

# Il-Musbieh

**MALTA NURSING**

**AND MIDWIFERY JOURNAL**

Malta Union of Midwives

and Nurses

Numru 93 - Dicembru 2021

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Christmas  
and  
Prosperous  
New Year



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# BOV

ASSET MANAGEMENT

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L-MUMN ma tistax tinzamm responsabbli għal xi ħsara jew konsegwenzi oħra li jiġu kkwazati meta tintuża informazzjoni minn dan il-ġurnal.

L-ebda parti mill-ġurnal ma tista' tiġi riprodotta mingħajr il-permess bil-miktub tal-MUMN.

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Kull bdil fl-indirizzi għandu jiġi kkomunikat mas-Segretarja mill-aktar fis possibbli.

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# FAIR PAY

Unfortunately the future looks bleak, year after year. Only 80 to 90 nursing students are expected to graduate and be absorbed in the Health sector. This is because students may fail to complete the course or opt to choose another course, and then our wards will have to make do with a mere 80 graduates shared between all government hospitals on the island. Why is this happening? Isn't Nursing attractive to our young people any more? What is keeping them from choosing nursing, despite very colourful, expensive campaigns?

Something is keeping away our younger generation from becoming potential student nurses. The old adage that nursing is a 'vocation' does not hold any more. Nowadays young people tend to choose different professions. Maybe they are choosing cushy jobs, much well-paid jobs than nursing. Young people know how stressful our job is, and they are definitely trying to avoid it. We will never be sure if our health system can cope with fewer nursing students entering the profession. Is fair pay a solution to all this?

Throughout the pandemic, the country has witnessed courageous acts of nursing were our hospitals, our clinics and our country in general would have fared very differently if the nursing profession was not around. Nurses showed incredible skill, tact and responsibilities in every sector of health, whether in the public or private sector. Nurses created a safer Malta for its entire population including foreigners who are expatriates, people who are working here or are irregular migrants. Our salaries have not kept the pace with the current cost of living increases and this is why nurses deserve fair pay. What's the point of calling us front-liners, heroes and what not, when even a one-time proposal of a bonus was declined?

Again, due to unexplained 'dirty' tactics by another union.

For our hospitals and clinic to run smoothly Malta needs at least another 500 nurses. How are we going to attract such jobs? Hired foreign nurses are definitely doing a difference but the Maltese population requires a Maltese Nursing workforce for various obvious reasons. Fair pay would do justice for burned out, overstretched and underpaid nurses.

Nurses are shift workers, doing nights, and work long hours on Sundays, feast days and the inconvenient Saturdays. They are there 24/7. When they are called, they rise to the occasion, and would be the first to answer for any national calling. Nurses are handling double the number of patients in any season,

wintery or not, and are going the extra mile to facilitate the smooth running of our healthcare. This is why it is so unfair that our take-home pay is getting much less than other professionals, whilst the nursing compliment is not getting any better.

Congrats to any professional body who succeeded to hit a 'good deal' during their sectorial agreements, and Good Luck, even more to any other professional who came in line with nurses' conditions. But this is not like with like; other professions do not have a brain drain, are not in a crisis, are not facing an exodus, do not face shortages, and have much better allowances. This issue must be rectified and pay alignment together with our conditions must urgently come into effect, not send MUMN to court to stop the right for industrial action!

Fair pay for nurses should aim to secure a respectable pay increase for all nursing staff in all grades. Governments should be sensitive to our claims and start considering to pay nursing staff fairly and squarely. Better pay, better conditions, please.

Analyzing the year 2021, it was a very hectic year for MUMN. The work involved was not just the usual union work but the set up of a whole new union premises which really tested our resoluteness.

The team work in MUMN is incredible and that is what makes us cope with the different issues which we come across on a day to day basis. If it was not for such team work and dedication of everyone, we will never have achieved the results which we have today.

