IL-MUSBIEH

MALTA NURSING AND MIDWIFERY JOURNAL

MALTA UNION OF MIDWIVES AND NURSES

Ħarġa Nru. 37 - Diċembru 2007

Is the Hospital baby friendly...?

• Paediatric stroke... • Nurse Education... • Wound Care...

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F'Din il-Ħarġa

Pubblikat: Malta Union of Midwives and Nurses
Nº1, Tower Apartments, Triq is-Sisla, BIRKIRKARA. • Tel / Fax: 21 44 85 42 • Website: www.mumn.org • E-mail: mumn@maltanet.net

Ritratt tal-faċċata: Ħajr DOI

Set & Printed: A&M Printing Ltd. - 2155 3217

editorjal

Wara dawn is-snin kollha tas-stennija fl-aħħar wasal iż-żmien li s-servizzi li kienu jingħataw mill-isptar San Luqa, u l-isptar Karen Grech, issa qed jingħataw kollha min l-isptar Mater Dei. Ambjet aħjar, kemm għal pazzjenti kif ukoll għalina l-ħaddiema li ta' kuljum irridu niġu nagħtu is-servizz tagħna.

Propju dan hu l-qofol tax-xogħol tagħna, li nkunu ta' servizz għall dawk kollha li b'xi mod jew ieħor jiġu bżonn l-għajnuna tagħna, kemm jekk tkun kura fit-tul kif ukoll jekk tkun xi ħaġa żgħira. Ma jimpurtax x'inhu l-grad tiegħek... kulħadd huwa mportanti. Il-bidla ta' l-ambjent hija tajba pero' l-iżjed bidla li għandna bżonn hija l-bidla fil-ħsieb u l-attitudni. Hemm bżonn tispiċċa darba għal dejjem l-attitudni ta' min 'jikmanda jagħmel il-liġi'. Ma nistgħux nibqgħu ninsew l-origini tagħna, min fejn bdejna biex illum għandna il-pożizzjonijiet li għandna. Ma jfissru xejn l-ittri wara l-isem jekk ma nkunux kapaċi nużaw dak li tagħlimna għal-ġid tal-pazzjenti u biex nagħlmu lil sħabna li forsi minħabba ċirkostanzi li ma kellomx kontroll ma setgħux ikomplu l-istudji tagħhom. Hemm nibdew verament ngħollu l-livell tan-Nurses u l-Midwives, b'mod li s-soċjetà tkun tista tħares lejn dawn iż-żewġ karrieri mportanti b-iżjed rispett. Kif nistgħu nistennew li ħaddieħor jirrispetana jekk m'aħniex lesti nirrispettaw lil xulxin?

Wieħed jistenna li meta in-Nurses u l-Midwives ma jkunx infurmati b'dak li jkun qed jiġi ppjanat, b'mod speċjali meta ser ikollok jkun hemm xi tibdil fis-sistema normali tax-xogħol, ser tinħoloq ħafna inċertezza bla bżonn. Ma jistax wieħed jibqa' jaħseb li għax qiegħed f'pożizzjoni tat-tmexxija jista jagħmel kollox waħdu u jippretendi li kullħadd ibaxxi rasu. Għandna ħafna Nurses u Midwives li komplew l-istuji tagħhom u jistgħu jagħtu ħafna għajnuna fit-tfassil ta' proġetti ġodda u b'hekk tkun qed tibni link bejn id-diversi kategoriji ta' Nurses u Midwives.

Dan ser ikun l-ewwel Milied fil-Isptar il-ġdid... Mater Dei... ejja nagħmlu l-ewwel pass bħal ma dejjem għamilna biex nagħtu bidu għal bidla bis-serjetà. Ejja nħallu warajna l-attitudnijiet li ma jixirqux lill-proffessjoni tagħna. Qatt mhu tard biex tbiddel xi ħaġa, l-importanti li wieħed jagħaraf l-iżbalji u jipprova jiranġahom filwaqt li jkompli jkabbar it-tajjeb li jkollu.

Fil-waqt li f'isem il-bord editorjali
nawguralkom
il-Milied u s-Sena tajba
mimlija bil-ferħ veru
li jagħtina Ġesù Bambin.

Message from the President

2007 is nearly over. And what a year it was!! 2007 will definitely be remembered as the year, the agreement on the incentives package was reached. Just as the year 1993 is remembered when in that year a similar package was also formulated. I would like to point out that the benefits attributed from the agreement reached with the Office of the Prim Minister on the incentive package this year will come in full force during the year 2008. Meetings will be held and posters will be distributed next year on the various mechanisms agreed to implement the benefits in this sectoral agreement.

In actual fact a whole chain of major events occurred in 2007 (and not just the agreement on the incentive package). Besides the election of the union's council which was held in March, the meetings and the activities were outstanding in number. Every sub committee within the union, both of the industrial executive committee and the culture executive committee were heavily committed on the various challenges present in each and every hospital. I believe that all nurses and midwives who are members of this union should be aware of the work of these committees to be able to appreciate and respect all the hard work towards the nursing and midwifery profession. As president, I would like to take this opportunity to thank each and every chairperson on such committee and the various members which compose such committees.

For the first time every chairperson on such committees have been requested to submit a report (which is printed in this issue) on the work and the achievements which each committee managed to contribute to it's members during this year. I sincerely do hope that our members read our journal as to be updated on all the issues our profession is actually facing. Unfortunately a small number of our members tend to "accuse" the union's sub committee of not contributing enough whilst at the same time they do not bother to read the quarterly journal which the union distributes with all the relevant information.

I would like to remark two important issues regarding the migrations. First I would like to thank and congratulate all nurses and midwives who contributed to the migration of Mater Dei Hospital and Zammit Clapp hospital. If such migrations were a success this was due to the hard work which has been ongoing for months. The second point I would like to point out that after the migration, settling down in the new hospital would not be easy to all of us. There are various issues at Mater Dei Hospital and Karen Grech hospital which our members are still encountering. The union with its council members and its sub committee are not only aware on such difficulties, but are actively involved in solving them.

The festive season has finally arrived. It is a time we would all like to spend with our loved ones but as nurses and midwives the demands of our patients are constant and continuous. Unfortunately pain and suffering will not stop in the festive season, pity. Therefore Christmas is a very joyful period whilst we still fulfil our obligations to the nation.

In the name of the MUMN council I would like to express our warm greetings to all nurses and midwives and their families. Our greetings should also go to all key persons who attributed greatly to the nursing and midwifery profession during this year. I would not dare to mention anyone but believe me we do have a guardian angel in our profession and if you do not believe in guardian angels, well you better start believing.

Happy Christmas and a Happy New Year to all.

Paul Pace
President
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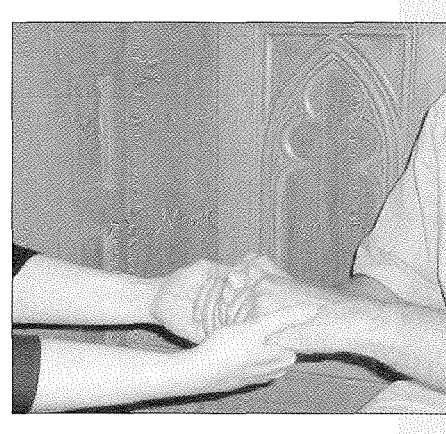
Self-care in hospital chaplaincy

Experience constantly instructs me that the work of a hospital chaplain is inherently stressful and confronting. Pastorally assisting a dying person, being with the relatives of a child diagnosed with cancer, allowing a middle aged spouse to express her/his grief over the death of her/his wife/husband, are all situations filled with intense emotions. No matter how emotionally distant the chaplain is, it is practically impossible not to be somehow touched by such experiences. Sharing the sorrow of others also means making oneself vulnerable to be wounded. Thus, a responsible hospital chaplain necessarily needs to care for herself/himself in order to be able to attend other people's needs in her/his ministry. In this short article I shall be briefly outlining some tips that might help a chaplain to care for herself/himself adequately.



A competent chaplain is one who gets enough sleep, eats a healthy diet, doing physical exercise frequently, engaging herself/himself in an interesting hobby and taking vacations. When mind, body and spirit take a break from the clinical environment and rest sufficiently they become recharged to work with much more wisdom, care and vigour.

As a health professional a helpful chaplain is the one who continually strives for professional balance. A productive hospital ministry is one which is coloured by various pastoral experiences. Visiting patients, relatives and staff; organising memorial services or masses; co-ordinating with the hospital authorities; and researching in the pastoral field; offer an integrated way of being a hospital chaplain.

Like any human being, a hospital chaplain has her/his own limits. A chaplain's effectiveness would largely depend on how much s/he would accept these limits and work around them. Thus, working within a multidisciplinary team by making referrals is fundamental.

Hospital ministry is a rather stressful ministry. The stories that are told are often packed with various types of emotions. Feelings like, anger, sadness, grief, anxiety and helplessness can be emotionally confronting to attend to. A wise chaplain should be aware that this is only one side of the coin of life. It is complemented by the brighter one too. Engaging in a good laugh really helps to balance a day which is mainly characterised by long periods of loss and grief. Moreover, humour reminds the chaplain that no matter how life is at times cruel, it also offers moments of joyous celebrations. Therefore, living also means celebrating them.

Nurturing interpersonal relationships is an excellent way to value and put into perspective the pastoral relationships a chaplain is engaged in. Friends are priceless treasures because they offer safety zone where one could share and be enriched by the experiences of others.

Ongoing formation is also a basic component of self-care. By going to supervision, studying, writing, and participating in conferences on pastoral care, a chaplain's ministry is continually rejuvenated, affirmed and open to other ways of pasturing.

Self-care made me aware that it is only God who can save his people

Finally, seriously undertaking one's faith journey is vital for a fruitful pastoral care. Unconsciously, the chaplain communicates her/his spiritual self when offering her/his pastoral service. Thus, the more one is in touch with her/his own spiritual journey the more one can empathise and create a sacred space for other people to rediscover and pursue their own faith journey with God.

As a chaplain, self-care taught me to be humble in recognising my limitations and seek the help of significant others. Self-care made me aware that it is only God who can save his people. What I am called to do as a chaplain is to be a compassionate witness of his love towards humanity. It is by regularly balancing other with self-care that I can responsibly accomplish the greatest commandment of all times: "'You shall love the Lord your God with all your heart, and with all your soul, and with all your mind, and with all your strength.'... 'You shall love your neighbour as yourself'" (Mk 12, 30-31).

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Kelmtejn mis-Segretarju Ġenerali

L-akbar sfida li qed inħabbtu wiċċna magħha hija n-nuqqas kbir ta' Nurses u Midwives. Ta' kuljum jaslulna lmenti dwar dan in-nuqqas kemm minħabba li n-nursing compliment ma jintlaħaqx kif ukoll dwar in-nuqqas ta' awtorizzazjoni fuq il-*vacation leave*. Għalkemm il-ftehim ħalla l-frott mixtieq, għaliex numru sabiħ ta' Nurses irritornaw lura fl-impjieg mal-Gvern, xorta għadna l-bogħod milli jintlaħqu l-miri stabbiliti. In-numru ta' Nurses ġodda li ser jilħqu s-sena dieħla huwa żgħir u bir-regolamenti l-ġodda ta' l-Università dan in-numru se jerġa jonqos. Issa qed nistennew numru ta' Nurses barranin biex itaffu ftit mill-problema. Nispera li ma jdumux ma jibdew l-impjieg tagħhom.

Ma konniex qed nistennew li l-migrazzjoni lejn l-Isptar Mater Dei se toħolqilna ċertu problemi. L-aktar tlieta li qed ikunu kostanti huma:-

1. Nuqqas sostanzjali ta' *supporting staff*;
2. Is-servizz ta' l-ikel lin-Nurses u l-Midwives;
3. Il-kobor ta' l-isptar u ċertu *units* li qed jirrendu f'diffikulta għall-membri tagħna dwar in-*nursing compliment* u faċilitajiet oħra.

Hemm bżonn urġenti li dawn il-problemi jiġu solvuti llum qabel għada. Huwa mportanti li jkollna sptar sabiħ iżda huwa daqstant ieħor importanti li n-Nurses u l-Midwives li jaħdmu fih ikunu iffaċilitati fis-servizz tagħhom lejn il-pazjenti. L-MUMN mhux ser taċċetta sitwazzjoni fejn dawn il-problemi ma jiġux solvuti darba għal dejjem fl-interess ta' kulħadd..

Nixtieq nieħu din l-opportunità sabiex b'sodisfazzjon ninfurmak li ser inbiddlu l-premises tal-Union. Barra li llum il-post li qegħdin fih sar żgħir fejn ma tistax tlaqqa żewġ kumitati f'daqqa, issa li l-bdejna norganizzaw il-*courses*, ser ikollna post aktar addattat għal dan il-għan fost affarjiet oħra. Issa nistgħu nlaqqgħu ukoll lill-attivisti tagħna aktar spiss sabiex naġġornawhom b'dak kollu li jkun għaddej. Minn naħa tagħhom dawn wara jkunu jistgħu jwasslu l-messaġġ lill-membri kollha tal-Union. Aktar dettalji inħabbruwhom fil-ħarġa li jmiss.

Wasalna lejn tmiem ta' sena oħra. Din is-sena kienet waħda movimentata. L-ewwel kellna l-elezzjoni għall-Kunsill ġdid u wara rrankajna l-ħidma tagħna sabiex nilħqu l-ftehim mal-Gvern. Issa ser nispiċċawha bil-bdil tal-*premises*.

Ma nistax nispiċċa dawn il-kelmtejn mingħajr ma nawgura lilek u l-dawk ta' madwarek Milied Hieni u Sena Ġdida mimlija risq u barka.

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Is the Hospital or Health Facility, Baby-Friendly?

Pauline Fenech - Midwife Breast Feeding Walk In Clinic

The Baby-Friendly Hospital Initiative was launched by UNICEF and WHO with the cooperation of other international non-governmental organizations. Baby-friendly certificates recognize hospitals which implement all of the Ten Steps to Successful Breastfeeding. Such recognition is a goal and incentive for hospitals which need to revise their current policies and practices.

Baby-friendly hospitals create an environment which supports women in their desire to breastfeed. Staff at baby-friendly facilities provides assistance to breastfeeding mothers and implement policies which safeguard the breastfeeding relationship. The global standard for maternity services, which is now defined as baby-friendly care, was published in 1989 by the WHO and UNICEF in a joint statement entitled Protecting, Promoting, and Supporting Breast-feeding:- The Special Role of Maternity Services.

It is also referred to as the "Innocenti Declaration".

