurses' security.

There have been cases when nurses had to abandon wards to go to the assistance of colleagues who were attacked by patients.

Another major problem is that the power generator at MCH has been broken for the last 15 to 20 years and in a controversial move, the union instructed nurses to walk out in the case of a power cut, even if any of the patients happen to require cardiopulmonary resuscitation (CPR), an emergency procedure for a person whose heart has stopped or is no longer breathing.

Many have argued that the union had gone a step too far when it issued such a directive, but union officials insisted that the lack of a power generator in a psychiatry hospital poses a risk to both patients and nurses.

Mr Pace said: "You need to put yourself in the shoes of nurses at MCH to understand the risks involved. During a power cut patients start screaming and panicking. Can you imagine holding a torch in your mouth while administering CPR? The government has said it does not consider it worthwhile to buy a power generator."

Referring to criticism that a patient was recently given treatment late due to the directives, Mr Pace said that there are problems worse than that.

He spoke about drug addicts and psychiatry patients being placed in the same wards, corridors used as extensions to wards, medicines out of stock, and nurses working 80 hours a week.

There are big problems in the way MCH is managed, according to Mr Pace, who insisted that this is certainly not the first time that the union has brought up these issues with the government.

"The government expects the nurses to continue making sacrifices, but it has failed to act on the proposals we had submitted, which were presented in a document we handed to then Social Policy Minister John Dalli two years ago."

THE MALTA INDEPENDENT

MUMN lifts directives, first meeting held

by Elaine Attard

The Malta Union of Midwives and Nurses yesterday lifted its industrial action at Mater Dei Hospital and Mount Carmel Hospital, to make way for discussions that can address the nurse shortage problem.

A meeting, which was described as 'very cordial' by a Health Ministry spokesperson and which lasted around two hours, was held yesterday afternoon immediately after the industrial action was lifted.

The meeting took place after Health Minister Joe Cassar and the Parliamentary Secretary for elderly and community care Mario Galea, informally contacted the MUMN representatives. They agreed that MUMN would suspend all of its directives for the negotiations to start immediately.

It was also agreed that a number of meetings are held between the Prime Minister's office, the Health Ministry and MUMN to address the nurse shortage problem on a national level.

Some of the industrial action directives ordered nurses not to pick up medicine from the hospital pharmacy at Mount Carmel Hospital and not to take blood samples in Health Centres. There was also industrial action going on at the Renal Unit. Nurses were also told not to administer CPR in case of a blackout at Mount Carmel Hospital.

"A national strategy is required to address the nurse shortage problem in the short- and long-term and this involves inter-ministerial commitment," said the spokesperson.

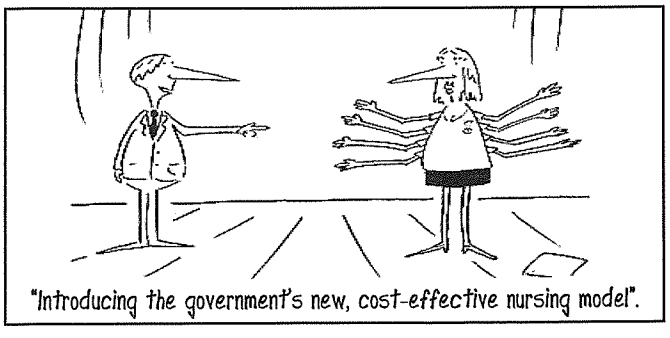
"Both sides left behind what was traded between them in the media in the past weeks and they are committed to start afresh," the spokesman said.

Meanwhile, when contacted, MUMN president Paul Pace told this newspaper that both parties agreed on a set of dates to hold meetings. "Hopefully what was discussed during meetings is implemented. We are committed to help the government find solutions to tackle the problems we are going through," he added.

Until last week, the MUMN and the government were in a deadlock because the government refused to start negotiations with the union until the industrial action ordered by the union was withdrawn.

Last week, MUMN had said that it was willing to discuss the situation so long as no conditions are set while the Health Minister was reported saying that he was willing to initiate discussions as long as the MUMN drops the industrial action.

In addition, the power generator at Mount Carmel Hospital, which has been broken down for the last 15 to 20 years, will be replaced in the coming weeks, the MUMN was promised during yesterday's meeting. At the moment, in the case of a power cut, nurses are left with no choice but to use gas lamps distributed by the management. As a result, the union had issued a directive instructing nurses not to carry out any nursing duties during the night, including cardiopulmonary resuscitation (CPR).



How safe are the ingredients in baby skin care products?

So you're presented with a precious new baby and asked for some advice about their skin care routine.

We've all heard the scare stories about the ingredients in cosmetics and skin care products, and while it's easy to turn a blind eye to the strange ingredient lists on your own expensive body lotion, suddenly when you have a baby to think about, it seems to be more important that you know exactly what you're recommending.

But is there any real danger from using baby skin care products?

According to the Royal College of Midwives (RCM), there is a distinct lack of research studies looking into the use of baby skincare products. There are also no standardised skincare policies or guidelines developed in the UK.[1]

Advice from the RCM is that in the case of using a baby cleanser or moisturiser, it should be very mild and pH neutral. They also suggest that any potential irritating or sensitising substances that aren't needed for hygiene purposes should not be included in any baby cleansing or moisturising products.[1]

The sheer number of different baby skincare products on offer can be overwhelming. According to Euromonitor, the baby care market is one of the fastest growing of the whole cosmetics and toiletries industry, second only to sun care,[2] and as a result the supermarket shelves are groaning with dedicated baby care products, from basic baby oils and nappy creams.