Next year will also be a challenging year. We still have to settle one sectorial agreement that of the phlebotomists and Decontamination Sterile Technicians which started this year but as MUMN, we have two other sectorial agreements which will be initiated next year. The sectorial agreements of the ECG technicians and that of the nursing and midwifery professions. Both are very important.

In both sectorial agreements, the nursing and midwifery sectorial agreement and the ECG technicians, MUMN will be organizing various consultations with nurses and midwives in all grades in our new premises in Qormi. The same would apply to the ECG technicians. New proposals and innovations have already been submitted in the annual event organized for the union's representatives. MUMN will adopt a different strategy for both sectorial agreements since all the demands of MUMN will be sent to all members and the Health Division counter proposals would also be sent to all members in case an industrial dispute is declared. Every member would know what he or she is fighting for and hopefully through a collective effort, an acceptable sectorial agreement for all will be achieved.

400 nurses left the service this year and the exodus of mostly the foreign

nurses is still taking place. The salaries in Malta are far from being competitive with other European Countries and such shortage of nurses is making the working conditions of the existing nursing work force much more difficult to cope with the demands of the service. Poaching has become the norm of the day with UK specifically targeting Malta due to the UK's great shortage of nurses. The poaching has also targeted the private hospitals and elderly institutions that lead to certain church institutions for the elderly closing down due to lack of human resources. MUMN has repeatedly requested to open the nurses and midwives sectorial agreement but the Health Ministry has continuously refused to open the nurses and midwives sectorial agreement even though it acknowledges the huge exodus of nurses taking place.

The nursing profession is the only profession where there is continuous cancellation of VL and study leave of the nurses. The working conditions are going from bad to worst and no wonder that the resignation from the nursing profession have never ceased. The sectorial agreement will act as the catalyst for change. The sectorial agreement has to attract new younger people into the profession, retain the existing nursing work force and with

the nursing numbers once again increasing, the working conditions will improve.

Currently there are 25 Charge nurse vacancies in MDH. Such vacancies are to be filled but at a high cost. 25 nurses are to be removed from their shifts leaving another 25 vacancies. On the other hand MUMN cannot allow wards without charge nurses. Charge Nurses have to be in place in every ward and department so it is never put in doubt that such vacancies are to remain vacant. Such a call will be issued next year.

The Covid is far from over. Several MUMN members mostly nurses are still getting sick with Covid even though vaccinated. MUMN members send on quarantine is once again on the increase and this is a worrying aspect due to the heavy demand of VL brought about by the festive season. It is important to be responsible even when not on duty since this will have an impact not just on yourself and your family but also on your workplace. Being send on quarantine due to the negligence of others will surely make people angry so be responsible. So it is important to respect one another so that every MUMN members will enjoy the festive season with his family and not being locked up in a room due to quarantine measures.



**In the name of MUMN council,  
I wish all MUMN members, a Blessed  
Christmas and a Happy New Year!**

# Kelmtejn mis-Segretarju Ġenerali

Veru nirrabja meta nisma lill-awtoritajiet tas-sahha ihabbru kemm gew impjegati Nurses pero' fl-istess waqt ma jliissnu xejn fuq in-numri ta' rizenji li kellna u fuq kemm dawk li spiccaw bil-penzjoni. U dan ma jsirx ghalix f'dawn l-ahhar snin kellna kwazi d-doppju ta' dawk li telqu minn dawk li gew ingaggati. Politika hux?!

Ahna ssugġerejna lill-Gvern sabiex tiġi mahtura Task Force sabiex flimkien naraw x'inhuma dawk il-passi li hemm bżonn li jittiehdu biex nattiraw aktar zghazagh Maltin biex jibdw karriera fin-Nursing, inżommu fl-impjieg lin-Nurses li għandna bhalissa u biex inħajru Nurses Ewropej jiġu jaħdmu f'pajjiżna. Però s-suggerimenti u t-talbiet tagħna waqgħu fuq widnejn torox!