This paper recognises that breastfeeding is a unique process that provides ideal nutrition for infants and contributes to their healthy growth and development. It emphasizes that breast-milk reduces the incidence and severity of infectious diseases, thereby lowering infant morbidity and mortality. Breastfeeding contributes to women's health by reducing the risk of breast and ovarian cancer, and by increasing the spacing between pregnancies, and provides most women with a sense of satisfaction when successfully carried out. Recent research has found that:-

- These benefits increase with increased exclusiveness of breastfeeding during the first six months of life, and thereafter with increased duration of breast-feeding with complementary foods.

  Therefore, this paper "Protecting, Promoting, and Supporting Breastfeeding", declares that as a global goal for optimal maternal and child health and nutrition, all women should be enabled to practise exclusive breastfeeding and all infants should be fed exclusively on breast-milk from birth to 6 months of age. Thereafter, children should continue to be breastfed, while receiving appropriate and adequate complementary foods, for up to two years of age or beyond. This child –feeding ideal is to be achieved by creating an appropriate environment of awareness and support so that women can breastfeed in this manner. Attainment of this goal requires, vigorous defence against incursions of a "bottle-feeding culture".

  Efforts should be made to increase women's confidence in their ability to breastfeed. Such empowerment involves the removal of constraints and influences that manipulate perceptions and behaviour towards breastfeeding, often by subtle and indirect means. This requires sensitivity, continued vigilance, and a responsive and comprehensive communications strategy involving all media and addressed to all levels of society. Furthermore, obstacles to breastfeeding within the health system, the workplace and the community must be eliminated.

Every facility providing maternity services and care for newborn infants should follow the 'Ten Steps to Successful Breast-feeding'.

1. Have a written breast-feeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breast-feeding.
4. Help mothers initiate breast-feeding within a half-hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practice rooming-in - allow mothers and infants to remain together - 24 hours a day.
8. Encourage breast-feeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breast-feeding infants.
10. Foster the establishment of breast-feeding support groups and refer mothers to them on discharge from the hospital or clinic.

From: Protecting, Promoting and Supporting Breast-feeding. The special role of maternity services. A joint WHO/UNICEF Statement. Published by the World Health Organization.

Il-Kumitat il-Ġdid tal-MUMN f'Mount Carmel

Fit-tielet kwart ta' din is-sena is-sotto kumitat reġa ġie fformat minn kumitat ġdid. Naturalment aħna komplejna fuq dak li mexxew sħabna tal-ex-kumitat u ta' dan nirringrazjawhom tax-xogħol siewi li wettqu. Minn meta ġie format l-kumitat l-ġdid aħna iltqajna kemm 'il darba b'mod informali biex bejnietna niddiskutu id-diffikultajiet li jiffaċjaw il-membri tagħna u nippjanaw pjanijiet għal Futur għall-ġid tal-membri tagħna. Il-kumitat il-ġdid tal-MUMN f'Mount Carmel huwa magħmul miċ-chairperson Ronald Pavia, mis-segretarja Therese Saliba, u tlett membri li huma Joe Galea, Joe Attard u Nathalie Mallia.

Fid-diskussjonijiet li saru bejnietna minndu twaqqaf dan il-kumitat il-ġdid id-diffikulatjiet li nqalgħu kemm fuq bażi individwali kif ukoll fuq bażi ta' swali partikolari li fihom, dan il-kumitat kellu bżonn jintervjeni u ħafna drabi kellhom isiru xi forom ta' azzjonijiet.

1. Il-proceduri rigward il-*foreign patients*, fl-admission wards. Jidher li l-proċeduri mitlubi m'humiex ċari u għaldaqstant ġie miftihem li għanda ssir laqgħa għall-No's u Dno's biex jiġi spjegati aktar fi-dettal dawn il- proċeduri.
2. Eġajna iddiskutejna mal-management fuq din l-issue tal-*overcrowding*. Fejn b'riżulatat ta' l-*overcrowding*, ħafna pazjenti kienu qegħdin jispiċċaw jorqdu f'sala temporanja għall-matul l-lejl b'detriment fuq is-saħħa tal-pazjent. Fejn erġajna ktibna lis-CEO u lill-management rigward l-*overcrowding* fil-Mixed Admission Ward (MAW) u l-male ward 1. Wara diversi tentattivi is-sitwazzjoni baqgħet kif kienet u kellna bilfors nirrikorru għal-direttivi.
3. Problema ohra akuta tal-*overcrowding* ta' pazjenti tinsab fil-MW1. Fejn għal-darba oħra l-istaff tal-MW1 ġie mogħti l-istess żewġ diretttivi, bħal qabel.
4. Saru laqgħat mal-management u is-CEO, rigward proċeduri ta' kif għandu jittieħed il-vacation leave. Matul din is-sena saret pressjoni fejn ktibna lis-CEO rigward ir-revizjoni tad-*deployment exercise*. Fejn għarafnih li l aħħar wieħed li sar kien fl-2001. Minn dak iż-żmien sal-lum infetħu swali ġodda filwaqt li f' numru ta' swali li kienu diġa eżistenti seħħ xi forma ta' tibdil fihom.

Aħna qegħdin ninsistu li jsiru forma ta' laqgħat fil-futur qarib li jwasluna sabiex nilħqu ftehim fuq *deployment excercise* ġdid. Li jkun jirrefletti is-sitwazzjoni preżenti u attwali. Aħna qegħdin nagħmlu pressjoni fuq din ir-revizjoni għaliex ilha pendenti għal bosta snin, u għandu jkun hemm *time frame* fuq din l-*issue*. Bħal issa tlestew l-*interviews* kemm ta' DNO, u kemm ta' NO's. U għalhekk inħossu li huwa żmien addatat wara l-promozzjonijiet fejn hemm diversi postijiet vakanti. Nappella lill-membri, li l-kumitat qiegħed dejjem għad-dispożizzjoni tagħom u flimkien għanda nħarsu lejn il-*future* tal-professjoni tagħna u tal-MUMN, b'ottimiżmu, ukoll. Filwaqt li nawguraw lill-membri tagħna ħidma sħieħa u fejjieda, nitolbukom li tibqgħu tirrispettaw l-MUMN għal kisbiet li ksibna f'perjodu relativament qasir u li tibqgħu aġġornati ma dak li l-MUMN tkun qeda tagħmel għalina lkoll.

GRAZZI

Ronald Pavia

Punti dwar l-attività tal-kumitat rapreżentattiv tal-MUMN fl-Isptar Boffa matul is-sena l'għaddiet

- Peres li t-tlett membri tal-kumitat kienu kolal ġodda, rajna min huma l-membri fi ħdan l-MUMN fl-isptar u bħala kumitat ħeġġiġna sabiex aktar membri jissieħbu fil-union. Fil-fatt numru ta' membri ġodda ġew reġistrati, li jkompli jagħmel il-Union dejjem aktar popolari u b'saħħitha.
- Minn kmieni matul is-sena elenkajna u bdejna diskusjonijiet ma MNS tal-isptar dwar tqassim tar-*relieving staff*, li mhux dejjem kien qed ikoppri adekwatament il-ħtigijiet tal-wards; speċjalment matul xi ljieli. Dan wassal sabiex illum il-ġurnata, għall-bżonn anke overtime għan-nurses qed jiġi offrut.
- Matul ix-xahar ta' Mejju ġiet imsejħa laqgħa għall-membri tal-union fil-preżenza tal-president, is-Sur P. Pace fejn ġew spjegati proposti dwar il-pakkett ta' inċentivi għan-nurses minflok l-*early retirement* li kien imwieġħed mill-union. B'hekk il-membri setgħu jirrispondu l-kwestjonarju mibgħut lilhom aktar b'għajnejhom miftuha.
- Minn naħħa tal-kumitat ġie mfassal pjan ta' azzjonijiet bħala direttivi f'kas ta' bżonn ta' azzjonijiet industrijali.
- Ġie deċiż mill-awtorità li s-sala tal-NRU se tiċċaqlaq għal Karen Grech Hospital u tkun waħda mir-*rehabilitation wards* taħt it-tmexxija tal-management ta' Zammit Clapp Hospital. Għalhekk saru laqgħat mal-istaff tas-sala, kif ukoll mad-*Director of Institutional Health* sabiex jiġu żgurati l-interessi tal-ħaddiema ikkonċernati.
- Intlaħaq ftehim mal-management tal-isptar sabiex il-preparazjoni tal-*Chemotherapy* għall-pazjenti fis-swali tal-onkologija jsiru f'ħin aktar addattat u kif suppost.
- Sħaqna li l-"NOs", jew id-delegati tagħhom fis-swali għandom ikunu aktar involuti dwar il-*bed occupancy* sabiex il-pazjenti u qrabathom jiġu moqdijin aħjar.
- Ġie stabbilit ukoll li trattament tar-*Radio therapy"* għall-pazjenti tas-swali għandu jsir fil-ħin li jkun hemm il-*porter* impjegat propju biex jġorr dawn il-pazjenti u mhux wara. Dan jevita milli Nurses ikunu assenti mis-sala u jkollom iġorru pazjenti b'detriment għalihom infushom kif ukoll għall-kumplament tal-pazjenti fis-sala.

Bħala kumitat aħna dejjem lesti li ngħinu sabiex l-infirmiera jkunu jistgħu jaqdu dmirhom ta' kwalità mill-aħjar, għall-ġid tal-pazjenti u għalihom infushom.

Committee Group Work

F'Awissu tal-2006 ingħaqad committee ġdid tal-midwives. Dan il-committee kien jinkludi lili Josephine Muscat bħala chairperson, Maria Cassar bħala segretarja waqt li Miriam Borg u Maria Aloysia Aquilina kienu membri. Fil-bidu ta' Settembru 2007 Maria Cassar u Miriam Borg irriżenjaw mill-committee. Nixtieq nirringrazzjhom tal-kontribut li taw.

Dan il-committee iltaqgħa diversi drabi u ddiskuta suġġetti verji fosthom:-

1. It-trasport u l-għajnuna ta' midwife lill-emigranti illegali nisa tqal u fil-ħlas waqt li dawn ikunu għandhom fil-vjaġġ tagħhom il-barra mix-xtut maltin jiġifieri fuq id-dgħajsa. Hawn il-midwives kienu qed jiġu mitluba joħorġu fuq il-*patrol boat*. F'dawn il- każijiet il-midwives kien qed iħossuhom li huma ma humiex kompetenti f'dan ir-rigward għaliex dan it-tip
ta' xogħol jitlob taħriġ. Il-midiwives talbu wkoll li jkunu protteti u mħarsa kif meħtieġ mill-liġijiet tas-saħħa u sigurta fuq ix-xogħol. Wara ħafna diskussjonijiet mad-dipartiment tas-saħħa fejn xejn ma ġie konkluż dwar dan ir-rigward, il-Union ma kelliex triq oħra ħlief li toħroġ direttiva u tgħid il-midwives joħorġu tagħtu il-kura tagħhom f'każijiet li tinħtieġ ambulanza, jew jekk ikun hemm bżonn imorru sal-port pero ma jitlgħax fuq *partrol boats* jew dgħajjes. Wara din id-direttiva, uffiċjali għolja tal-Union, il-managment, diviżjoni tas-saħħa u l- AFM iltaqgħu flimkien u fl-aħħar ġie deċiż li għandha toħroġ applikazzjoni sabiex midwives interessati japplikaw sabiex jingħataw taħriġ f'dan il-qasam. Però sa issa l-ebda applikazzjoni ma ħarġet. Għalhekk id-direttiva tal-MUMN għada tgħodd.

2. Għamilna kuntatti ukoll ma' *Obstetric changing group committee* tal-Mater Dei dwar il-migration. Waqt il-laqgħat ġew diskussi diversi suġġetti jaħarqu fosthom il-prattiċi ta' kif ser jaħdmu s-swali, il-kwestjoni tar-*rest rooms* u d-dritt li kulħadd jibqa jgawdi għal inqas l'istess kundizzjonijiet li għandu bħalissa KGH bħar-rosters.

3. Bħala membri tal-European Midwives Association qed naħdmu magħhom biex il-professjoni tagħna terġa tibda tqum fuq saqajha u tikseb lura il-prattiċi li kienu primarjament tagħna. Għal dan il-għan flimkien mal-Midwives Association is-sena diehla fl-aħħar ta' Settembru se nkunu qed norganizzaw il-laqgħa annwali ta' l'EMA fejn membri mill-Ewropa jiġu jiddiskutu l-problemi u l-gwadanji li jkollhom matul is-sena. Din il-laqgħa hija importanti sabiex aħna nkomplu ngħamlu *pressure* dwar id-diffikultajiet li qed niltaqgħu magħhom.

4. L-MUMN barra li kienet affiljata mal-National Council of Women ħasset il-ħtieġa li tkun rapreżentata wkoll fil-Malta Confederation of Women Organistaions. L-importanza ta' dawn l-affiljazzjoniet hija primarjament sabiex L-MUMN wkoll issemma leħinna f'*issues* nazzjonali. Din is-sena l-MUMN ħadmet fil-qrib mal-MCWO fil-riwgard l-issue ta' *Chid Minding Facilities* ġewwa Mater Dei Hospital, fejn kellna riżultati positivi. Jiena bħala ċ-chairperson tal-committe nattendi għall-laqgħat tal-Ncw u l-MCWO flimkien mal-Viċi-Presidenta u Lora Pullicino membru fil- kunsill.

5. Dan l-aħħar erbgħa xhur jiena bħala Chairperson tal-Committee qed nattendi l-*meetings* li jagħmlu ta SLH biex flimkien niddiskutu problemi komuni dwar il-*migration*, kif ukoll qed nippruvaw insolvu problema li għandhom tal-Antenatal Clinic.

L-għanijiet tal-futur

1. It-tħaddim tal-committee bejn il-membri tal-committee il-qodma u l-ġodda li huma Luciana Brincat u Emily Scerri.

2. Li kif nistabilixu ruħna ġewwa Mater Dei, naħdmu sabiex nagħmlu updating tal-*member list* tal-midiwives u nurses li jaħdmu fil-maternità. Dan minħabba l-fatt li kien hemm tibdil ta' ħafna *staff* fis-swali tal-maternità ġewwa Mater Dei.

3. Li ridu naħdmu sabiex il-midwives jingħataw żarbun tal-uniformi għaliex minħabba xi diffikultajiet dan ilu ma jingħata għal-diversi snin.

A nurse from Cornwall who donated one of her kidneys to a stranger has met the recipient for the first time.

Barbara Ryder, 59, is one of only four people in the UK to have made an altruistic kidney donation.

The Launceston nurse, who works at Derriford Hospital in Plymouth, gave her organ to Andy Loudon, 68, a retired carpenter from Bedfordshire.

She said: "The kidney was literally a spare part and I thought 'good, at last I can do something physically useful'."

She added: "What prompted me to donate my kidney was that I heard something on the radio about dialysis and how ghastly it was."