You're patients don't have to panic and buy everything though - with a few well chosen products parents can take care of their baby's skin from a very young age, and make sure that they are protecting them against common causes of irritation like nappy rash. Nonetheless your guidance is valuable.

It's a good idea to try and avoid highly scented baby products which might cause allergies and irritation, and instead opt for fragrance free products without additional chemicals such as preservatives, colours and antiseptics to avoid the risk of irritation. Advice parents to do their research into the ingredients contained.

Making baby's skincare routine count is also important especially in order to prevent common aliments like nappy rash.

Nappy Rash

Nappy rash is a common problem, with up to a third of nappy wearing infants thought to be affected at any given time. There is usually a number of reasons for the nappy rash, e.g. prolonged contact with a mix of stools and urine, occlusion, friction due to nappies, etc.

Using a barrier ointment after each nappy change will help reduce the contact a baby's skin has with urine and faeces. The use of topicals on newborns and especially premature babies requires particular care and the use of simple formulations. The use of perfumes, dyes, preservatives or any other kind of known allergenic substances should be avoided.

A recent review by Atherton (2004)[5] discusses how positive action should be taken to care for a baby's bottom.

'This should comprise gentle cleansing, careful nappy selection, changing the nappy as soon as possible after defecation, and application of a barrier preparation at every change.

The barrier preparation should mimic the skin's natural function by forming a long-lasting barrier to increase protection against irritants..., and to maintain optimum moisture levels with the stratum corneum. Ideally, the promotion and use of such products should be supported by evaluation in appropriately controlled clinical trials.'

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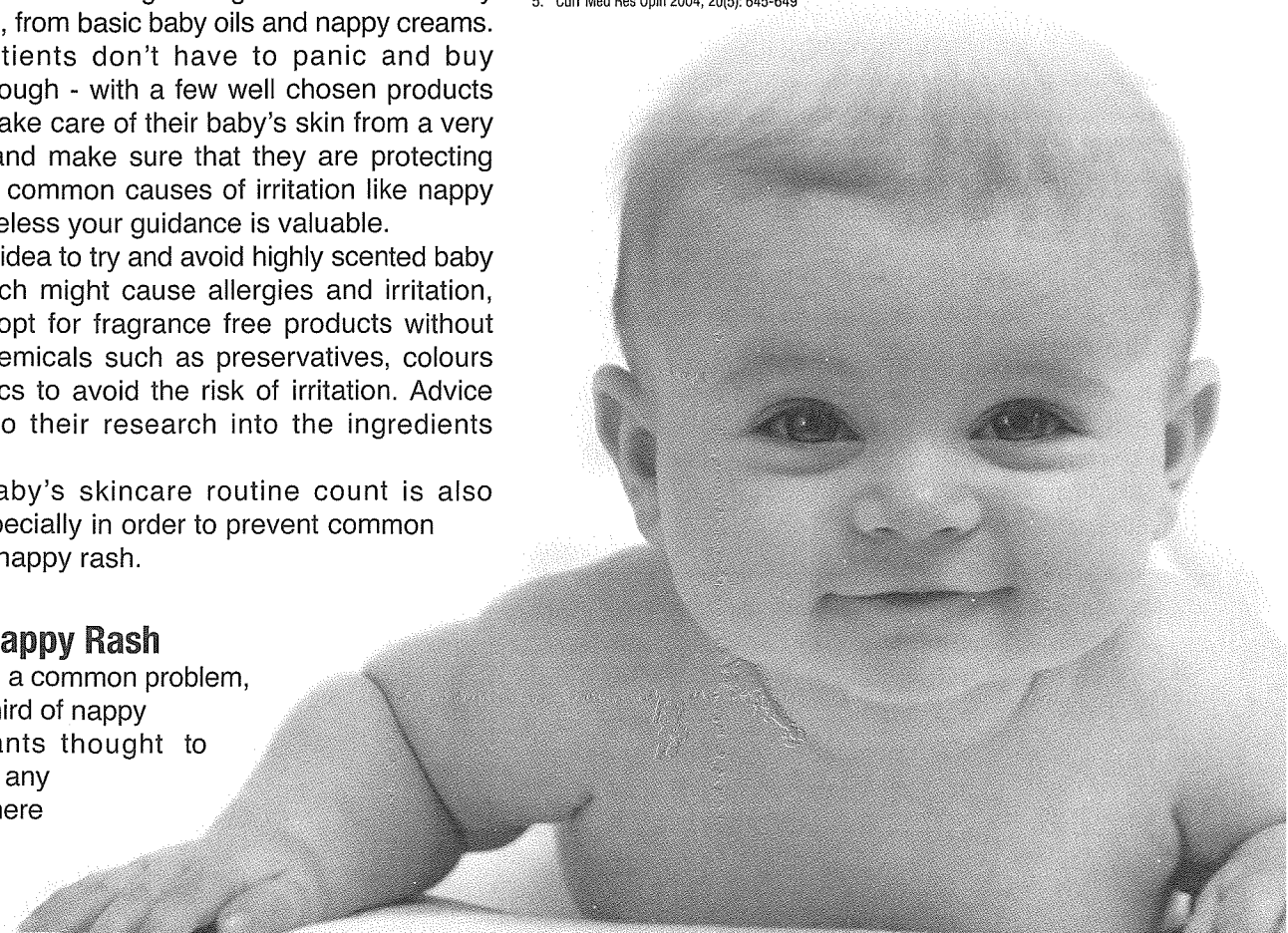
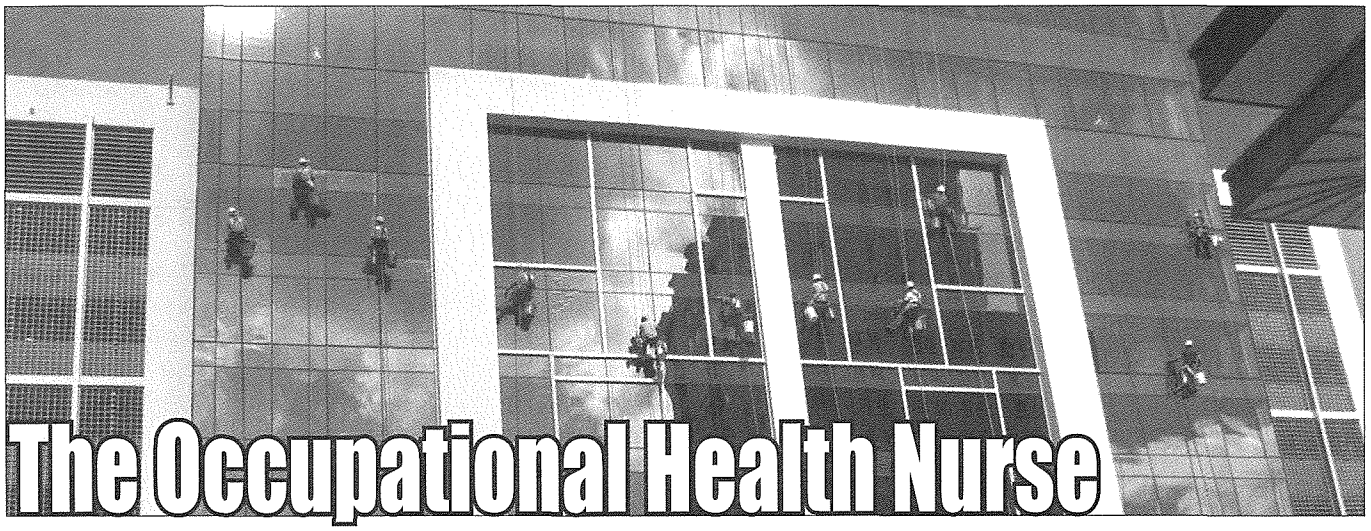