L-unika triq li jrid jiehu l-Gvern hija dik li jingagga miegħu Nurses mill-India jew Pakistan u dan jagħmlu billi jisraq lil dawn in-Nurses li huma impjegati mal-privat peress li l-Gvern ma jridx jibgħat aġenzija minn tiegħu fin-Nofsinar tal-India biex tingagga direttament Nurses minn hemm. Dan veru ma jagħmilx sens. Ftit tal-granet ilhu smajna li għalqet Dar tal-Anzjani tal-Knisja minħabba nuqqas ta' impjegati bil-konsegwenza li ma setgħux jigarantixx servizz ta' kwalità. Bhal din il-Home hawn hafna aktar li qegħdin f'din is-sitwazzjoni. Ir-raġuni hija li hafna u hafna Nurses u Carers Indjani qed jitolqu biex imorru jaħdmu f'pajjiżi li huma aktar milqgħuha, aktar smati huma u l-familji tagħhom kif ukoll kundizzjonijiet ta' xogħol aħjar fosthom salarju aktar b'saħħtu.

Issa ma dawn il-problemi li l-privat qed iħabbat wiċċu magħhom b'dawn ir-rizenji, il-Gvern irid itihom id-daqqa tal-mewt billi l-ftit Nurses li baqgħalhom joħodhom u jimpjeghom maċ-ċivil. U din ma tagħmel l-ebda sens għax l-istess Gvern għandu bżonn lill-privat sabiex joħodlu dawk is-social cases kollha li jkun hemm fl-Isptar Mater Dei. Kieku ma jkunx hekk l-Isptar Mater Dei ilu li falla minħabba nuqqas ta' sodod. Barra minn hekk

il-Gvern stess għamel kuntratt mal-privat biex iħaddimlu Residenza tal-Anzjani li fiha 500 sodda. X'se jiġri jekk din ir-Residenza tfalli? Fejn ser imorru l-anzjani rikoverati? Min ser jiehu ħsiebhom? Ma nistax nifhem x'inhni din il-mentalità.

Ma dan kollu li ngħad hawn fuq irid inżid punt ieħor li fl-opinjoni tiegħi huwa importanti. Pajjiżna jiflaħ ċertu ammont ta' Nurses li jkunu ġejjin mill-istess pajjiż u dan għal raġunijiet ovji. Dan ifisser li anki kieku ma kienx hemm il-problema ta' rizenji, xorta kien wasal iż-żmien li nolternaw is-suq u nindirizawh lejn pajjiżi oħrajn preferibbilment Ewropew li jhaddnu kultura viċin tagħna.

L-istess nuqqas qed ingarrbuh kemm fis-Social Workers, speċjalment fl-Isptar Monte Carmeli, kif ukoll fl-ECC Technicians fl-Isptar Mater Dei kif ukoll fl-isptarijiet l-oħra fejn uħud minnhom Prattikament ma jeżistix ECC Technician wieħed. Ilna hafna ntamburu u nitolbu lill-Gvern biex isib soluzzjoni biex jingagga aktar impjegati f'dawn il-professjonijiet però għalkemm kien hemm numru ta' attentati baqa' ma rriżulta xejn fil-konkret.

Il-xogħol fuq il-premises il-godda ġewwa Qormi miexi ġmielu. Nikkalkula li sa xahrejn oħra nkunu mxejna. Dan se jkun premises li jagħmel ġieh lil kull membru ta' l-MUMN. Aktar dettalji jingħataw fil-ġimgħat li ġejjen.

Għal-lum ser nieqaf hawn. Però ma nistax nagħlaq dawn il-kelmtejn mingħajr ma nawgura minn qalbi lilek u lil dawk qrib tiegħek Milied Hieni u Sena Ġdida Mimlija Saħħa Risq u Barka.

Tisljiet,  
Colin Galea



## A Nurse's Prayer

Give me strength and  
wisdom, when others  
need my touch;

a soothing word to speak  
to them, their hearts  
yearn for so much.

Give me joy  
and laughter,  
to lift a weary soul;

pour in me  
compassion, to make  
the broken whole.