Ms Ryder then spoke to a living donor coordinator at the hospital, who said it would be possible.

'NEVER MET'

Until September 2006 living donors were only allowed to give kidneys to those genetically linked, or related through marriage.

The operations were made possible by the Human Tissue Act legislation.

Giving a kidney altruistically is when a person decides to give their organ to someone they have never met.

Paired donation is when a donor and recipient whose blood groups or tissue types are incompatible are paired with another donor and recipient in the same situation.

Ms Ryder went in for the operation on 18 September, but was eager to get home to look after her menagerie of rescue cats and dogs.

Although it takes 10 days for the wound to knit together she was back walking her pet dogs after a week.

Describing how she felt Ms Ryder said: "The feeling you get is better than the feeling you get at Christmas. It's just the joy of giving. "

Before Barbara Ryder's donation Mr Loudon underwent dialysis three times a week, which limited what he was able to do.

He had his operation on the same day at Addenbrookes Hospital in Cambridge.

The new kidney now allows him to travel and visit his daughter in Scotland, something he has not been able to do before.

'BEST CHRISTMAS'

Mr Loudon said: "The fact that the organ came from a living donor has made a big difference. The kidney worked straight away.

"I feel honoured and it restores my faith in human nature. It's difficult to put into words.

Mr Loudon's wife Hilary, 62, wrote a letter to Ms Ryder thanking her for what she had done.

Ms Ryder said: "They told me how they are now able to visit their family in Scotland and they couldn't before because of the dialysis.

"They said they would never forget me."

Meeting for the first time the couple hugged each other and Mr Loudon said: "It's the best Christmas present I could ever have."

Source: http://news.bbc.co.uk/1/hi/england/cornwall/7144418.stm

Clinical Wound Care Guidelines

Corinne Ward - *Tissue Viability Nurse*

Health care workers, authorities, politicians, and the public all want better quality of care in the National Health Service. There seems to be an obsession with measurement and health care is complicated with no easy solutions. There will always be problems and strains with the service - the demand is ever growing and the allocated resources never seem to be enoug'. The financial and human costs of wound care are hig' and as Dealey (1994) explains inappropriate wound management can have adverse affects on the healing process and is a waste of precious resources (Douglas & Way, 2007). Çonsequently, the importance of providing suitable wound care must be recognized if the provision of health care is to be cost and clinically effective. A way in trying to provide appropriate wound care is the use of clinical guidelines.

All clinical guidelines aim to promote 'best practice' that could improve the outcomes of treatment. As defined by Woolf, Grol, Hutchinson, Eccles & Grimshaw (1999) clinical guidelines are "systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances" (Pg. 527). Woolf et al (1999) further explain that clinicians, policy makers, and patients should see guidelines as a tool for making care more consistent and efficient and for closing the gap between what clinicians do and what scientific evidence supports. Similarly, wound care guidelines should promote rational prescribing by encouraging safe, effective, appropriate and economic use of dressings and other materials or equipment (Westwood, 2000, Douglas & Way, 2007).

The establishment of evidence-based clinical guidelines on wound care could be a step in the rig't direction to start the quality cycle. It could offer nurses and doctors accessible information to inform their practice. It could also enable them to ensure practice is consistent across the Island. As a consequence, it could offer the prospect of improving the clinical effectiveness of the care delivered to patients. Althoug' clinical guidelines are one means by which practice can be enhanced it could provide a vehicle for audit and contribute to the cycle of quality care. Most of all, it is needed to ensure patients do not suffer physically and financially as a result of inappropriate wound management. This is by no means an easy challenge but there is an urgent need to start looking into our practices (McKee & Clarke 1995, Glover 2000).

In Malta, guidelines for wound management are limited and no system exists to ensure quality of care is being achieved. Various departments use different dressings, techniques, and equipment – some having an adequate range of resources while others not having accessibility to most of the products. For example, it is only of late that dressings are becoming available in health centers. Furthermore, in the community where most of our patients with wounds are found, resources are very limited. If patients do not buy the products/or are given some materials with their 'pink' card – then the nurse will have to make do with what she has available. Another problem the world over is that nurses and doctors alike do not have formal training on wound management and this problem is made worse with the increase of products on the market and different techniques introduced. Nowadays, patients are more educated and ask about different treatment options that sometimes threaten the nurses' confidence. Although litigation is still rare, it mig't increase and become more common as with our colleagues in Europe.

Guidelines will not address all the uncertainties of current clinical practices and should only be seen as one strategy that can help improve quality of care for patients with wounds. However, one cannot continue to take a back seat anymore. King (2000) states that, professionals involved in wound care should continue to question not the need for evidence, but the means by which we collect, assimilate and implement changes in our own practice, based on evidence. Furthermore, the potential for nurses to play a major role in contributing to effective healthcare service is wide reaching.

As a clinician, the nurse makes informed decisions that affect the lives she/he touches. Decisions should be evidence-based, so as Zeiger (2006) states, they allow the administration of care with confidence. This is not to say that all wound care is evidence-based. This is where science yields to art with individual clinician intuition that is tentatively connected to knowledge and experience. Nurses, no matter what their status or location need to continue to read, keep updated and whenever possible participate in research. As Harding (2000) explains, in an era of limited resources for healthcare, and when there is an explosion of interventions that may convey benefits to patients, clinicians should expect demands for proof of the efficacy of their practice. Professionals involved in wound care should not delude themselves that only a chosen few can undertake work to provide evidence that will change the way patients with wounds are cared for. Everyone should accept these difficulties of providing such evidence if quality of care for patients with wounds will improve (Harding, 2000).

The tissue viability unit is pleased to announce that wound care guidelines (draft) are in the pipeline. For more information please contact the Tissue Viability Unit –
Tel: 2545 4424.

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RAPPORT TA' ĦIDMA tas-Sotto Kumitat MUMN ta' Għawdex, 2007

Il-Kumitat iltaqgħa uffiċjalment 7 darbiet. Biex naraw li l-membri tagħna jiġu kollha milħuqa minnha u biex żgur li jkunu jistgħu jingħataw attenzjoni neċessarja, il-membri kollha ġew delegati swali differenti biex jieħdu ħsieb. Qegħdin ninfurmaw lill-membri tagħna fuq innizjattivi li jkunu qegħdin isiru billi nkellmuhom personalment u anke billi nqassmu leaflets fis-swali.

Żammejna diversi laqgħat mad-Direttriċi Joyce Dimech. Magħha żammejna kuntatt ukoll permezz ta' e-mails. Punti li ġew diskussi kienu:

- Problemi li qegħdin jinħolqu f'ċertu swali minħabba nuqqas ta' staff.
- Tibdil li jsir f'ċertu swali mill-awtoritajiet mingħajr ma jiġu konsultati l-istaff ta' swali u l-anqas ir-rapreżentanti tagħhom.
- Jinħarġu applikazzjonijiet għal postijiet vakanti fi swali u anke fl-'Administration'.
- Health and Safety – fir-rigward ta' l-impjegati fuq il-post tax-xogħol.
- Jiġu organizzati korsijiet edukattivi għan-nurses u midwives fil-Gżira Għawdxija.
- Taħriġ għall-infermiera flimkien ma' lis-staff tal-Protezzjoni Ċivili, biex jkunu preparati għal xi traġedji u diżastri serji.
- Noħolqu is-CPR team fl-Isptar Ġenerali.
- Il-bżonn urġenti li jinbidel jew jinxtara apparat neċessarju f'ċertu swali, li hu bżonnjuż biex in-nurses jużawh għal kura tal-pazjenti. Fosthom il-monitors fis-CCU/ITU.
- Il-bżonn urġenti ta' refurbishment fit-teatri ta' l-operazzjonijiet, flimkien mal-bżonn urġenti li jinbidel l-'Air Exchange System' fl-operating theatres.
- Ħolqien ta' struttura serja ta' kif u meta għandhom jiġu trasferiti nurses u midwives mill-isptarijiet f'Malta, biex jaħdmu f'Għawdex.
- Il-kundizzjonijiet tax-xogħol għan-nurses li kienu ser jibdew jaħdmu fil-'Hyperbaric unit', u anke problemi li hemm f'dan il-unit li jridu jiġu ittrattati qabel jibda jiffunzjona.

Laqgħat oħra:

- Nhar il-Ħamis 15 ta' Frar 2007 iċ-Chairman u s-Segretarju tas-Sotto Kumitat iltaqgħu mas-Sur Aldo Cini u tkellmu dwar il-possibilità li ma kull paga li toħroġ il-ħaddiema jingħataw 'breakdown' tal-ħlas, u biex niċċaraw ċertu problemi li diversi nurses qiegħed ikollhom ma' l-iskrivani dwar ħlasijiet. Is-sur Aldo Cini għandu jara kif jista' jingħata s-'software' neċessarju biex iħarreġ lill-iskrivani ħalli dan il-proċess jkun jista' jsir. Ġejna nfurmati ukoll li għalissa ċertu nformazzjoni li n-nurses qegħdin isaqqsu dwar il-pagamenti relatati lilhom qegħdin jiġu spjegati lilhom mill-iskrivana
- Fil-laqgħa ta' l-NOs li ser saret nhar il-Ħadd 1 t'April 2007, iċ-chairman tas-sotto kumitat qajjem xi punti fosthom: dwar l-indħil ta' ċertu Konsulenti fuq ix-xogħol tan-nurses; dwar id-dritt u r-responsabiltajiet tal-part timers u anke dwar il-problemi li qegħdin jiffaċjaw in-nurses meta jakkumpanjaw pazjenti mill-Isptar Ġenerali għall-Isptar San Luqa. Minħabba dan l-intervent taċ-chairman u wara li ntbagħtet ittra mis-sotto-kumitat, sar kumitat magħmul minn Nursing Officers biex jaraw kif nistgħu naħdmu bħala 'multi-disċiplinary team' mal-konsulenti; saret laqgħa għal part-timers mad-Departimental Nurse Manager biex jiġu iċċarati l-pożizzjoni tal-part-time nurses; u saret laqgħa bejn is-Super ta' GGH u is-Super ta' SLH biex isolvu l-problema ta' dewmien tat-trasferimenti ta' pazjenti lejn SLH, speċjalment ġewwa s-sala ta' l-Emerġenza.
- Kellna lmenti mill-istaff tar-Renal Unit dwar każijiet li seħħew, fejn waqt id-Dialysis, għal xi raġuni jew oħra mhux dejjem jkun hemm preżenza ta' Technician, kif suppost huma l-proċeduri stabiliti. Intbagħtet ittra lill-NO tas-sala fejn minnaħa tiegħu nfurmana li dwar dawn il-każijiet li ilhom iseħħu, kienu saru diversi laqgħat ma min hu konċernat iżda sfortunatament dawn il-każi baqgħu jseħħu. Rigward dawn l-ilmenti ntbagħtet ittra lis-Sur Paul Buttigieg DNM u lill-Inginier Sunny Debrincat, fejn infurmajnihom li jekk l-affarijiet ma jimxux skond il-proċeduri stabiliti l-Union ser tkun kostretta li tordna azzjonijiet fil-post tax-xogħol. Irċevejna ittra mingħand id-DNM dwar il-passi li ittieħdu biex jassiguraw li waqt id-dialysis fir-Renal Unit jkun hemm preżenza ta' teknikċian fis-sala jew ta' l-anqas fl-isptar.

Disskussjonijiet li għadna naħdmu fuqhom huma:

- Preparamenti biex isir 'Man power plan' jew 'deployment exercise' ġdid li jinvolvi nkluż ta' nurses fis-swali (SSW u Male Geriatrics) fejn fil-preżent hemm nuqqas f'kull shift.
- Possibilità li niżviluppaw aktar il-Primary Health Care f'Għawdex.
- Noħolqu Child Care Centre. B'hekk hemm il-possibilità li nnaqsu l-ammont ta' nurses li japplikaw għar-'reduced hours shift'.
- Jittrangaw il-'locker rooms' u r-'rest rooms' ta' l-istaff li fil-preżent huma fi stat tal-biża.

Sfortunatament tlabna diversi drabi, kemm b'ittri, e-mails u anke ċempilna biex nagħmlu appuntament mas-Super Dr A. Livori, iżda sfortunatament qatt ma irnexxielna. Żgur li mhux minnaħħa tagħna.

Qegħdin nagħmlu laqgħat regolari mas-Sur Paul Buttigieg dwar il-ħidma tan-nurses u l-midwives fl-isptar. Bħala kumitat intervjenejna f'diversi diffikultajiet li jinħolqu f'ċertu swali bejn l-NO's u n-nurses. Ġbidna diversi drabi l-attenzjoni dwar anomaliji li jinħolqu f'ċertu swali li jkunu ta' detriment għal membri tagħna.

Health Centers

Fis-sena 2006 kien hemm xi tibdil fis-sotto kumitat tad-diviżjoni tal-Kura Primarja u ġew nominati membri ġodda fi ħdan dan l-istess kumitat. Dawn huma hekk:
Paola Health Centre Sylvia Spiteri (Chairperson) u Carmel Drago,
Mosta Health Centre Margaret Lia (SSegretarja),
Cospicua Health Centre Rose Galea,
Floriania Health Centre Marthese Camilleri,
Floriana NIS Margaret Micallef,
Gżira Health Centre Doreen Dimech,
Qormi Health Centre Margaret Cilia,
Rabat Health Centre Lydia Vella,
Bereg Josephine Vella.

Meta saret l-ewwel laġħqa tagħna konna kollha kemm aħna b'entużżjażmu kbir biex nagħmlu differenza fid-dipartimenti fejn naħdmu u b'hekk in-nurses jkunu iżjed kuntenti u dan jirriflettu fuq ix-xogħol tagħhom mal-pazzjent.

Jien, Sylvia Spiteri ġejt nominata fil-kariga ta Chairperson u Margaret Lia Segretarja. Din il-fiduċja fina tagħtna il-grinta biex nippruvaw nagħmlu d-differenza. F'din l-aħħar sena iltqajna diversi drabi u fost l-affarijiet li ġew diskussi u implimentati kien hemm dawn:

UNIFORMIJIET - Dawn wasalna fil-final tal-proċeduri tat-tenders u nisperaw li fl-ewwel xahrejn tas-sena 2008 jkunu lesti. Dan id-dewmien ma kienx min naha tagħna imma sfortunatament ċerti proċeduri jieħdu fit-tul. Il-kumitat qatt attent biex jaħseb għal kumdità tal-impjegati fuq il-post tax-xogħol waqt li jkun bl-uniformi u għaldaqstant għal l-ewwel darba in-nurses nisa ser jkollhom Skort, li hu forma ta Bermuda bħala parti mil-uniformi uffiċċjali. Il-Blazer ġie mibdul ma Reversable Jacket u ser jkun introdott Polo Shirt abjad flimkien mal-qmies jew Tunic li kellna qabel.