The Occupational Health Nurse

Caring for the worker's health at the place of work

Does the work that we perform affect our health? I am sure we all know the answer to this question. Our work can have positive and negative effects on our health. Job satisfaction gives us an ego boost and motivates us to improve ourselves (a positive effect), but we are all aware of the negative effects as well. We all know that many musculo-skeletal disorders are a result of incorrect manual handling or repetitive movements. Loss of hearing can arise from many years of exposure to high levels of noise without hearing protection. Respiratory and skin disease can result from exposure to hazardous substances at work. Psychological and mental medical conditions can also be attributed to work-related stress. The list is never ending; sometimes lives are lost as a result of work activities.

Occupational Health in Malta has so far been predominantly managed by medical physicians who have made a valuable contribution to the health of the Maltese workforce in general. The modern approach is multi-disciplinary involving members of various professions. Occupational Health and Safety is the responsibility of the management team which should always be backed up by a sound Health and Safety Policy that is practical and known by all workers. Based on health promotion principles, education and preventive measures, management and workers should feel empowered to take control of their health and that of their families' environment, lifestyle, occupational and social health wellbeing.

Effective workplace health management gives economical benefits which cannot always be envisaged but in practice can be measured by reduction in sick leave absence and less injuries. A happy, healthy workforce produces more and is more effective.

Workplace health services use the skills of many professionals such as physicians, engineers, occupational hygienists, nurses, ergonomists, physiotherapists, occupational therapists, safety experts, laboratory technicians, psychologists, educators and other specialists.

In Europe, Occupational Health nurses are the largest single group of health professionals involved in delivering health services at the workplace, they have an important role to play in the Workplace Health Management and are on the frontline in protecting and promoting the health of the working population. By contrast in Malta nurses involved in Occupational Health are few and mostly employed in the private sector and in the manufacturing industries.