Give me gentle healing  
hands, for those left  
in my care;

a blessing to those who  
need me, this is a  
nurse's prayer.



# Unison issues fresh warning over care staff 'exodus' amid mandatory jabs

by Megan Ford

Fresh calls have been made on the government to scrap mandatory Covid-19 vaccination for care home workers, following concerns it is "pushing thousands to the brink of quitting".

Unison has today revealed how staff within the sector have contacted the union to say they are "heartbroken" to have to leave their jobs, but that they felt that being "bullied" into having a Covid-19 jab was the final straw.

New legislation will mean that, from 11 November, all staff will need two doses of a Covid-19 vaccine to work in a Care Quality Commission-registered care home for adults, unless they have a medical exemption.

The latest possible date for a first dose of the vaccine is 16 September in order for staff to have received both their jabs by the deadline.

Unison warned that despite this fast-approaching deadline, there was "no sign" from the government that it had a plan to deal with the consequences of the law implementation.

The union said an "exodus" of workers who were hesitant about the vaccine had already begun and that it was receiving "concerning reports of care homes struggling to meet levels of staffing that meet safety requirements set by the CQC".

Estimations from the government suggest that mandatory vaccination

could see as many as 70,000 care workers leaving their roles, Unison warned.

Christina McAnea, Unison's general secretary, said: "Vaccination remains the way out of the pandemic. But coercing and bullying people can never be the right approach.

"Ministers have been told repeatedly that using force instead of persuasion will fail. But they've not listened and now their ill-considered policy is backfiring."

She accused the government of "sleepwalking into this disaster by not acting".

"Care is already a broken and underfunded sector that cannot afford to lose any more staff," warned



Ministers have been told repeatedly that using force instead of persuasion will fail. But they've not listened and now their ill-considered policy is backfiring.

Ms McAnea. "The government must scrap the 'no jab, no job' rule now.

"Widespread care home closures could be the consequence if they ignore the warnings," she said. "This would be disastrous for elderly people and those who cannot live without care support."

Unison is also currently calling for a pay increase for staff in the sector, to at least the real living wage rate of £9.50 an hour or £10.85 in London.

A Department of Health and Social Care spokesperson said: "We appreciate the hard work and dedication of the social care workforce and are working with local authorities and providers to ensure we have the right number of staff with the skills to deliver high quality care to meet increasing demands.

"The vast majority of care staff are already vaccinated and we are focusing on encouraging even more staff to get jabbed to protect their colleagues and those they care for.

"Our message is clear: vaccines save lives and it is our responsibility to do everything we can to reduce the risk for vulnerable people in care homes."

The issue of mandatory vaccination for care home workers was discussed by the profession in an exclusive feature for the latest print edition of Nursing Times.

# Has this Pandemic affected our relationships?



These past year was undoubtedly unpredictable for everyone. The coronavirus pandemic has reshaped our social connections and relationships significantly, forcing us to live closer to some, whilst having to stay apart from others. Experiencing quarantine has resulted in close, consistent contact with our partners and family members within our household. On the other hand, social distance measures have limited us from engaging with friends, members from our extended family and bigger communities that we make part of.

Months ago, when the COVID 19 virus was spreading from one country to another, we thought that it wouldn't reach our country, or if it did, it wouldn't be so soon. But it did, and soon enough we had our first case, and day by day the numbers of positive cases was going up, and this pandemic was starting to disrupt daily activities. At first, there wasn't enough information available on the virus itself for the general public, so many individuals alike were experiencing fear related to the unknown. It was surely a shock for everyone when new hygiene and social distance measures were becoming part of our daily routine. People had to adapt their daily lives, such as, having schools close down, juggling online learning, having parents working from home; at times both parents.

With this pandemic, mandatory quarantine came along. This is legally enforceable self-isolation in your home, where no one is allowed to visit. Reasons that can lead to this include: travelling from another country, being in contact with a COVID 19 positive person, or being infected with the virus yourself.