ŻRABEN - Wara li għal darbtejn sħaħ ġejna mogħtija żraben ta qwalità inferjuri u li kważi ħadd ma libes, rajna li t-tender li ġejna offruti tkun ta' ċerta qwalità li nispera li jkunu komdi. Għal l-ewwel darba in-nurses li jaħdmu fil-Mosta Health Centre u xogħolhom hu li jmorru fuq ambulanzi, ikollhom safety shoes. U dan dejjem għal ħarsien tan-nurse. S'issa nispera li kulħadd ħa l-qis tagħhom ħalli fi ftit żmien ieħor jiġu mogħtija lilhom.

ĊENTRI MOSTA U PAOLA - Minħabba l-pressjoni u kwantità ta' xogħol li jkun hemm f'dawn iż-żewġ ċentri ġie milħuq ftehiem mal-management tal-kura primarja biex in-numru ta' nurses on duty jkun dejjem ta' tnejn.

Ir-rappreżentanti tal-kumitat flimkien mas-segretarju ġenerali Colin Galea, kellhom diversi laġħqat mad-Direttur, SMOs, u DMO tal-kura primarja biex ġew diskussi u riżolti problema sew personali ta' xi impjegati kif ukoll dawk dipartimentali.

Dan ix-xogħol setgħa jsirr bil-kollaborazzjoni tat-team sħiħ u impenn komplutt, xi kultant b'sagrifiċċji personali, u ta' dan f'sehem il-MUMN ngħidilhom GRAZZI.

Sylvia Spiteri
Chairperson - Primary Health Care

'The best £20,000 I have spent'

Julie Littler had nearly a decade of excruciating back pain.

Doctors told her she would have to accept life in a wheelchair, but she was determined there must be something that could be done.

Six months ago she underwent a privately funded operation, costing £20,000, to replace a disc in her spine.

Julie, aged 36, from Chester says her life has been transformed.

Her problems started about nine years ago when she started getting pains in the lower half of the back and legs.

Doctors initially thought it was sciatica a pain in the main nerve of the leg.

"I struggled with the NHS for years to get something done," said Julie.

"They said that lower back pain was very common, but they never actually found out what was wrong. They just treated the symptoms rather than finding out what was causing it.

"The NHS just more or less said take the pills and live with your wheelchair and crutches for the rest of your life.

"I just kept saying: 'There must be something you can do. You put a man on the moon, you must be able to do something about my back'."

Julie was told by an orthopaedic specialist that one option was a spinal fusion operation - but it was not recommended for someone so young.

The danger was that the area above that fused would deteriorate - and then the area above that.

GIVEN HOPE

In fact, Julie was told there was only a 50/50 chance that the surgery would be a success.

Then she read a newspaper article about a possible alternative.

Consultant neurosurgeon Jake Timothy, from the Leeds Teaching hospital, was offering a total disc replacement, in which worn spinal discs are replaced with metal and plastic implants.

"When we went to see Jake Timothy his first words were 'Of course there is something we can do," said Julie.

Dr Timothy replaced one of her discs, and the mother-of-one says the affects on her health have been dramatic.

"It has been awesome: I have got my life back," said Julie.

"I still have my limits which is a little frustrating, because you tend to think you are bionic.

"But I am waking up in the morning and not reaching for morphine. I can put my socks on. Little things. It is amazing what I can do."

SURGICAL PROCEDURE

Disc replacement surgery has been approved for some patients by the NHS watchdog, the National Institute for Health and Clinical Excellence (NICE).

Worn discs, usually at the base of the spine, are replaced with artificial discs made of cobalt or titanium with a polyethylene core. They are designed to ape as closely as possible the action of original discs, allowing the spine to remain as flexible as possible.

"For selected patients, aged between 20-50 with really serious degeneration of the spine, the surgery can be quite miraculous," said Dr Timothy.

"It is a last resort as opposed to first line treatment. Often these patients have years of non-operative treatment before they have surgery."

The Leeds team have invested in a special simulator to evaluate rates of wear in the different types of replacement disc over the next three years.

They are well aware that hip and knee replacements have proved problematical in the past, and are conscious that similar problems in the spine could be seriously debilitating.

Andrew Quaile, a consultant orthopaedic and spinal surgeon in Hampshire, said the technique had the potential to give patients far better movement than spinal fusion.

However, he warned that the surgery, which involves going in through the abdomen, rather than the back, and moving the bowel, was complex, and accurate placement was absolutely key.

The Arthritis Research Campaign provided £84,000 towards the Leeds team's simulator.

A spokesman said: "New surgical techniques are increasingly bringing relief to younger patients with severe low back pain, but it's essential that they are tested and evaluated properly, which is why we've funded this piece of equipment."

Source: http://news.bbc.co.uk/2/hi/health/7119177.stm

M. D. H. Group Committee

Ħidma tal-Group Committee M.D.H.

Matul is-sena 2007 il-kumitat iltaqgħa għal ferm aktar drabi milli hu stipulat mill-kodiċi tal-Kunsill. Bħala Group Committee ltqajna mill-inqas darba fix-xahar, u s-Segretarju u l-President kellhom diversi laqgħat dwar il-*compliment* tal-istaff għal Mater Dei. Mill-kumitat kellna kummissjonijiet li ħadmu fuq il-Gynae Out-Patients u l-Emerġenza. Dan sar b'ħafna sagrifiċċji u kemm il-darba il-membri kellna nattendu waqt l-off duty. Il-President, u dan l-aħħar anke s-Segretarju ta' kull kumitat (bis-saħħa tal-kumitat tagħna), ġew involuti direttament fil-Kumitat Eżekuttiv, u kienu nvoluti f'kull esodu fosthom li kull segretarju ta' kull kumitat sar membru tal-Kumitat Eżekuttiv:

Bis-saħħa tal-Kumitat Eżekuttiv:

a. Tajna s-suġġerimenti tagħna għall-pakkett li ġie milħuq riċentament
b. Ippreparajna direttivi fil-każ li dan il-pakkett ma jintlaħaqx

Il-Group Committee bil-kummissjonijiet maħtura minnu, ittratta dawn l-affarijiet:

a. Dewmien fil-ħin tal-pazjenti fl-Emergenza
b. Uniformijiet fl-Emegenza
c. Insurances
d. Triage
e. Il-preżenza ta' aktar S.H.O.s fl-Emerġenza
f. Zieda fl-istaff tal-Gynae Out-Patients
g. Meljorament fil-kundizzjonijiet ġenerali fosthom li ma jibqawx jaħslu madum u baby cots
h. Ippreparajna direttivi fil-każ li ma jaslux il-ward clerks mitluba
i. Tajna d-direttivi lil dawk li se jaħdmu fis-swali tal-Maternità fl-Isptar Mater Dei

Il-Group Committee regolarment iltaqa' ma' diversi awtoritajiet rigward il-migrazzjoni lejn l-Isptar Mater Dei, fejn fosthom iddiskutejna u rbaħna:

a. Parkeġġ għall-membri
b. Servizz għall-membri u l-qraba mill-ispiżerija tal-Out Patients
c. Il-badges (T.L.D.s) tal-Anaesthetic Nurses
d. Ward clerks
e. Care workers
f. Porters
g. Titjib fl-uniformijiet
h. Il-kompliment tal-istaff fis-swali
i. Titjib fit-top-up tal-Laundry
j. Titjib fl-Emerġenza
k. Titjib fl-ikel tal-impjegati

Il-Kumitat kien instrumentali biex:

a. Ġibna għajnuna għal min irid ikompli javvanza fil-karriera tiegħu
b. Ħeġġiġna aktar nurses u midwives biex isiru membri fl-MUMN
c. Ninvolvu l-Kumitat tal-Midwives fil-laqgħat tagħna (ħafna drabi attendiet il-Presidenta Ms Josephine Muscat)
d. Tinħoloq time-in-lieu record sheet
e. Tiġi aktar dettaljata l-pay slip (li oriġinarjament akkwistajna fis-snin ta' qabel)
f. Biex isir protocol fuq il-constant watches
g. Rażżanna l-overcrowding fis-swali
h. Ġibna study leave waqt migration stop leave.

Il-Kumitat qed ikompli jsostni l-bżonn li ċ-Child Care Facilities ikunu fil-boundaries tal-isptar Mater Dei.

Issa li sar il-migration u nawguraw li jkun suċċess, qed inkomplu nilqgħu l-ilmenti tal-membri tagħna u nwegħduhom li, bħal dejjem, noffrulhom is-support tagħna. Nixtieq nirringrazzja lill-ufficjali tal-isptar, l-ufficjali tal-M.U.M.N., lill-President, s-Sur Alex Manche, u lil sħabi kollha tal-Group Committee tal-għajnuna u l-ħidma li jagħmlu, fosthom l-Assistent Segretarju, s-Sur Geoffrey Axiak, ta l-għajnuna li nsib minnu.

Thomas Agius
Segretarju, Group Committee MDH
10 ta' Diċembru 2007

What is a Peadiatric Stroke?

Peadiatric stroke is something that parents or parents to be would never even consider to worry about. Evenmore that a newborn infant may suffer a stroke and might not be detected by a doctor. Stroke or brian attack occurs when the blood supply to the part of the brain is suddenly interrupted (ischaemic) or when the blood vessel in the brain bursts, spilling blood into the spaces surrounding the brain cells (haemorrhagic). Peadiatric stroke is divided into *perinatal stroke*, a cerebrovascular accident that occurs between 28 weeks of gestation (intra uterine) and 28 days of postnatal age and *childhood stroke* a cerebrovascular accident that occurs between 30 days of age and 18 years.

Are Strokes common in children?

Believe it or not peadiatric stroke is a very common phenomenon despite that stroke are usually associated with older adults. Strokes at birth occur to 25 out of 100,000 infants born each year in US and 100 children in total every year in the UK.6 out of 100,000 and at least 1/3 of those cases are in newborn, 12% of children die of stroke each year . 25% - 35% stroke survivors will go on to have another stroke and more than 2/3 of stroke survivors will have neurological problems and seizures.

What causes strokes in children?

Possible causes of peadiatric stroke includes

- Prematurity
- Sicklecell anaemia
- Antiphospholipid antibody syndrome
- Arteriovenous malformations
- Brain infections
- Birth injury
- Embolus
- Factor v lieden

What are the signs that a child had a stroke?

Although it is commonly believed that, in contrast to adults, children recover fully after strokes, it is probably more accurate to say that children recover differently from adults. Strokes can affect many aspects of a child's functioning, including movement, speech, behaviour and learning. However, the good news is that in the majority of cases these effects are mild. Improvements in many of these areas may continue to be seen for several months after the initial stroke.

How well do children recover from strokes?

Although it is commonly believed that, in contrast to adults, children recover differently from adults. This is because in childhood the brian is plastic and can adapt to physical and occupational therapy . Strokes can affect many aspects of a child's functioning, including movement, speech, behaviour and learning. However, the good news is that in the majority of cases these effects are mild. Improvements in many of these areas may continue to be seen for several months after the initial stroke.

What can be done to improve recovery?

Occupational therapy, physiotherapy and/or speech and language therapy can all help with rehabilitation after a stroke. Therapy usually begins as soon as possible following the stroke. This includes assessing movement, play and independence skills. Therapy aims to make daily activities easier for the affected child. A therapist may suggest ideas for home and school to develop skills and minimise abnormal muscle tone and movement.

Therapy may be most intensive in the early stages after a stroke. It is also important as the child returns to normal daily activities such as school. A therapist may offer 'hands-on' therapy, and advise the child, family and school how to structure play and school activities to enable the child to participate fully. He or she may provide equipment - for example, ankle or hand splints to help the child move more easily and reduce the risk of permanent joint stiffness. The amount and type of therapy will depend on the child's needs.

No two children recover in the same way after a stroke. Their progress depends on many factors including which part of the brain is affected, the cause of the stroke and any other difficulties they may have. The rehabilitation process helps the child to develop his or her abilities to live as normal a life as possible. This is important in developing self-esteem and building confidence. It may be helpful to have access to therapy services for support and advice if any questions or difficulties arise in the months or years after the stroke.

What services are available?

After that the child has been treated in hospital it is important to start rehabilitation as early as possible. Number of people will be involved in the rehabilitation and medical needs. These include peadiatric neurologist, physiotherapist, occupational therapists, speech therapist and psychologist.

In Malta once that a child is diagnosed with stroke a referral to the Child development Assessment Unit is done where the child will have sessions with the physiotherapist, Occupational therapist, Speechtherapist and Psychologist.

A referal to the early intervention teacher is also done in order to assess the statement of educational needs aiming to arrange for a school facilitator if needed.

Organisations such as 'Razzett tal-Ħbiberija' and 'Eden Foundation' provide programs to improve development.

From MUMN Mid-dijarju tagħna...

1 MUMN President Paul Pace and Hon. Health Minister Louis Deguara exchange the Nurses' ~ Midwives' Agreement.

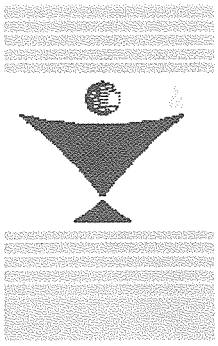
2 The Education Executive Committee witin MUMN organised an interesting conference on Epilepsy & The Nursing Profession.

3 Another exciting activity was organised by the Pensioners' Group Committee. This time it was a day at Comino.

4 The MUMN Council Football Team played a friendly game to steam off some of the stress incured with the migration of MDH !!

5 MUMN Council decided that its high time to buy new and bigger premises. MUMN Administration signed the preliminary papers regarding this process.

6 Hon. Prime Minister Lawrence Gonzi congratulated MUMN for the signing of a historic agreement on behalf of the Midwives & Nurses.



ICN on Healthy Ageing:

A Public Health and Nursing Challenge. By 2020 world population will include more than 1 000 million people aged 60 and older; with more than 700 million living in developing countries

Nearly one million people cross the 60-year threshold every month. The 20th century has seen a serious increase in the absolute and relative numbers of older people in developed and developing countries. Accordingly, nursing has sharpened its attention on the issue of healthy ageing.

Projections for population ageing into the first quarter of the 21st century include:

- By 2020, the Japanese population will be the oldest in the world, with 31% over 60 years of age, followed by Italy, Greece and Switzerland.
- By 2020, five of the ten countries with the largest populations of older persons will be in the developing world: China, India, Indonesia, Brazil and Pakistan.
- By 2020 the population of older persons from developing countries will rise by nearly 240% from the 1980 level, as a result of a rapid decline in fertility and an increase in life expectancy, due to the use of advanced technology and drugs.
- Women outlive men in almost every country. They make up the majority of the oldest old and the elderly widowed, and are most frequently the carers of the worlds' older persons.