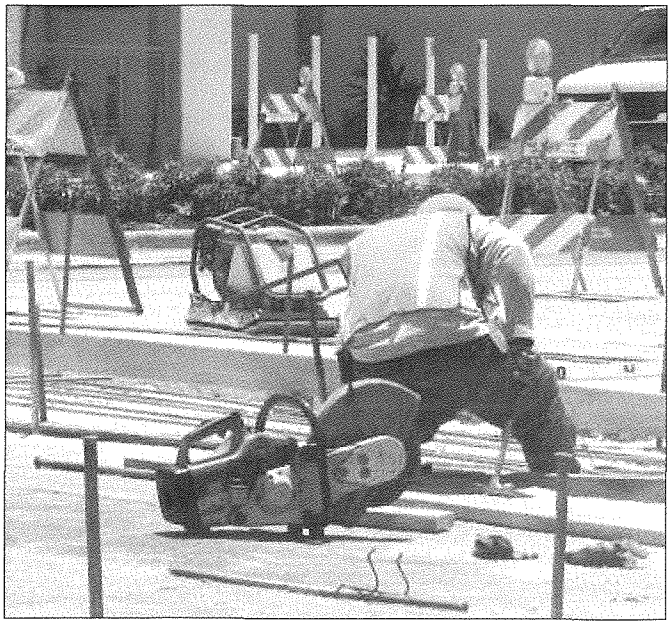
Occupational Health is primarily based on prevention rather than treatment and is basically different to traditional nursing in that it is based on risk assessment, risk management and pro-active strategies aimed at promoting the health of the working population. A nurse in this role develops and uses different skills. It is not about identifying and treating the needs of persons who are already ill but to help prevent cases of work-related illnesses. The client-nurse relationship is also different in that it gives a nurse the opportunity to get to know the worker well and if or when ill-health does occur the nurse can offer a special kind of support to the patient based on mutual respect and trust that has been established. Very often the nurse is the confidant of employees and offers them basic counselling and guidance on many issues sometimes personal and social.

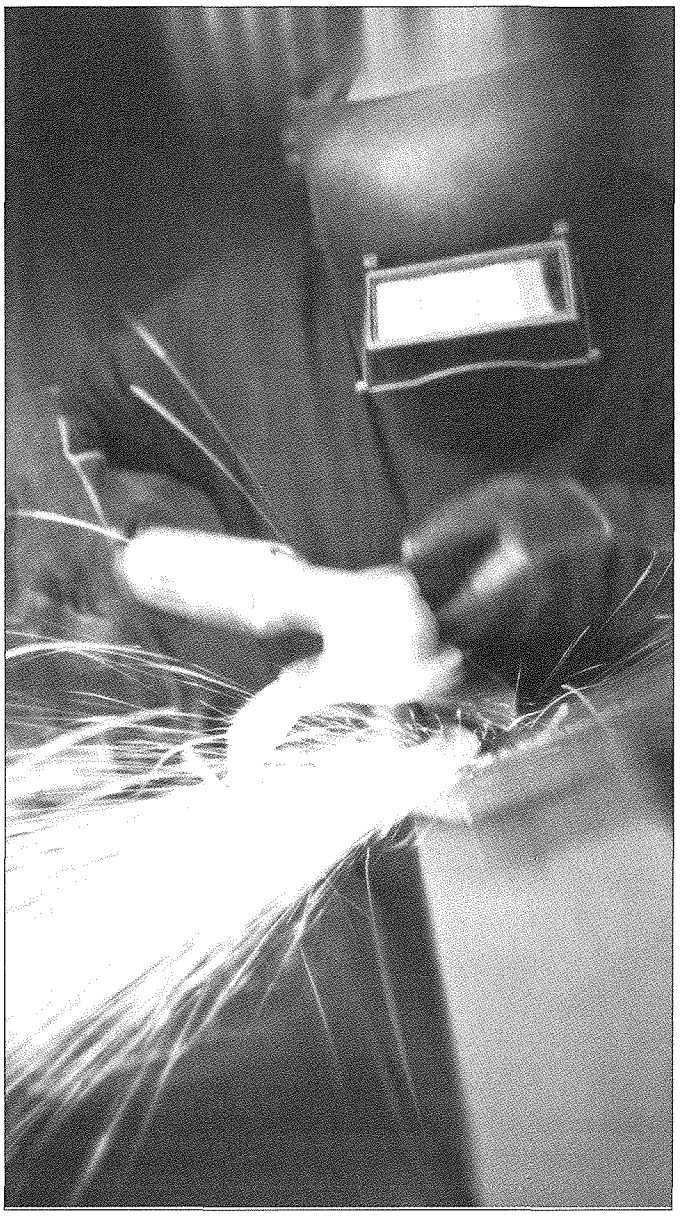
Work-related stress is a major cause of occupational ill-health, poor productivity and human error which can result in higher sickness absence, poor performance and a potential increase of injuries on duty. The nurse can be instrumental in assisting management to recognise and reduce stressors. The nurse can also guide workers on how to handle stressful situations. Referrals to psychologists for counselling, anger management, and stress handling especially post traumatic stress or other psychological situations are also becoming more common.

Whilst company doctors are still responsible for medical examination, diagnosis, treatment, certification and professional advice to the company in particular circumstances, it is the nurse's responsibility to see that an Occupational Health unit is being run efficiently. The duties of a nurse in Occupational Health are varied but would include:

- day to day running of a clinic,
- assisting company doctor,
- running pre-employment questionnaires and tests,
- health surveillance programmes relevant to work performed and based on risk assessment which outlines potential exposure to hazards,
- sick leave management and recording trends and statistics,
- care of pregnant employees, breastfeeding mothers, young workers or workers with different abilities,
- planned, gradual rehabilitation of employees on their return to work from long term sickness or injury,
- management of first aid facilities and supplies
- induction training of new employees regarding health and safety,
- vaccination programmes relevant to type of work being performed,
- Health promotion and education e.g. manual handling training, noise awareness, chemical handling etc.
- record keeping upholding confidentiality and data protection
- handling health or life/disability insurance claims
- liaising with other professionals on various work related health issues