The quarantine in itself created a number of stressors, separate from those created by the COVID virus. All people, both young and old, who were placed in quarantine had to face their own personal challenges.

Those who had to quarantine by themselves would obviously face isolation and loneliness, but in the cases of families who had to quarantine together, the issues would be different altogether.

Quarantine was seen as a blessing in the beginning. It gave families the much wanted opportunity to spend quality time with the family. This meant that quarantine starts off on a good note, families had the time to spend together and talk and have fun, play some games. However after a while, too much free time does not remain such a good thing. Eventually the time together starts to feel less like a blessing and becomes to feel more like a burden. Being restricted to the house, would mean that there would be times where people would feel like they have nothing to do, and at that point the worry, stress and frustration would start to set in.

Adults in quarantine, would have to miss work for a couple of weeks, unless their job is flexible and can be done from home. This in itself is already a cause for stress, as not everyone's job was guaranteed, and the possibility of having a couple of weeks without pay is not something that everyone can financially survive. This worry will most definitely put a strain on the

relationship that said people would have with their families in the same household, as it is quite a big worry to have.

In the cases of families with children, another stressor would be online schooling. Although this ensures the safety of the physical health of the general population, it has the opposing effect on the mental wellbeing of those involved. Children have a hard time adjusting to the new routine of schooling from home. They no longer have the classroom environment with their peers, and having the lessons virtually delays comprehension. The teacher might not realise a child is not understanding, the background noises might distract the







child's attention, and the teacher has limited control over the students, given that they are in their own homes. If in this situation, the parents also need to work from home, as well as help the children follow the lessons, the frustration will continue to rise.

Where teenagers are concerned, one of the most important relationships would be their friends. Quarantine comes in the middle of that too. They would no longer be able to go out and meet their friends, so they start to feel alienated. The rise of social media was a great help for this aspect as teenagers had many different platforms through which they could still keep in contact.

Families who were put in

quarantine would all have different circumstances. Many variables could be different, such as; the number of people, the ages of the people as well as the size of the house. These factors would of course result in the different ways that the quarantine would effect each family. To gain better insight on this, I interviewed Victoria, (whose name has been changed to protect her identity) a woman in her twenties who considers herself family oriented and quite an introvert. Victoria experienced mandatory quarantine twice, once with family, extended family and her boyfriend and the second time just her and her boyfriend. She mentions that quarantine resulted in a lot of stepping on each other's toes. Being limited to spending time with the same people resulted in some stress. However as time passed, they started to understand that being together and spending time together are not the same thing. Quarantine helped them to realise how little quality time they actually spent together as a family. They accepted that they would need to see the quarantine through and they would make the most of it, so they started planning ways how they could enjoy the time together as much as possible. They spent their afternoons together in each other's company to play a game or two. This was a great help for the family, because they spent time together daily, but were free to spend the rest of their time as they wished without feeling obligated to be with the rest of the members of

the family. When considering the second quarantine, Victoria and her boyfriend were alone. This afforded them the opportunity to spend time together as a couple. They reside in separate households, and with work and other obligations they had little time to spend together or any time to spend alone. Victoria expressed how the quarantine helped their relationship to grow. The occasion provided, meant that they experienced living together without anyone else for a couple of weeks, and from this they saw that they are quite capable of sharing the responsibilities of daily tasks.

Following both quarantines, Victoria's testament is that ultimately, quarantine was helpful to all of her relationships. There were of course moments of unease and disputes, however Victoria explains how she is thankful for the experiences. As a result she has become closer to her family, and they now spend more quality time together, and also knows her boyfriend better and their relationship has grown stronger for it.

Quarantine has put many different kinds of relationships to the test, both of those in quarantine together, as well as social relations outside, given that people in quarantine are to an extent dependant on those outside for anything they may need. Therefore, quarantine did indeed add stressors to an already stressful time, however it also provided the possibility for relationships to experience and rise above said challenges together.



photo | romania-insider.com



## Nurse Rule # 210

Always support and help your coworkers. There will come a time when you will need their support and help. You need to have each other's backs.