Impact on Health

Health of the older person is best measured in terms of function rather than pathology. Good health and successful ageing is defined in terms of the ability to function autonomously, within a given social setting. If socially and intellectually active, the older person may be considered healthy, even in the presence of chronic disease. Health care of the older person includes helping the individual maintain adaptive behaviour, promoting wellness, providing care during acute and long-term illness, and furnishing care and comfort in dying. The reality of an increasing population susceptible to a chronic or debilitating disease must however be faced.

- The most common chronic conditions affecting older adults around the world are cardiovascular disease, cancer, diabetes, osteoarthritis, pulmonary disease, Alzheimer's disease and psychiatric disorders, most commonly depression and dementia.
- By 2020, it is projected that three-quarters of all deaths in developing countries could be ageing-related. The largest share will be caused by non-communicable diseases, such as diseases of the circulatory system (CSDs), cancers and diabetes.
- Hypertension rates and diabetes prevalence is rapidly increasing in the developing world. CSDs and cancer are the leading causes of mortality in Argentina, Cuba, Uruguay and parts of Asia.
- In developing countries, all acute and chronic diseases of the older person are exacerbated by the presence of persistent poverty.
- Among developing countries, malaria continues to be a major cause of impairment or disability.
- Ophthalmic diseases such as cataracts, glaucoma, trachoma, and xerophthalmia underlie visual disabilities in the developing world. It is worth noting however, that in the United States alone, there are approximately 1.35 million cataract operations performed yearly.
- In more developed regions, major chronic conditions affecting older persons are arthritis and other musculoskeletal diseases, sensory impairments (sight and hearing) and edutulism (toothlessness). It has been estimated that as many as 27% of people over 60 years have problems with incontinence.
- Among the oldest old, the most frequently encountered conditions are dementia, stroke, and fracture of the neck of the femur.

Impact on Nursing

The increase in life expectancy results in a greater number of older persons in need of a wider range of health services, including health promotion, illness prevention, rehabilitation, acute/chronic care and palliative care. The goal of nursing care is to assist older persons in achieving optimal health, wellbeing, and quality of life, as determined by those receiving care or consistent with the values and known wishes of the individual.

- Nursing care is recognised as the largest single component of the services required to care for the frail, sick and dying, while increasingly contributing to the maintenance of health and prevention of disease.
- Nursing research indicates that older persons often describe health as a "state of mind". When discussing health they tend to emphasise psychological attributes, social relationships, and attitude toward life, rather than merely physical state.
- The most important clinical issues in care of the older person were found to be :
- confusional states, b) immobility, c) sensory loss, d) nutrition, e) loss/grief,
- depression, g) incontinence, h) mental illness,i) substance abuse, j) death and dying.
- Care of the older person is increasingly acknowledged as a nursing speciality requiring specific professional knowledge, skills and career structure.
- Primary nursing has improved continuity and co-ordination of care during hospitalisation and facilitated discharge planning. Case management, where a single health care provider follows the same patient in repeated hospitalisations and assists or co-ordinates home care services, are also helpful to older patients.

Impact on Nurses

Nurses have a responsibility to maintain their level of competence, plan and deliver quality care, delegate tasks safely, and evaluate the services provided.

- The increasing reports of abuse of elders in health care settings must be addressed by nurses. Raising awareness of the causes and consequences as well as developing/enforcing ethical standards of practice are crucial.
- The average age of the nurse is increasing (43 years). The ageing of the nurse workforce needs to be considered when planning and managing human resources for the care of the older person.
- An increasing percentage of nurse-entrepreneurs offer a range of services to the older person as patient advocates, care givers, counsellors and educators in addition to providing their clinical skills.

Nurses and their professional organisations have the potential to influence broad debates on global ageing, the determinants of health and the impact of the social environment. The International Council of Nurses and their member national nurses' associations are increasingly involved in meeting the needs of the older person and act as advocates or facilitators in policy-making, including the allocation of resources within the health and social sectors.

NURSE EDUCATION

Nurse Education

Catherine Bonnici MW, BSc

Introduction

Nurse education is constantly evolving as nursing develops as a profession alongside the multiplication of health policies determined to solve the ongoing problems of the Health Care System (Dickinson, 2006). The goal of the traditional nurse education has been to teach specific skills and knowledge in order that students can reach a certain standard of behaviour, attitude and work as defined by the educational establishment (Freshwater & Stickley, 2004). Students were taught in nursing schools that had closed links to the hospital system and they formed a large part of the workforce and received a salary . The learning needs of students were often considered secondary to the work needs of the placements. Nowadays nurse education is more based on attaining knowledge from books and computer rather than shifting to deliver education in clinical practice (Ramprogus, 2004). There are many factors involved in safeguarding the integrity of nurse education. However the main element without which pre-registration education cannot survive is clinical practice placements (Johns, 2005).

Teaching and Learning in Practice Placements

Nursing students needs to undertake placements in specific practice settings in order to acquire the necessary competence and skills needed to become safe practitioners (Neary, 1999). Practice placements can be the most exciting areas for learning on a professional health care course and the time spent can be very demanding psychologically, emotionally and physically (Mallik, 2001). The qualified staff are a key factor to influence the learning environment in hospital placements, the role of the ward manager being particularly important (Quinn, 1995). The leadership style and the personality of the ward manager are very significant in determining an effective learning environment. Qualified staff should work as a team and should make an effort to make the student feel part of that team. The relationships within the team should create a good atmosphere to enable the student to feel motivated to work and learn the ward skills. Practice placements do present a challenge to the student and it could be difficult for the latter to cope with unexpected happenings. It is the responsibility of the staff to show support when the need arises and this is where the issue of mentorship comes in the discussion. Qualified staff should be willing to act as mentors, supervisors and counsellors as appropriate (Quinn, 1995). Chances should be given for students to ask questions and have access to patient's records. Attending medical ward rounds can be an opportunity where the student can learn. A good environment enables the student to question and be critical. Experiences can be negative just as much as being positive; however the student can learn even from these experiences and begin to cope with the unexpected (Mallik, 2001).

Despite the possibility of qualified nurses to teach students in the practice settings, one has to be realistic and not overlook the fact that nurse educators still have a major role to play in teaching in practice areas in Malta because there are no formal mentorship opportunities offered to student and the qualified practising nurses are not given any formal preparation for carrying out teaching roles (Fenech Adami, 2001). Furthermore, lack of awareness of the duty to teach among qualified nurses and shortage of nurses may also contribute to the fact that nurse educators are very much needed in the practice areas. Preparing and developing mentors and mentorship is an important key factor in ensuring the integrity of nurse education and should be one of the priorities for future preregistration nursing (Johns, 2005). Quinn (1995) argues why the role of the mentor should be incompatible with that of an assessor, since assessment should constitute an important teaching and learning programme and not simply a punitive testing of achievement. If the mentor has an open, honest and friendly relationship with the student, assessment can offer a rich source of feedback for the development

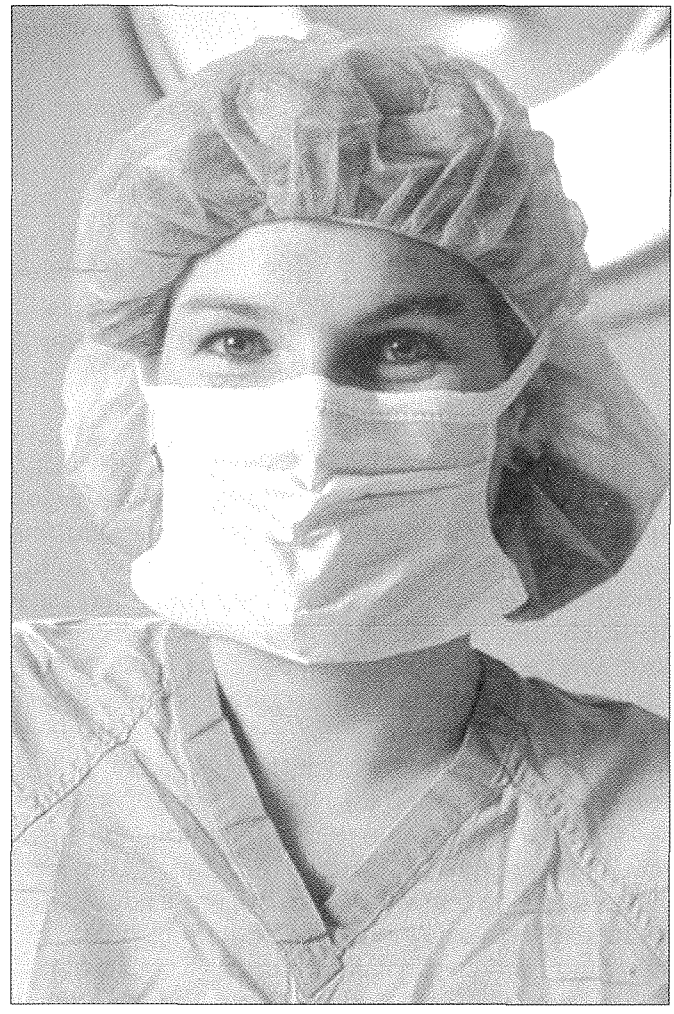
of the student. However the mentor should not be the only staff member of the specific practice area who carries out these functions but other staff may consent to help according to the needs of the student (Quinn, 1995).

The theory-practice gap

In recent years nursing education has undergone a period of major change in many countries through integrating with universities. While the nurse educators are striving to respond to changes in education the division between the theoretical inputs taught in the classroom and what is practised or experienced on the wards remains a problem (Ashworth & Longmate 1993, Ferguson & Jinks 1994). It could be said that the environment of the classroom, where most of the theoretical input is taught, can never truly resemble the real situation and that a full comprehension of nursing principles does not ensure their application to practice (Landers, 2000). Similarly, as revealed in the study by McCaugherty (1991), it states that textbooks cannot possibly give the full picture of a patient's clinical well-being and there exists a difference between 'theory for knowledge' and 'theory for practice'. He also suggested that it is important to recognize that the clinical environment is ever changing and that no matter how effective the theoretical input in the classroom is it could never cater for the complexities of the clinical situations. As a consequence, it may be stressful for the student among such complexities to gain a clear understanding of basic nursing principles.

Quinn (1995) assumes that some educational institutions have been striving to reduce the theory-practice gap through the role of the link teacher whose function is to liaise with clinical staff in a particular area. One fear is that teachers are often viewed as a visitor to the ward rather than a member of the teaching team. The advantage of the link teacher model lies with the fact that this model allows the nurse educator to develop a relationship with qualified nurses within the practice area as well as with students (Upton, 1999). In the context of Malta, this approach would be most welcomed as it could contribute towards the development of practising qualified nurses into more efficient teachers of nursing students (Fenech Adami, 2001). In the current circumstances of low resources and the limited number of nurse educators, this could be a way of enabling practising nurses to become effective teachers.

Another way to reduce the theory-practice gap is research evaluation and utilization. As argued by Gerrish (1992), if nurse educators encourage practising nurses to evaluate research it will give rise to a questioning approach to care. It is in this regard that the nurse teacher can act as an agent of change, by this means promoting the application of evidence-based practice (EBP). Fortunately, evidence-based practice is an approach that enables clinicians



to provide the highest quality of care in meeting the multifaceted needs of their patients and families (Melnyk & Fineout-Overholt, 2005).

Teaching reflective skills

It is believed that reflection facilitates the integration of theory and practice and makes nurses' critical thinkers and doers (Burton 2000). Learning through reflection enables the students to think rationally in order to develop their own ideas about nursing practice (Hallett 1997). Students have a fundamental need for feedback on their progress and time to reflect on what they have done. This is the role of both preceptor and mentor; students value praise from mentors who are doing jobs to which they hope for. They also assisted the students to reflect in a number of ways, by spending considerable periods of time with them, asking open – ended questions to facilitate reflection on action, and developing a nurturing, safe environment in which students could learn by adopting positive regard and empathic understanding. Andrews et al (1998) comment that if reflection is seen by the nurse as part of a developmental cycle, whereby new knowledge is integrated with old rather than knowledge attainment being an end to itself, then changes in practice are more likely to occur.

Patterson (1995) cites four factors which affect the student's ability to reflect, that she outlined from nursing educational research. First is the individual's

developmental level of reflection followed by the individual's perception of the tutor's trustworthiness, the individual expectations of journal writing and finally the quantity and quality of feedback from the tutor. Reflective skills can be developed by examining a particular situation in the practice setting and identifying what one has learned from it. Learning from practice is very important in any programme of professional development, whether preregistration or post registration (Girot, 2001).

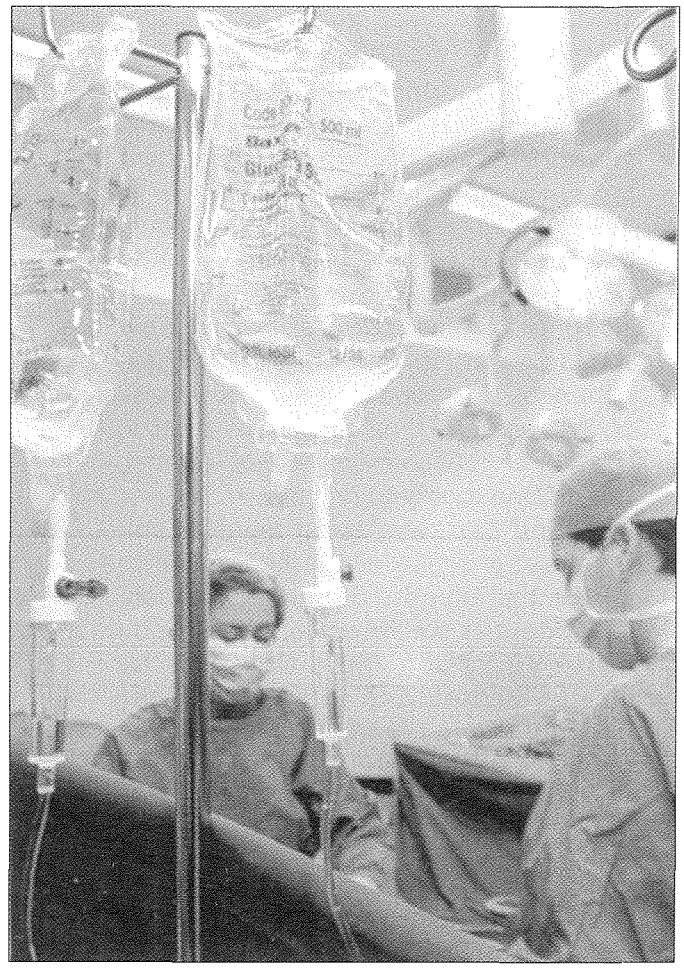
An exploratory study was undertaken by Nicholl & Higgins (2004) to report how a group of nurse teachers perceived and interpreted reflective practice in preregistration nursing curricula in nursing schools in the Republic of Ireland. The results of this study were limited by a response rate of 50% however they provided a focus for further debate amongst nurse educators involved in implementing reflective practice in curriculum. The results also suggested that there is a need to clarify curricular content in relation to reflective practice and prepare nurse tutors for their role in teaching this subject more effectively.