The nurse has a responsibility to keep abreast with knowledge and education based on research and development. The nurse



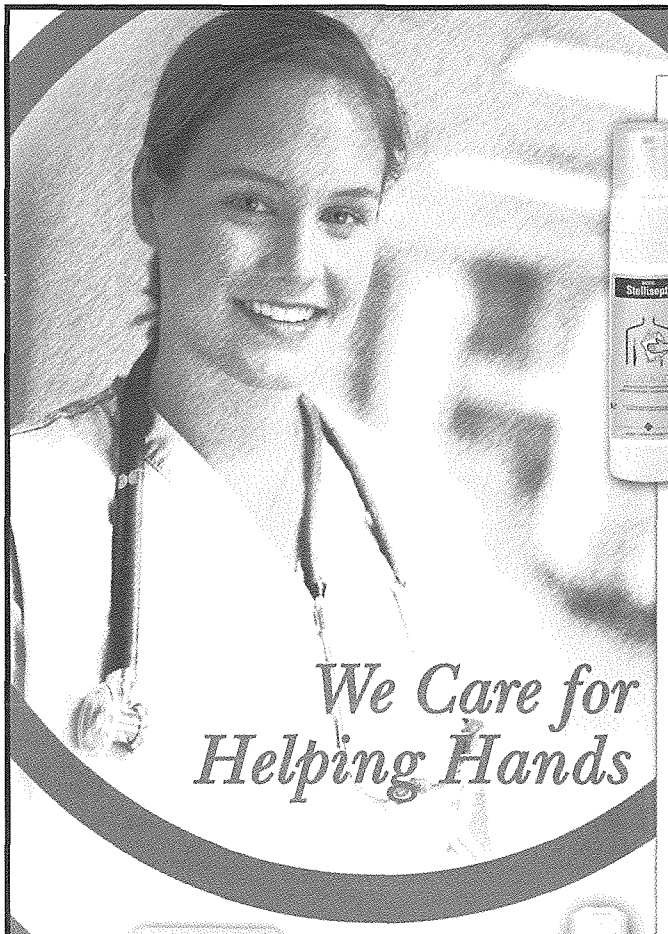


should be committed to continuous improvement and quality assurance, should also be accountable and subject to periodic audits both internally and externally.

The Federation of Occupational Health Nurses within the European Union (FOHNEU) defines Occupational Health nursing as a goal oriented activity based on the client's needs which focuses on work and the working environment. The aim is to change the working environment in collaboration with the worker in order to maintain or improve health and safety for all individuals.

I augur that the Nursing Associations in Malta and the University of Malta re-introduce the subject of Occupational Health Nursing in the basic Nursing training programmes so as to increase awareness amongst the Nursing Profession. I also hope to see nurses taking up Occupational Health as a speciality albeit through correspondence courses.

Nancy Caruana RN, NEBOSH International Cert.
Nurse De La Rue (Malta) Ltd.
NEBOSH Tutor Institute of Health & Safety
Member of the Board of FOHNEU



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Stellisept® med foam is an antiseptic cleansing foam with replenishing properties and a broad spectrum of antiseptic effect. The effect of **Stellisept®** med foam is tested according to European standards. It meets the requirements of EN 1499 and EN 13727 and provides a comprehensive effect against national epidemic MRSA strains and clinical MRSA isolates. By means of selected ingredients the cleansing foam possesses a very good skin compatibility so that rinsing after the use of **Stellisept®** med foam is not necessary.

- comprehensive activity against national epidemic MRSA strains and clinical MRSA isolates
- bactericidal activity
- no rinsing after use
- skin nurturing properties
- skin-friendly pH value of approx. 5.5
- free from colourants
- free from perfume
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Areas of application

Stellisept® med foam is suitable for the following areas of appliacition:

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- pre operative body washing
- for care homes and older patients

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- contains no preservatives

Areas of application

Baktolan® cream cares for the hands, especially when the skin is dry and deficient in natural oils. It is particularly valuable after the use of soaps and wash lotions, after contact with cleaning and disinfectant preparations, and in cases of frequent hand washing. **Baktolan®** cream can be massaged into the hands several times a day.