**11th hour**



# Ergochair



**Good Ergonomics  
At Work**



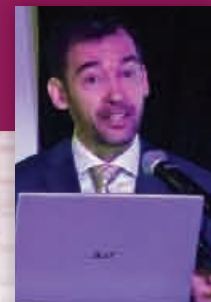
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# Financial Health Check

**David Pace Ross**  
Senior Manager  
Stockbroking & Capital Advisory  
Bank of Valletta p.l.c.



**As a father of a five-year-old daughter, I find it hard to explain and make her understand that money doesn't grow on trees nor does it fall out of the sky! It is earned daily by toiling through our jobs and sacrificing the limited time we have at our disposal in the prime of our life, by spending it away from our loved ones – including my very own five-year-old daughter.**

So, money is hard earned and during my speech at the annual conference organised by the Learning Institute for Healthcare Professionals in conjunction with the Malta Union of Midwives and Nurses earlier this month, I suggested ways of safeguarding and protecting it which I'll explain in a few words below.

Indeed, there are four pillars to achieve personal financial success:

## 1. Income

Ask yourself, how much income do you need to support your lifestyle? It is of utmost importance to put energy and attention into managing your career. Be the best you possibly can at your job, every single day, and demand that you are adequately paid for the quality of service you provide.

## 2. Expenses

How much do you spend? Are you living within your means? Your fixed costs, such as car payments, loan repayments, insurance premium, phone and utility bills must be as low as possible. And you should have reasonable control over your variable costs. Remember as well that impulse spending is a killer!

## 3. Savings

How much should you save to achieve your aspirations? Make savings a habit – pay yourself first! Build an emergency fund (for emergency use only), and have a clear, defined, savings plan.

## 4. Investing

How is your investment strategy supporting your plans? Understanding your risk tolerance (which simply put is how much money can you afford to lose?) and investing accordingly is paramount when entering the world of investments.

As healthcare professionals, you know the hallmarks of healthy living – an active lifestyle; fresh food; regular health checks; sport; sleep, good mood, et cetera.

However, as healthcare professionals, you should also know the single hallmark of financial healthy living – spend what you do not save (and not save what you do not spend).

The emphasis here is on the pecking order of planning what amount you wish to save when your pay salary hits your bank account, and spend the rest, rather than saving whatever is left (if any) after spending your salary.

Finally, I would like to share a few personal do's and don'ts when it comes to savings and investing which you can make your own to succeed financially:

## DO

- █ Seek independent investment advice
- █ Have a long term horizon
- █ Know your investments
- █ Keep emergency funds for 6 months of expenses
- █ Have an exit strategy
- █ Educate yourself about Investments

## DON'T

- █ Put all your eggs in one basket
- █ Chase speculative stocks
- █ Follow blindly what others are doing
- █ Invest in things you do not understand
- █ Invest with debt money
- █ Check your investment performance every single day

My daughter Sara has just started her lifetime voyage of continuous development and learning. It will be all theoretical for the time being of course, as well as fun and games. From my end, as a parent, I am investing in her by saying "no" to things she wants which I cannot afford or which she does not need. In doing so I am teaching her to appreciate the value of money from a young age, and at the same time ensuring that fixed and variable costs remain under control.



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## Covid-19 vaccination to become mandatory for all nurses in England

Being fully vaccinated against Covid-19 is set to become compulsory for all health and social care staff in England who have face-to-face contact with patients, the government confirmed today.

The move to make Covid-19 vaccination a condition of deployment is already coming into force from 11 November for staff working in care homes for adults.

Speaking in the House of Commons today, health and social care secretary Sajid Javid said the policy would now be extended to include NHS staff as well as those working in the independent and local authority sectors.

Subject to parliamentary approval, the requirement to be vaccinated against Covid-19 will become enforceable from April 2022.