Student Exchange Programmes

Student exchange programmes were integrated into nursing education since the 1990's and they provide opportunities for students to study in another EU member state and to develop intercultural competence as part of the training (Koskinen & Tossavainen, 2003).

Cultural competence is an ongoing process in which the healthcare provider continuously strives to achieve the ability to work effectively within the cultural context of the client (Campinha-Bacote, 1999). The important justification for intercultural exchange programmes has been that they contribute to students' personal maturation, academic and professional growth, increased knowledge of the host country and improved international understanding and relations (Thompson et al, 2000). However, the study-abroad experience can be intense for a number of personal and situational reasons. Students often suffer from language problems, loneliness, isolation and homesickness in the host culture; hence an intercultural experience does not automatically lead to learning and professional growth (Williamson, 1994). The competence of healthcare providers to work effectively within different cultures is an ongoing process. Campinha-Bacote (1999) model for cultural competence consists of five interdependent features that are essential in order to develop such ability.

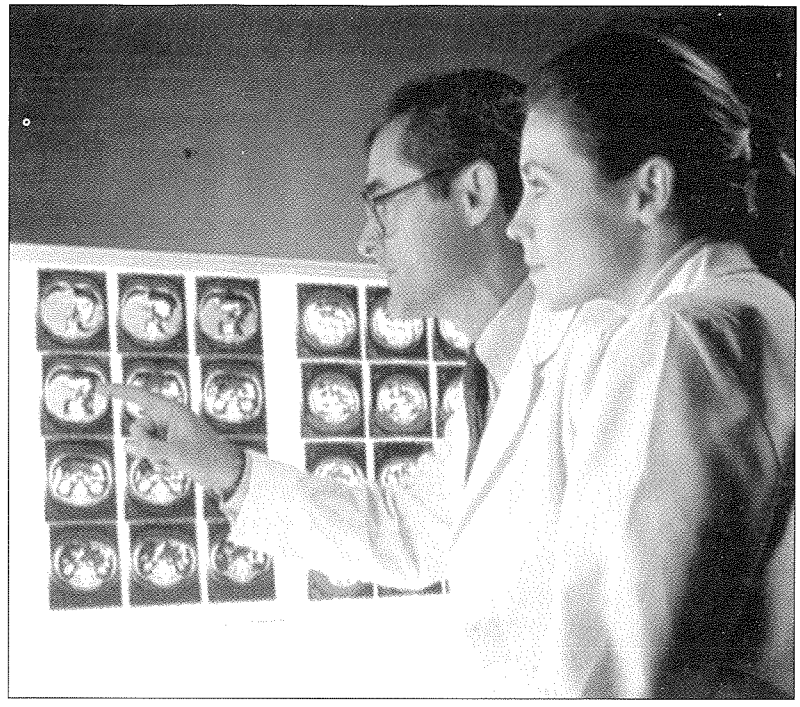
1. Cultural awareness involves students' recognition of their own prejudices and biases towards individuals who are different in their values and lifestyles. Consequently, this is a process which helps students to appreciate and be sensitive to the values, beliefs and practices of clients' cultures.
2. Cultural knowledge is obtained by trying to understand the various world-views of different cultural and ethnic groups. This means that nurses acquire knowledge regarding specific physical, biological and physiological variations among ethnic groups.
3. Cultural skill is a process of collecting relevant cultural data regarding clients' health histories and presenting problems as well as performing physical assessment on ethnically diverse clients. Students should be assisted to use the necessary tools to learn cultural skills.
4. Cultural encounter is the process whereby students engage directly in cross-cultural interactions with clients from culturally different backgrounds. These experiences may help students to eliminate possible stereotyping that they might have had and modify their existing beliefs regarding cultural groups.
5. Cultural desire is the motivation to work and learn from culturally different clients. The main goal of nursing is to provide therapeutic care but this cannot be so if the nurses have negative feelings towards their clients. The former must seek immediate assistance in resolving these feelings, therefore it is would be valuable to have study abroad programmes that enhance students' intercultural competence.



Recommendations

From this small review, the author concludes that nurse education, especially in the local situation, have to tackle certain issues in order to make it more effective and less stressful to students.

1. Educationalists, when including reflection as part of the curriculum, they must be aware of the complexity of this subject, in order to avoid negative effects for both the students and teachers. It is important for nurse educators to know how to interpret reflective practice so that it could be taught effectively to preregistration nursing students.
2. Given that many students are now supernumerary for most of the time, it is reasonable to propose that a percentage of the teachers' time should be spent in the clinical area to ensure student learning, thus linking theory to practice.
3. Preparing and developing mentors and mentorship is one of the factors which ensure the integrity of nurse education. The priorities for future preregistration nurse education must therefore be clearly focused and integrated if the integrity of preregistration nursing is to be safeguarded.



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ĦIDMA - 2007

2 ta' Jannar – Ġiet introdotta il-*Complaint Form*, fejn il-*Group Committee* jista' jiddokumenta xi lmenti li jista' jkollhom il-membri.

6 ta' Jannar – Intlaħaq ftehim, biex jiżdiedu in-numru ta' carers barra il-kompliment tas-soltu, meta numru sostanzjali ta' pazjenti ġew ammessi, fejn żdiedu s-sodod korsija f'uħud mis-swali fl-istess Residenza.

8 ta' Frar – Ġiet introdotta kaxxa tal-ittri, għall-użu ta' dawk l-infermiera li jaħdmu matul il-lejl biss, sabiex tintefa' kull korrispondenza indirizzata lis-sezzjoni tal-*personnel*.

19 ta' Frar – Reġa ntlaħaq ftehim, biex din id-darba, jiżdiedu n-numru ta' Nurses u Carers barra l-kompliment tas-soltu, wara li numru sostanzjali ta' pazjenti ġew ammessi, fejn żdiedu s-sodod korsija f'uħud mis-swali fl-istess Residenza.

16 t'April – Wara laqgħa mad-Direttur Nursing Services, mad-Direttur Dipartiment għall-Kura tal-Anzjani u mal-Manager Nursing Services, intlaħaq ftehim li jintbagħtu għoxrin Nurse fl-SVPR biex tintlaħaq it-tielet nurse f'dawk l-għaxar swali tan-nisa.

8 ta' Mejju – Sur Ray Chetcuti, irriżenja minn *Chairperson* għax ġie elett Deputat Segretarju Ġenerali fil-kunsill tal-MUMN. B'vot unanimu ġew eletti Ms. Antoinette Zahra, *Chairperson* u Ms. Therese Decelis, Segretarja, tal-SVPR *Group Committee*. Ms. Josephine Farrugia imliet il-post vakant bħala membru fl-istess *Group Committee*.

23 ta' Mejju – Intlaħaq ftehim biex;
- Jintlaħaq il-compliment ta' 2 cares f'kull *shift* fis-swali tan-nisa
- Konferma ta' żieda ta' għoxrin nurse fis-swali tan-nisa
- Ma jinqatgħux iktar minn erba' EDP's f'kull *leave entitlement*
- Żieda fil-*half days vacation leave entitlement* għal disgħa
- Ma jkunx hemm kanċellar tal-*vacation leave* tan-nurse biex ikopri in-nuqqas tal-carers
- Fl-*long leave*, jista jittieħed T.I.L. fin-nofs meta jinzertaw Ħdud u Festi Pubblici
- Ingħata T.I.L. f'kumpens għal dawk in-nurses li kienu *duty* fl-Elezzjoni tal-Kunsilli Lokali.

12 ta' Ġunju – Sar *survey* fuq l-opinjoni tal-membri E.N.s rigward il-kulur tal-uniformi il-ġdida. Il-membri kellhom jagħtu opinjoni anke fuq kulur ta' mostra li kellhom għad-dispożizzjoni tagħhom. B'hekk ġiet ikkonfermata il-kulur tal-uniformi l-ġdida.

21 t'Awissu – Saret pressjoni biex ix-xogħol fuq l-installazzjoni tal-*air conditioners* ġodda fis-swali 13, 14, 15/16 St. Joseph jitħaffef. Inħarrġet ukoll direttiva biex in-nurses li jaħdmu fi swali fejn ma kellhomx arja kkondizzjonata setgħu jilbsu lbies pajżan u ħafif.

18 ta' Settembru – Saret talba biex jiġu allokati *Deputy Nursing officers* fis-swali kollha tal-SVPR

16 t'Ottubru –
- Ġiet ikkonfermata li f'Diċembru ser tingħata l-uniformi il-ġdida għall-ENs u SNs. Dawn ser jikkonsistu kif gej;
  - ENs – Top aħdar kulur il-piżella u qalziet abjad
  - SNs – Top ċelesti ċar u qalziet abjad

- Ġie kkonfermat ukoll li l-postijiet vakanti fejn preżentament hemm *day nurses* minflok *deputies*, ser jintlew mid-*Deputy Nursing Officers*.
- Ġew allokati għoxrin nurse fir-residenza San Vincenz

Antoinette Zahra
Chairperson - MUMN – *SVPR Group Committee*

English 'have healthier hearts'

People from England who live in Scotland are less likely to die from heart disease than those born north of the border, a study has found.

Researchers at Edinburgh University found those born in other parts of the UK who move to Scotland are 20% less likely to die from heart problems.

They suspect part of the reason is that many of those who move are well-off professionals with healthy lifestyles.

But the study suggested that this does not fully explain the difference.

Scotland has been branded the heart attack capital of Europe, with a combination of the population's smoking, drinking and eating habits largely to blame.

But the rate of heart disease among Scots is still higher than their lifestyles suggest it should be.

A British Heart Foundation survey earlier this year found a heart attack is suffered every 15 minutes in Scotland, and 10% of Scots are believed to be living with some form of heart or circulatory disease.

The study of English-born people living in Scotland, published in the Scottish Medical Journal, showed they have a 22% lower death rate from heart disease than Scottish-born men.

For English women in Scotland, the rate is 20% lower.

Dr Colin Fischbacher, the lead author of the report, said the exact reasons for the difference were still not known.

He added: "This difference could be because those who move are professionals, and we can speculate they are not taking on Scottish lifestyles.

"But Scots seem to have worse rates of heart disease than even our bad lifestyles would explain.

"Whatever the reason, the English moving to Scotland seem to escape it."

DEATH CERTIFICATES

The study also discovered Scots of Indian, Pakistani, Bangladeshi and Chinese origin are as likely to suffer heart disease as the general Scottish population.

This indicates they take on negative elements of the Scottish lifestyle which can lead to heart problems, researchers said.

Dr Fischbacher said: "People from Bangladesh, India, Pakistan and China are traditionally at low risk of developing stroke or heart disease.

"But we can speculate that by adopting a Scottish lifestyle, taking less exercise and eating less healthily, they may be putting themselves at greater risk of these often fatal conditions."

These groups traditionally have lower rates of many diseases, including cancer, he added.

In many cases, this is due to religious or cultural considerations, such as not smoking or drinking.

Scientists from the University of Edinburgh and the NHS National Services Scotland reached their findings by studying the death certificates of Scottish residents aged 25 or above, who died between 1997 and 2003.

They looked at about 300,000 certificates.

Source: http://news.bbc.co.uk/2/hi/uk_news/scotland/edinburgh_and_east/7139662.stm

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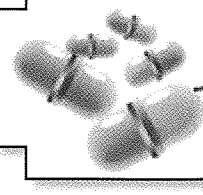


Nursing Fun

Because laughter really is the best medicine

Old man and his wife went to see the doctor

An old man and his wife came in to see the doctor because the old man just wasn't feeling well.

When they went into the doctors office and told him their complaints, the doctor said, "I will need a urine sample, a stool sample, and a semen sample."

The old man, who was very deaf turned to his wife and said, "what did he say?"

The old woman looked at him, looked at the doctor and yelled, "He said he needs your underwear!"

Near Death Experience

There was a women and she was admitted for surgery. On the day of her surgery, she had a near death experience but was able to be brought back to life. After awakening in the ICU she told her nurses and docters that she was so happy to be alive and that she would have to fear death no longer. When asked why she replied God told me it wasn't my time, so I don't have to worry about anything. He said I still have a long life to live. When the women was released she later would return to the hospital in numerous occassions, always telling her nurses and docters not to worry cause of what God had told her. On all her returns to the hospital she would have plastic surgery in order to maintain her look of youth. Unfortunatly to the sirprise of both her nurses and docters she was rushed to the emergency room after being hit by a car! The women now looking so great after her numerous plastic surgery operations had died. This amazed both docters in nurses. when The women finally saw the golden gates and saw God she asked "Why am I dead?, you told me I still had a long life to live." God replied

"Oops, it isn't your time! But I didn't recognize you!"

Blinded by Science

The following are actual submissions on a series of quizzes, tests and essays. Enjoy.

"Nitrogen is not found in Ireland because it is not found in a free state." "H2O is hot water, and CO2 is cold water."

"To collect fumes of sulfur, hold a deacon over a flame in a test tube."

"When you smell an odorless gas, it is probably carbon monoxide."

"Water is composed of two gins, Oxygin and Hydrogin. Oxygin is pure gin. Hydrogin is gin and water."

"Three kinds of blood vessels are arteries, vanes and caterpillars."

"The body consists of three parts -- the branium, the borax, and the abominable cavity. The branium contains the brain, the borax contains the heart and lungs, and the abominable cavity contains the bowels, of which there are five -- a, e, i, o and u."

"Blood flows down one leg and up the other."

"Respiration is composed of two acts, first inspiration, and then expectoration."

"The moon is a planet just like the earth, only it is even deader."

"Dew is formed on leaves when the sun shines down on them and makes them perspire."

"A super saturated solution is one that holds more than it can hold."

"Mushrooms always grow in damp places and so they look like umbrellas."

"The pistol of a flower is its only protections against insects."

A Doctor, a Nurse and a Shredder

A nurse was leaving the hospital one evening when she found the doctor standing in front of a shredder with a piece of paper in his hand.

"Listen", said the doctor, "this is important and my assistant has left. Can you make this thing work?"

"Certainly", said the nurse, flattered that the doctor had asked her for help.

She turned the machine on, inserted the paper and pressed the start button.

"Excellent! Excellent!" said the doctor as his paper disappeared inside the machine.