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- alkaline soap-free

Areas of application

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Areas of application

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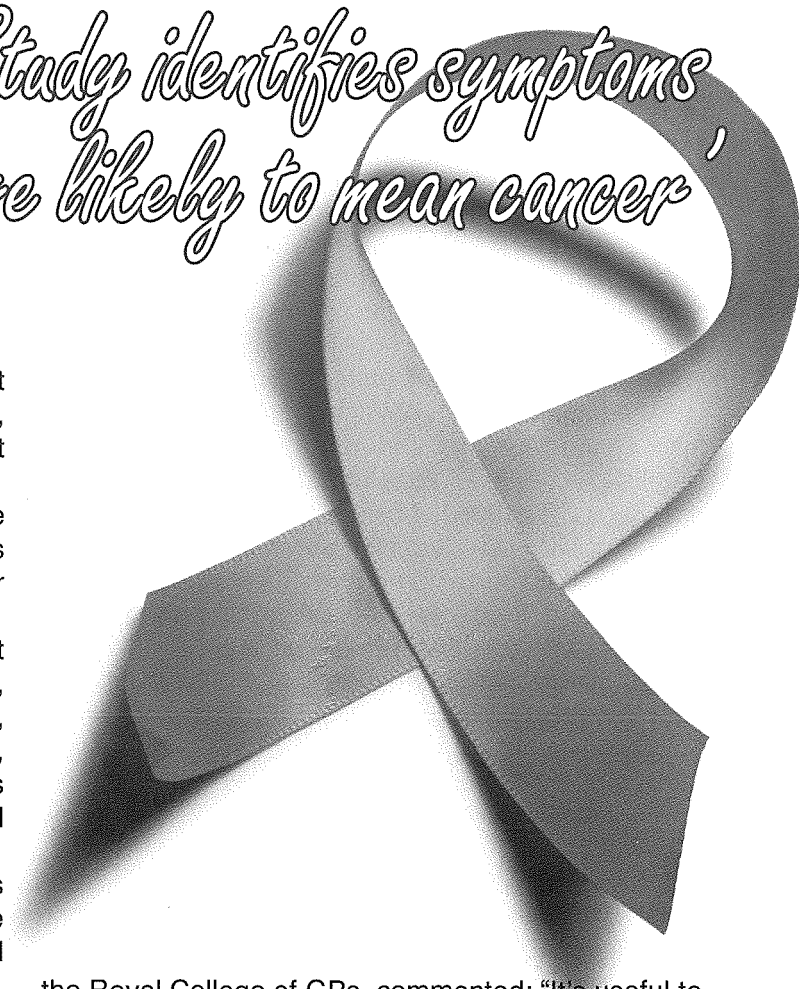
CANCER NEWS

Study identifies symptoms 'more likely to mean cancer'



Tuesday 7th September 2010

Scientists at Keele University have identified eight symptoms that, when they are presented to a GP, have a more than five per cent chance of turning out to be cancer.

The 'predictive values' of symptoms, or the chance that a symptom means cancer, are useful for GPs to help them decide whether a patient needs further investigations or specialist advice.

Dr Mark Shapley and his colleagues found that eight clinical features had a higher 'predictive value', which were: rectal bleeding, iron deficiency anaemia, rectal examination that gives cause for concern, haematuria (blood in the urine), haemoptysis (coughing up blood), a breast lump, postmenopausal bleeding and dysphagia (difficulty in swallowing).

Researchers identified the eight symptoms after analysing 25 studies from the UK, US, The Netherlands, Belgium, Australia, Denmark and Germany.

Writing in the British Journal of General Practice, they suggest that further research should be carried out to provide GPs with more robust methods to help them diagnose cancers at an early stage.

Dr Shapley said: "We recommend research and development of general practice computer systems to produce effective warning flags when the symptoms, signs or test results with a risk of five per cent or more from unselected primary care populations are entered for patients within the specified sex and age groups.

"GPs should audit their management and reflect upon these cases as part of their appraisal to improve quality of care. There should be more open public debate on the level of risk that triggers a recommendation for referral by a GP."

Writing in an accompanying editorial, GP Dr Kevin Barraclough noted that the relevance of the eight symptoms is affected by an individual patient's age. For instance, iron deficiency anaemia - one of the eight clinical features - is unlikely to be due to bowel cancer in a 21-year-old female, but more likely to be symptomatic of cancer in a 60-year-old male.

Dr Barraclough said: "More research in primary care is urgently needed to inform cancer referral guidelines. What we really need are numbers from good primary care studies. These are surprisingly few and far between."

Professor Amanda Howe, honorary secretary of the Royal College of GPs, commented: "It's useful to see these well known 'red flag' symptoms and signs validated in primary care research, and reinforces the importance of encouraging patients to discuss worrying symptoms early with their GP.

"Access and thorough examinations will help early diagnosis while further research gives us more detailed epidemiological thresholds for referral."

Jessica Harris, Cancer Research UK's health information officer, said: "Studies like this help doctors understand how likely a symptom is to mean cancer, and may help them decide whether to refer their patients for further investigations or specialist advice.

"The particular symptoms this study has highlighted are already thought of as important potential signs of cancer. But there are more than 200 different types of cancer, which cause many different symptoms. So if you notice an unusual or persistent change in your body it's important to get it checked out. When cancer is diagnosed at an early stage, treatment is often more likely to be successful."

Reference: Mark Shapley, Gemma Mansell, Joanne L Jordan, & Kelvin P Jordan (2010). Positive predictive values of Û5% in primary care for cancer: systematic review *British Journal of General Practice* DOI.

Source: http://info.cancerresearchuk.org/news/archive/cancernews/2010-08-27-Study-identifies-symptoms-more-likely-to-mean-cancer-

IT-TELF TAL-PIŻ BL-IKTAR MOD TAJJEB GĦAL SAĦĦITNA

Maria Ellul – *Public Health Nutritionist*

Ħafna minna xi darba jew oħra ppruvaw jitilfu xi piż żejjed jew għal raġuni ta' saħħa jew biex jidhru aħjar f'xi okkażjoni speċjali. Bla dubju ta' xejn l-għarfien dwar id-dieta tajba għal sahhitna żdied ukoll u ġabna iktar konxji fuq il-piż addattat għal saħħitna u għal prevenzjoni tal-mard.

Mhu l-ebda sigriet li l-Maltin, minn tfulithom sakemm jikbru għal adulti, huma fost l-eħxen fl-Ewropa. Din mhux aħbar tajba għax il-piż żejjed huwa riskjuż għal saħħitna. Piż żejjed li jibda minn tfulitna se jkollu impatt negattiv ferm akbar milli dak li jibda aktar tard fil-ħajja. Fit-tfal it-telf tal-piż jirrikjedi l-intervent ta' tobba kif ukoll speċjalisti tad-dieta bħal *nutritionists* u *dietitians* biex il-piż jiġi rregolat bi pjan ta' ikel bnin li jipprovdi n-nutrijenti kollha meħtiega għall-iżvillup tat-tfal.

Importanti wkoll li tfal bil-piż żejjed jiġu eżaminati minn tabib qabel ma jsir xi tibdil fid-dieta tagħhom. Qatt ma għandha tingħata xi dieta li tintuża fl-adulti peress li din se tkun nieqsa wisq minn kaloriji meħtiega waqt l-izvilupp tat-tfal. Ma ninsewx li t-tfal għandhom bzonn kaloriji biex jitwalu u jikbru. Ninkoraġġixxu l-logħob attiv fejn uliedna jistgħu jiġru, jaqbżu, jgħumu u jagħmlu attività fiżika li tgħinhom ikollhom żvillup tajjeb għal saħħithom.

Fl-adulti li għandhom piż żejjed hemm mezzi effettivi li jistgħu jagħtu riżultati tajbin.

L-ewwel irid jigi stabbilit jekk hemmx piż żejjed. Dan isir billi jittieħed il-*Body Mass Index* (BMI) ie. il-kejl tal- piż (kg)/il-kejl tat-tul x tul (m). Min għandu piż żejjed se jkollu BMI 'il fuq minn 25 u iżjed ma tkun kbira din iċ-ċifra iżjed se tkun ta' ħsara għas-saħħa.

Għalhekk hu rrakkomandat li persuna bil-BMI ikbar minn 25 tfittex parir tat-tabib tagħha. Huwa wkoll irrakomandat li l-persuna tibda tagħmel tibdiliet fid-dieta tagħha kif ukoll fl-istil tal-ħajja tagħha u tnaqqas il-hin sedentarju billi tkun iktar attiva għal tal-inqas 30 minuta fil-ġurnata ħames t'ijiem fil-gimgħa.

Wieħed għandu wkoll iħares lejn dawn il-punti meta se jibda dieta:-

1. Mara għandha bżonn madwar 1200 kalorija kuljum meta tixtieq titlef il-piż, filwaqt li raġel għandu bżonn mhux inqas minn 1500 kalorija kuljum.
2. It-telf tal-piż għandu jkun madwar 0.5kg sa 1kg fil-ġimgħa. Dawk bil-BMI ikbar minn 30 se jitilfu anke 2kg fil-gimgha meta jibdew id-dieta iżda din ir-rata tonqos biż-żmien.
3. Id-dieta trid tinkludi ikel varjat b'taħlita ta karboidrati, proteini u żjut tal-pjanti bħal omega 6 fiż-żejt taż-żebbuga jew omega 3 fil-ħut. Dawn kollha essenzjali għas-saħħa.
4. Iz-zokkor, melħ u xaham li nsibu fil-gallettini, kejkijiet u ikel moqli irid jiġi evitat għax dan iwassal biss għal kaloriji żejda u ftit li xejn nutrijenti.
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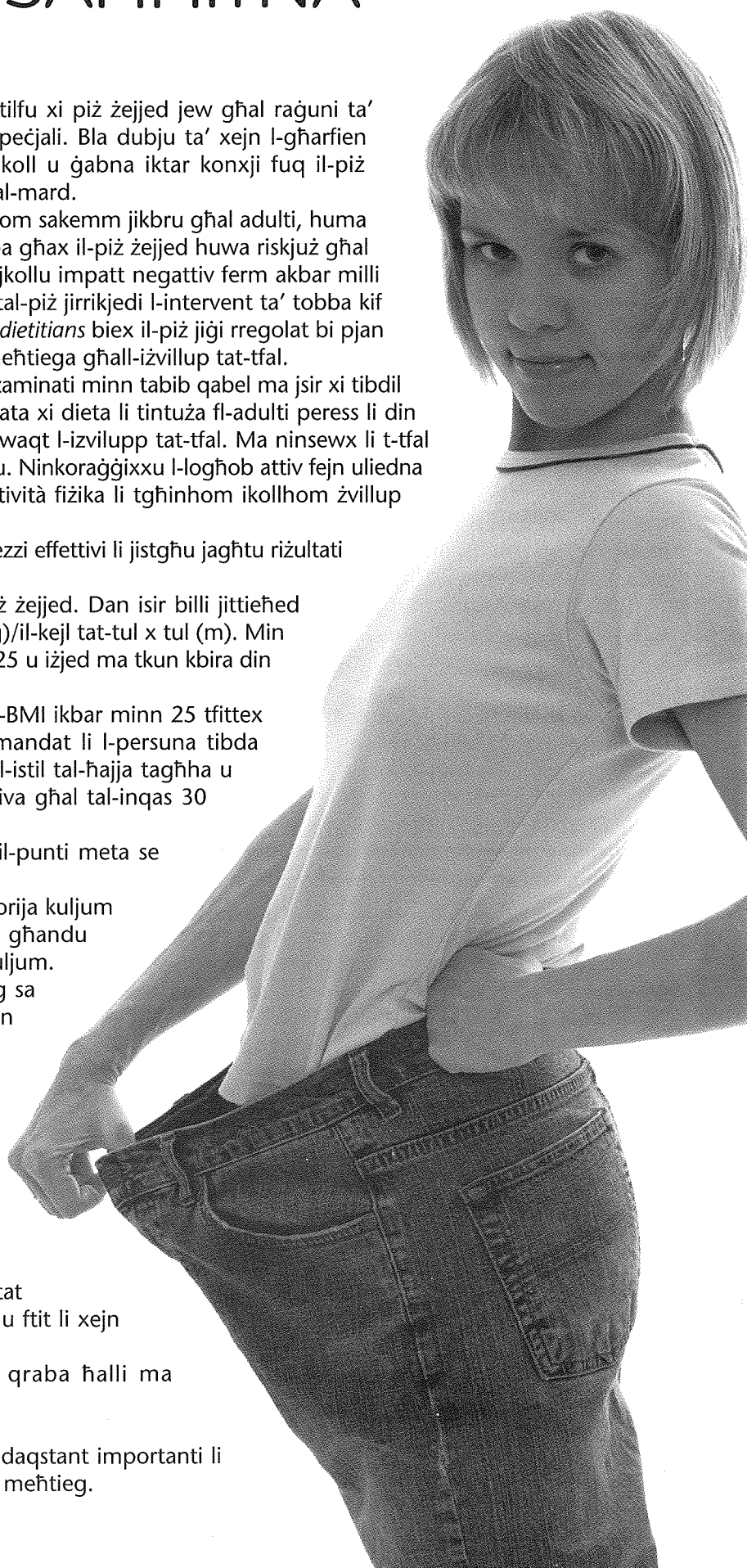