"I need two copies of that".

L-ISTORJA TAL-ISPTARIJIET ĊIVILI U ĠENERALI MALTIN

Sensiela ta' artikli li jeħduna mal-medda tas-snin fl-iżvilupp tal-isptarijiet ċivili u ġenerali ta' Malta. Storja glorjuża u li għandha tagħmilna kburin bis-serviżż tal-isptarijiet Maltin għall-ġid tal-pazjenti

JOSEPH CAMILLERI N.O, Resuscitation Nurse Specialist-SLH - ❑ joseph.f.camilleri@gov.mt

Iċ-Ċentrali: L-Isptar Ċentrali (Floriana)

L-Isptar Ċentrali fil-Floriana ġie mibdul għal Sptar minn binja li kienet ġiet mibnija mill-Gran Mastru De Vilhena fl-1734, magħrufa bħala l-Conservatorio. Dan il-bini kien jagħti kenn lil tfajliet fqar fejn kienu jitgħallmu ħafna xogħolijiet. Dan il-post ġie mibdul fi Sptar Ġenerali għan-nisa u rġiel fl-1850 u pazjenti mill-isptar Ċivili tal-Belt Valletta u l-Casetta kienu trasferiti ġo fih. Fl-1850, kien hemm jaħdmu fih erba' tobba, erba' kirurgi, spiżjar u żewġ assistenti. Ix-xogħol amministrattiv kien isir mill-*istorekeeper* u l-*istaff* professjonali. Fl-1872, instab li l-Isptar Ċentrali ma kienx għadu tajjeb biex jilqa' u jikkura l-morda għax kien sar żgħir wisq u diffiċli jakkomoda n-numru dejjem jikber ta' pazjenti miġjuba ġo fih. Sa Ġunju, 1878, il-pazjenti fl-isptar żdiedu għal 170. Id-deċiżjoni li jiddaħħlu pazjenti b'mard infettiv ta' ħożba, deni rqiq, difterite u sogħla konvulsiva fl-Isptar Ċentrali, minnflok li jibqa' jintuża l-isptar ta' Santo Spirtu, żiedet il-problema li jiżolaw il-każi infettivi. Fl-1885, id-diviżjoni tal-kirurġija ta' l-irġiel kienet popolata żżejjed u ftit mill-pazjenti kellhom jiġu akkomodati fil-kuruduri.

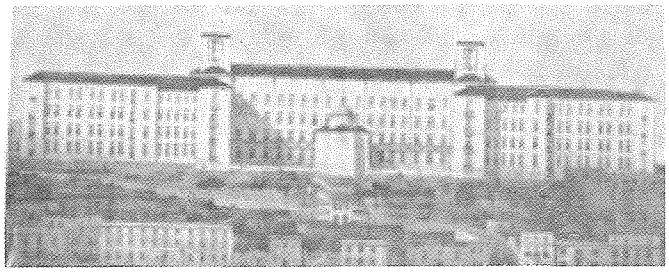
Fil-11 ta' Novembru, 1885, saru rakkomandazzjonijiet biex l-Isptar Ċentrali jinbidel ma' bini akbar. Il-pjan kien li jkun hemm wesgħat akbar fejn il-pazjenti setgħu ikollhom aktar spazju u biex ma jitilgħux aktar djar privati biex il-quddiem seta' jiġi mkabbar. L-isptar ġie proġettat li jkollu 354 sodda, imqassmin għan-nisa u l-irġiel. Swali ta' l-operazzjonijiet, laboratorji u blokk għall-*out-patients* ukoll kellhom jiġu pprovduti. Il-komunikazzjoni bejn il-blokki varji ta' l-isptar kellha tkun faċilitata permezz ta' passaġġ. Dawn il-pjanijiet sfrattaw u l-Isptar Ċentrali baqa' jipprovdi servizz nazzjonali minkejja dawn in-nuqqasijiet. Fl-1898, l-akkomodazzjoni fl-isptar kienet tgħodd għal sodda waħda kull 900 abitant. Rapporti varji mill-Kontrollur ta' l-Istituzzjonijiet tal-Karita', ġibet l-attenzjoni tan-nuqqasijiet ta' l-Isptar Ċentrali u ppropona il-bini ta' Sptar Ġdid Ġenerali. Dawn ir-rakkomandazzjonijiet ġew definittivament attwati fl-1927, meta kien hemm il-finanzi biex jiġi stabbilit Sptar Ġenerali ġdid. Fl-1937, l-Isptar Ċentrali baqa' l-isptar ġenerali prinċipali f'Malta. Każijiet minn Għawdex kienu wkoll jiġu milqugħa f'ċirkustanzi speċjali. L-istaff mediku residenti kien jikkonsisti f'Supretendent u tminn uffiċjali assistenti mediċi, minbarra l-Ispiżjar Anzjan megħjun minn tlitt spiżjara oħra. L-istaff Mediku li kien jiġi meta jkun hemm bżonn kien jikkonsisti f'żewġ tobba, ħames kirurgi, żewġ ġinekoloġisti, żewġ patoloġisti, kirurgu tal-għajnejn, anestetista, żewġ radjoloġisti, dentist, u tlitt tobba responsabbli għall-mard venerju, dermatoloġija u ENT. L-isptar akkomoda 253 sodda - 125 għall-irġiel u 128 għan-nisa bit-tfal taħt il-ħames snin miżmuma wkoll fis-swali tan-nisa. Fl-1937, in-numru ta' pazjenti kulljum kien ta' 310. Swali oħra kienu jintużaw fil-Poor House għall-mard inkurabbli u għall-konvallexxenza wara mard jew każi ta' operazzjonijiet u każi ta' trakoma.

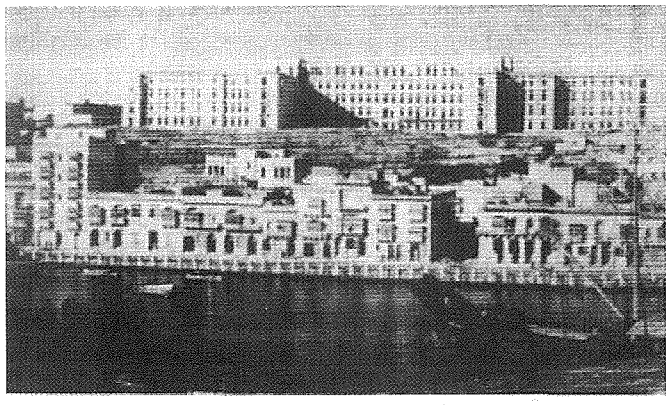
> ***...kien biss fl-1954 li l-Isptar Ċentrali fil-Floriana seta' jiġi mibdul fi Kwartier Ġenerali tal-Pulizija.***

Il-post magħżul għal Sptar ġdid ta' 510 sodda kien fil-promontorju ta' Gwardamangia u l-ewwel ġebla tqegħdet fil-5 t'April, 1930. Il-kostruzzjoni ta' dan l-isptar imxiet mil-mod ħafna għal ħafna raġunijiet fosthom diffikultajiet tekniċi u d-dikjarazzjoni ta' gwerra ta' l-Italja kontra l-Abbissinja fl-1935. It-tieni Gwerra Dinjija, wkoll wasslet biex il-bini ta' l-isptar il-ġdid jimxi bil-mod u kien biss fl-1954 li l-Isptar Ċentrali fil-Floriana seta' jiġi mibdul fil-Kwartier Ġenerali tal-Pulizija. Fl-1956, l-isptar Ċentrali, li issa kellu 56 sodda, kien qed jintuża għall-mard tal-ġilda/mard venerju u mard tal-għajnejn (oftalmoloġija). Kien jintuża wkoll bħala Ċentru għat-tqassim tal-mediċini lill-pazjenti fil-bżonn.

L-ostilitajiet tat-Tieni Gwerra Dinjija, kienu jeħtieġu riorganiżżazzjoni tas-servizzi mediċi ta' dawn il-Gżejjer. Din ir-riorganiżżazzjoni kienet tinkludi it-twaqqif ta' ħafna sptarijiet ta' emerġenza biex jagħtu l-ewwel għajnuna lill-feruti u minħabba ż-żieda ta' mard infettiv. Sa Settembru, 1939, id-Dipartiment tas-Saħħa seta jipprovdi minn 1,200 sa 1,500 sodda għall-feruti, kif ukoll 100 sodda għal sptar ta' maternità u swali speċjali għall-każi ta' nevrosi. Il-bidu ta' Servizz ta' Emerġenza kellu jibda jiffunzjona tajjeb wara li bdew l-ostilitajiet ma' l-Italja. Id-Dipartimenti tal-Kirurġija ta' l-Irġiel u tan-Nisa kif ukoll id-Dipartimenti tal-Maternità u tal-Ġinekoloġija ġew trasferiti għal Sptar Bugeja (li qabel kien l-Istitut Tekniku Bugeja) fil-Ħamrun fit-28 ta' Mejju, 1940. Il-każijiet tal-Mediċina ta' l-Irġiel ġew trasferiti għall-Isptar ta' Birkirkara (li qabel kien il-Kulleġġ ta' San Alwiġi, skola tal-Ġiżwiti) fis-26 ta' Ġunju, filwaqt li każijiet Mediċi tan-Nisa u d-Dipartiment ta' l-ENT kienu trasferiti lejn l-Isptar tal-Blue Sisters (li qabel kien Sptar privat immexxi minn ordni reliġjuża) fl-Lulju, 1940. Ġewwa dan l-istess Sptar, ġie inawgurat iċ-Children War Memorial Hospital. Każijiet ta' mard infettiv, ġew, wara Settembru, 1940, trasferiti għall-Isptar San Luqa. Is-servizzi tal-Maternità ġew trasferiti fid-19 ta' Ġunju, 1940 għall-parti ġdida li ġiet mibdija fl-Orfanatrofju ta' Adelaide Cini fil-Ħamrun, u għalhekk żdiedu s-sodod tal-maternita' minn 16 fl-Isptar Ċentrali għall-100 fl-Isptar Cini. L-isptar Cini baqa' jiffunzjona bħala Sptar tal-Maternità ta' Emerġenza

sa l-1949 meta l-Isptar San Luqa tlesta u s-servizzi tal-Maternita' setgħu jiġu trasferiti għas-swali l-ġodda.





1937 – A general view of Pieta with the new Civil Hospital near completion. (By courtesy of Allied Newspapers)

L-Isptar San Luqa fl-imgħoddi

L-Isptar San Luqa (Gwardamangia)

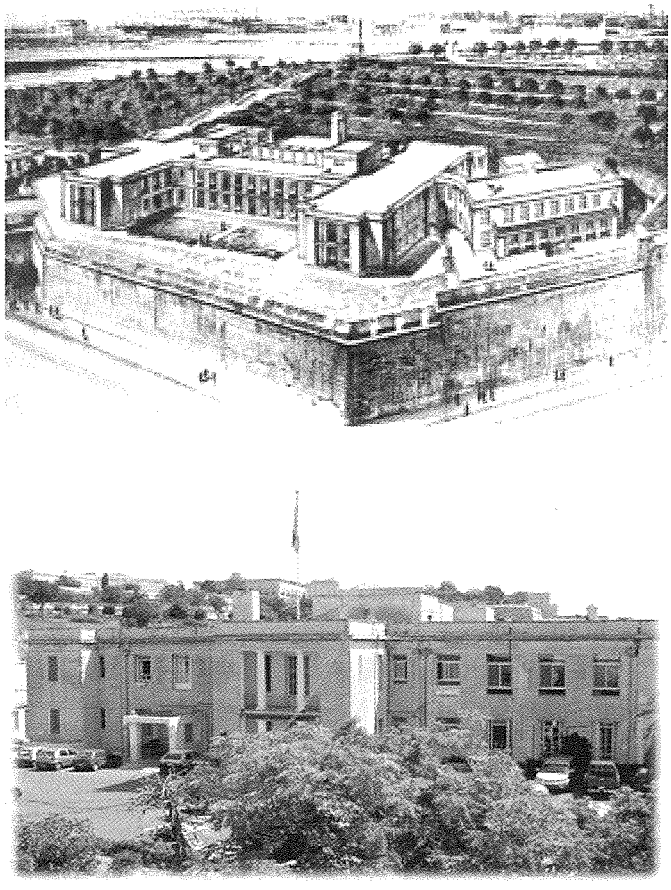
Fl-1927 l-Isptar San Luqa kien imfassal biex jipprovdi minn 350 sa 450 sodda għas-somma ta' £6000. Oriġinarjament l-Isptar kellu jinbena biswit l-arkata tal-Imrieħel. Fl-1930 tqegħdet l-ewwel ġebla mill-Gvernatur Ingliż Sir J. Du Cane. Fil-bidu, il-progress fil-kostruzzjoni kien pjuttost bil-mod. Kien maħsub li l-isptar seta jitlesta sa l-aħħar ta' l-1941, imma dan kompla jżid id-dewmien minħabba li faqqgħet it-Tieni Gwerra dinjija. Sa l-1937, kien proġettat li jiżdiedu s-sodod sa 510. Kien fl-1940 li l-isptar ingħata l-isem ta' Sptar San Luqa. Matul il-Gwerra, l-Isptar San Luqa ġarrab xi ħsarat, blokk wieħed ġie mwaqqa' bil-bombi u wieħed impjegat tilef ħajtu u ħafna oħrajn ġew feruti. Is-sulari t'isfel, il-kantini u l-ewwel sular ta' l-isptar ġew irranġati malajr u ppreparati b'200 sodda biex jilqgħu każijiet ta' mard li jittieħed u deni. Il-perijodu ta' wara l-Gwerra ra t-trasferiment ftit ftit ta' dipartimenti oħra lejn l-Isptar, bis-sessjoni medika tkun trasferita l-ewwel fl-1946. Fl-1948 infetħet iċ-Children's ward u ġie ttrasferit ukoll id-Dipartiment tal-X-Ray mill-Isptar Bugeja. Fl-1957, L-isptar San Luqa kien deskritt li jesa' 546 sodda li kienu mqassmin f'dawn id-Dipartimenti: Kirurġija (4 Swali, 120 sodda), Mediċina (4 Swali, 120 sodda), Ġinekoloġija (Sala 1, 30 sodda), Ostetrija (2 swali, 42 sodda), Ortopedija (2 Swali, 60 sodda), Pedjatrija (2 swali, 40 sodda), ENT (2 swali, 62 sodda) u żewġ swali oħra li ma kienux assenjati (60 sodda). Is-swali kellhom spazju kull sodda ta' madwar 230 pied kwadru. Madankollu kien suġġerit li l-Isptar kellu jżid in-numru ta' sodod għal 750 minħabba d-domanda dejjem tiżdied tal-morda għas-servizzi ta' l-isptar.

Iż-żmien ta' wara t-Tieni Gwerra Dinjija ra tibdil kbir fil-kura fl-isptar. Għalhekk fl-1953, l-Uffiċjal Għoli Mediku tal-Gvern ikkummenta: "F'dawn il-Gżejjer, bħal pajjiżi oħra, għandna l-problema ta' l-isptar tagħna wkoll li qed tiżdied sena wara l-oħra. Dan minħabba l-fatt li l-pubbliku aktar sar jagħti każ ta' l-isptarijiet, iżda ma sar xejn biex jiġi mkabbar is-servizz f'dawn l-isptarijiet". Din il-bidla fl-attitudni irriżultat f'nuqqas kbir ta' sodod fl-isptar f'nofs il-ħamsinijiet. Il-Gvern, dak iż-żmien kien ippropona sptar ġdid b'500 sodda fin-Naxxar biex jinkorpora parti għas-swali tat-tfal b'200 sodda, 150 sodda għall-każi ġenerali u 150 sodda għall-pazjenti bit-tuberkolożi li kellhom jiġu rijallokati għal bnadi oħra speċjali. Il-Gvern beda numru ta' diskussjonijiet ma' kummissjonijiet varji, li kienu jinkludu l-Kummissjoni Ekonomika, u stieden Kummissjoni Medika Ingliża biex tistudja l-proposti. Il-Kummissjoni Medika kkonkludiet li għalkemm kien hemm evidenza preżenti, il-proposta għal Sptar ġdid ma kienitx neċessità urġenti. Qabel ma wieħed kellu jaħseb għal sptar ġenerali ġdid li jqum ħafna flus, wieħed kellu jaħseb kemm kien ser ikun diffiċli biex jimpjega l-*istaff* li jkun hemm bżonn għalih. Għalhekk il-Kummissjoni pproponiet li kien ikun aħjar li jiġu rijorganiżżati l-faċilitajiet f'San Luqa u s-servizzi mediċi domiċiljari u tattwa programm ta' bini limitat. Kien ikkunsidrat b'ċertu dubju jekk il-popolazzjoni setgħetx iżżomm żewġ sptarijiet akuti, peress li kien hemm diffikultajiet konsiderevoli biex jiġu pprovduti infermiera ttrenjati u *staff* mediku kif ikun hemm bżonn. Ukoll, iż-żewġ sptarijiet kellhom jaqsmu r-riżorsi tal-Gżira. Il-proposta biex jinbena sptar ġdid separat ġeografikament mill-Isptar Ġenerali prinċipali kienet imwarrba fuq il-bażi ta' dawn ir-rakkomandazzjonijiet. Fl-1953 infetaħ il-Laboratorju tal-Batterjoloġija u fl-1956 ġie ttrasferit id-Dipartiment tad-Dentistrija.

Fl-għexieren ta' snin li ġew wara, saru numru ta' estensjonijiet fl-Isptar prinċipali biex jakkomodaw l-ispeċjalizzazzjonijiet varji li żviluppaw u d-domanda dejjem tiżdied fuq is-servizzi ta' l-Isptar. Sptarijiet oħra fuq il-Gżira ġew rijorganizzati biex jaqdu funzjonijiet speċifiċi u biex jissupplimentaw sodod fl-isptar. L-Isptar King George V għall-baħrin merkantili, li kien reġa' nbena wara li twaqqa' matul it-Tieni Gwerra Dinjija, kien ġie magħluq f'Jannar ta' l-1967. Fl-1970, dan l-Isptar, li issa ġie jismu: Sptar Sir Paul Boffa, ġie rranġat u miftuħ għall-immaniġjar ta' każi ta' mard infettiv. Dan serva wkoll bħala sptar għall-konvalexxenza qasira.

Qabel ma wieħed kellu jaħseb għal sptar ġenerali ġdid li jqum ħafna flus, wieħed kellu jaħseb kemm kien ser ikun diffiċli biex jimpjega l-istaff li jkun hemm.

L-akbar estenzjoni għall-isptar San Luqa matul daż-żmien kien il-bini, fl- 1979 ta' Sptar Karin Grech, iddedikat għall-Obstetrija u Ġinekoloġija, Pedjatrija, Oftalmoloġija u ENT. Dan l-Isptar il-ġdid, li ġie mibni fis-sit ta' l-Isptar San Luqa, u għalhekk seta' jagħmel użu mill-faċilitajiet



L-Isptar Sir Paul Boffa

investigattivi u oħrajn ta' l-isptar prinċipali, kien ta' bżonn kbir biex setgħet issir ir-rijorganiżżazzjoni u l-irranġar f'numru ta' swali u b'hekk in-numru ta' sodod kemm dawk tal-mediċina kif ukoll tal-kirurġija setgħu jiżdiedu. Din iż-żieda ta' sodod fil-Kumpless kollu ta' l-isptar San Luqa, issa telgħet għal 1100, biex fl-1986, intlaħqet ir-rata ta' 3.3 sodod akuti kull 1000 ruħ. F'dan l-istadju, kien ikkunsidrat li mhux ekonomiku l-pjan li jiżdiedu aktar sodod fl-isptar San Luqa u għalhekk ġie deċiż li jiġu żviluppati aktar il-faċilitajiet u jiġu ffukati fuq immaniġjar aħjar u biex jitjiebu s-servizzi.

L-Isptar San Luqa, illum

Fil-bidu tad-disgħinijiet, kien maħsub li jiġi rranġat l-isptar San Luqa u jitnaqqsu s-sodod billi tinbena "estensjoni" għal *teaching hospital* ta' 500 sodda (dak iż-żmien magħruf bħala 'San Raffaele') viċin l-Universita' ta' Malta, il-bogħod mill-isptar. L-isptar il-ġdid kellu jitlesta fl-1997 u kien ippjanat li d-Dipartimenti kollha kellhom jiġu trasferiti minn San Luqa għall-isptar il-ġdid, biex l-isptar San luqa jibqa' jservi ta' Ċentru kirurġiku biss. L-Isptar Karin Grech kellu jilqa' każijiet psikjatriċi akuti filwaqt li pazjenti bil-kanċer kellhom jibqgħu l-Isptar Sir Paul Boffa. L-isptar ġdid propost, sab oppożizzjoni qawwija mill-professjoni

Sptar Mater Dei waqt il-kostruzzjoni tiegħu

medika u sezzjonijiet oħra tal-pubbliku. Fl-1997, l-ideja ta' Sptar Ġenerali reġgħet ġiet riveduta fid-dawl tad-deċiżjonijiet ta' qabel u l-istat tal-programm tal-bini li kien għadu għaddej. Wara ħafna studju, inbeda' pjan ieħor fejn, l-isptar il-ġdid f'Tal-Qroqq (li llum issemma' L-Isptar Mater Dei) viċin is-sit ta' l-Università, kellu jżid il-kapaċitajiet ta' l-isptar għal madwar 800 sodda u jservi għall-ispeċjalizzazzjonijiet kollha, filwaqt li l-Isptar San Luqa kellu jiġi rranġat biex iservi ta' konvalexxenza u bħala sptar għall-kura ta' l-anzjani. L-Isptar Mater Dei fil-fatt ġie inawgurat nhar id-29 ta' Ġunju 2007, bil-migrazzjoni ta' wħud mis-servizzi issir ftit wara u titlesta propju fl-20 ta' Novembru 2007.

IKOMPLI FIL-ĦARĠA LI JMISS...

Referenzi:

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World event for Psychiatric Nurses coming to Malta

From Wednesday 5th – Sunday 9th November 2008 upwards of 500 psychiatric and mental health nurses from mainly Europe but also around the world will meet in Malta to attend what looks like being THE psychiatric nursing event of the year. The festival, Horatio Festival of Psychiatric Nursing - the age of dialogue, to be held at the Corinthia hotel complex in St George's Bay, will be the first time that psychiatric nurses representing so many different countries and professional bodies have met anywhere in the world. It will mark the beginning of the Horatio movement's bid to unite European psychiatric nursing organizations and will be the first in its proposed series of four-yearly events of this nature.

The event is linked to the European Year of Dialogue (2008) and as such is an official EU event for that programme. Its objectives are clear; to raise awareness internationally of the work, roles and responsibilities of psychiatric nursing, to establish networks for the interchange of ideas, research possibilities and educational collaboration and to celebrate the contribution that the discipline makes to the fabric of society.

This event will be unique. A scientific conference at its core will be surrounded by a full cultural programme from the arts, literature, celebrity interviews, competitions, commissioned exhibitions, social networking, music, symposia, discussion groups and much more all with the theme of mental health and the work of psychiatric nurses. You will notice that it is not being marketed as a conference, but a festival and that is because this will be like no other event of this type. High profile celebrity figures from the world of mental health will be presenting in the main hall with as many as 200 concurrent paper and workshop running at what is hoped will be a seamless programme.

The Scientific Committee have opened the call for abstracts and nurses in Malta are being actively encouraged to submit to present in either a concurrent session (approx. 25mins with 5mins for questions) a symposium (usually containing 3-4 papers) a workshop (2hours) or a poster. Abstract submissions are being accepted via email from now till the closing date of 28th March 2008 and must be sent to the festival address horatiofestival@gmail.com. You can download the submission document from the Horatio website at http://www.horatio-web.eu/ Any enquiries about the event, sponsoring opportunities and delegate registration should be sent to horatiofestival@gmail.com

Horatio was established in 2005 and is based in the Netherlands. It is the official representing body of Europe's estimated 350,000 psychiatric nurses. It has an international Board of officers who meet twice yearly in rotation around the member states, hosts the European Expert Panel in Psychiatric Nursing and is the Secretary to European Specialist Nurses Organisations (ESNO) having a seat on the European Nursing Federation (EFN). They report directly to the EU Commission on matters affecting mental health as well as the above organisations and other groups and other European associations and NGOs with whom they are affiliated. The Malta Association of Psychiatric Nursing (MAP-N) is a full member of the organisation having a seat on the Board and takes responsibility for overseeing the work of the Horatio website. Its main task for the next 12 months will be working with the festival organisers to develop, manage and then host the forthcoming event. No mean task! Thus, in effect, the small group of psychiatric nurses working here in Malta are positioned to have a major impact on the strategic, political, educational and professional activities of their colleagues working within a European setting.

The festival is going to be a marvelous time for those who work in psychiatric nursing, or have an interest in mental health care. Don't miss out on celebrating with colleagues from around the world the work carried out in support of people with mental health problems, but more importantly joining us to have a great time doing so.

Martin Ward
Coordinator of Mental Health Nursing programmes –
IHC Chair, Horatio European Expert Panel
of Psychiatric Nursing

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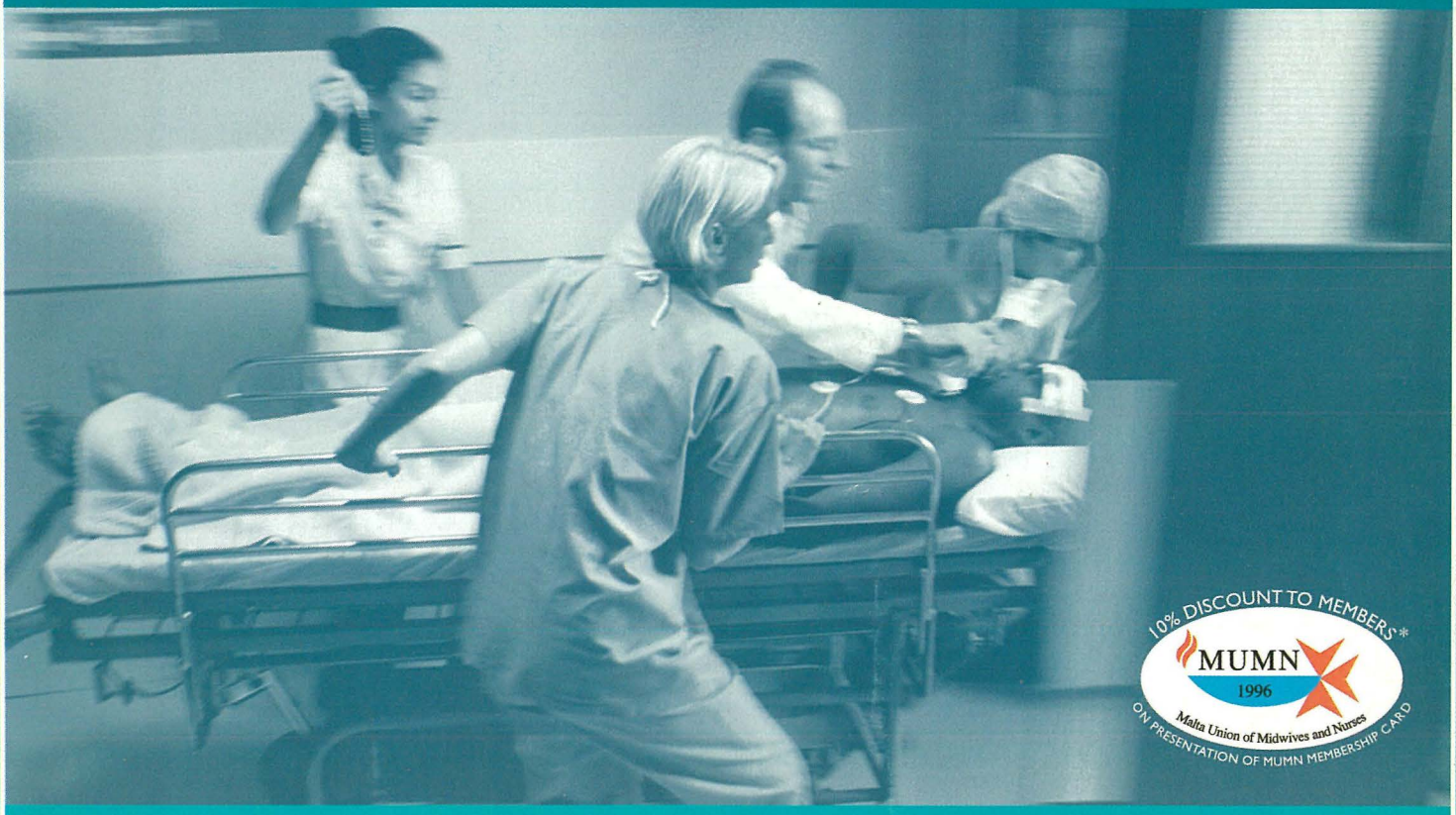

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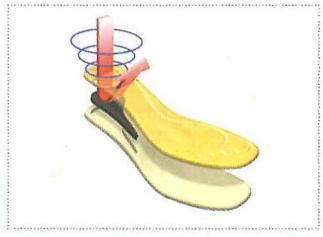

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