It- telf tal-piż jirrikjedi l-perseveranza u għaldaqstant importanti li nsibu min jinkoraggina u jagħtina l-appoġġ meħtieg.

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Il-valur ta` l-investiment jista` jitla' kif ukoll jinżel u l-ispejjeż inizzjali jistgħu jbaxxu l-valur meta l-investiment jissarraf. L-investiment għandu jsir wara li jinqara l-Prospett li jista` jinkiseb mill-Valletta Fund Management Limited ('VFM'), mill-Fergħat tal-Bank of Valletta u mill-intermedjarji finanzjarji liċenzjati. Il-VFM hija liċenzjata biex tipprovdi Servizzi ta' Investiment f'Malta mill-MFSA. Il-La Valette Funds SICAV plc hija liċenzjata mill-MFSA. Dan l-avviż inħareġ minn VFM, TG Complex, Suite 2, Level 3, Brewery Street, Mriehel BKR 3000. Tel: 21227311, Fax: 21234565, E-mail: infovfm@bov.com, Websajt: www.vfm.com.mt Sors: VFM

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real evidence – **alli** is orlistat 60 mg, the first and only EU-licensed non-prescription weight loss treatment.

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GlaxoSmithKline Consumer Healthcare

Product Information. **alli** 60 mg hard capsules (orlistat). **Indication:** Weight loss in adults BMI ≥ 28. **Dosage:** Adults (18 or over): One capsule with each of three main meals. Max. 3 caps/day for up to 6 months. Use with mildly hypocaloric, lower-fat diet. If no weight loss within 12 weeks, refer to doctor or pharmacist. Diet and exercise should start prior to treatment. **Contraindications:** Hypersensitivity to ingredients; concurrent treatment with oral anticoagulants or ciclosporin; chronic malabsorption syndrome; cholestasis; pregnancy; breast-feeding. **Special warnings and precautions:** Talk to doctor before starting to take alli if taking amiodarone, a medicine for diabetes, epilepsy or hypothyroidism, or if patient has kidney disease. If taking a medicine for hypertension or hypercholesterolaemia, talk to doctor or pharmacist when taking alli. Risk of gastrointestinal (GI) symptoms increases with fat consumption. Take multivitamin at bedtime. See doctor if rectal bleeding occurs. Oral contraceptive efficacy may be reduced if severe diarrhoea occurs; use additional contraception. **Drug interactions:** Ciclosporin; oral anticoagulants; levothyroxine; antiepileptic medication, oral contraception; fat soluble vitamins, acarbose; amiodarone. **Pregnancy and lactation:** Do not use during pregnancy or lactation. **Side effects:** See SPC for full details. Predominantly GI e.g. oily stools, urgency; usually mild and transient, risk reduced by low fat consumption. Diverticulitis; pancreatitis; mild rectal bleeding; hepatitis; cholelithiasis; abnormal liver enzymes; anxiety; hypersensitivity reactions including anaphylaxis, bronchospasm, angioedema, pruritus, rash, and urticaria; bullous eruption. **Legal category:** Non-prescription. Marketing Authorisation Holder: Glaxo Group Limited, Greenford, Middlesex, UB6 0NN. **MA Number:** EU/1/07/401/007 - 010. Pack size 84s. **Last revised:** March 2010