The rule will not apply to those with a medical exemption or those who have no direct contact with patients or service users as part of their role.

A connected proposal to also mandate influenza vaccination for health and social care workers would not be taken forward at this stage, added Mr Javid.

The confirmation by Mr Javid today follows various leaks to the media suggesting that the government was pushing ahead with the plans to extend mandatory Covid-19 vaccines to NHS and other health and care staff.

The latest figures show that 90% of NHS staff overall have had both doses of a Covid-19 vaccine, although Mr Javid said in some trusts it was as low as 80%.

The government believes there remains more than 103,000 NHS workers and 105,000 domiciliary care workers who are not yet fully vaccinated.

The decision to go ahead with mandatory vaccinations for care home workers and then all health and care staff was informed by responses to two separate public consultations.

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## ICN says Switzerland's vote on nurses' pay and conditions in national referendum should be a catalyst for global action

Geneva, Switzerland, 25 November 2021 – The International Council of Nurses (ICN) is backing Switzerland's nurses in their attempt to secure better pay, education and working conditions through a national referendum, and calling on more countries to give their people a say on the value and future of nursing.

ICN Chief Executive Officer Howard Catton said the Swiss referendum is of great international significance because the conditions that brought the referendum about are widely shared around the world.

They include dire nursing shortages, which are affecting patient safety, a lack of recognition for the value of nurses to societies, stagnant or falling pay in real terms and a lack of career opportunities.

Mr Catton said:

"Nurses around the world feel ignored. They are exhausted from the ongoing response to the pandemic, and tired of political platitudes in the absence of any real action and investment in nursing. As a result, we are increasingly seeing demonstrations, disputes and industrial action on the one hand, and a worrying increase in number of nurses leaving the profession on the other.

"ICN supports the nurses of Switzerland who are using their country's referendum system to directly ask the people what they are worth. They are saying "Let the people decide" because they believe the people know the true value of nursing. And the public know that if there are not enough nurses it will be their loved ones and family members who will have to step in to provide care.



"The pandemic has shown us the frailties and weaknesses in our health systems and our societies but it has also shown us a great sense of solidarity and consensus on what are the most important things in life and what really matters, and that is why the public and healthcare workers coming together has the potential to be a powerful and positive force for change."

Switzerland's People's Initiative vote, the outcome of which will be decided on November 28, is about proposals to improve the lot of Switzerland's nurses, including:

Ensuring that the country and its local cantons become self-sufficient in the supply of registered nurses to deal with the current nursing workforce shortage.

Improving continuous professional development (CPD) and opportunities for career progression.

Expanding nurses' responsibilities regarding prescribing without having to have their decisions countersigned

by a doctor.

The Swiss Nurses Association (SNA) says the Initiative aims to ensure nurse-to-patient ratios protect the quality of nursing care, patient safety and efficient use of resources, and increase job satisfaction and retention of experienced staff.

SNA President Sophie Ley said COVID-19 is putting an extra burden on nurses who are already tired and overworked, increasing the potential for errors that could put patients at risk.

"Nurses have been working at full capacity for a long time and they are on the brink of exhaustion and are leaving the profession because they see no prospects for improvement. COVID-19 has increased the workload of many nurses even more."

The Swiss government have countered the Initiative vote with their own proposals, which they say address the issues of CPD and increase nurses' autonomy in their work.







# Clinical Mentoring

The aim of achieving an optimal learning experience in the clinical setting is a priority for nurse education. Clinical nurse mentors are recognised as key contributors in fulfilling this. Clinical mentoring is recognised as essential to student nurses' learning experience.

Essentially providing nursing students with clinical support and guidance is arguably a responsibility of every qualified nurse as it is part of demonstrating nursing professionalism. Some nurses choose to take on further responsibility and pursue the role of clinical mentor. As the challenges within the healthcare industry persist it is perhaps important now more than

ever that student nurses' have clinical mentors ready to guide them while on clinical placements. This one-to-one relationship has the potential to enrich the students clinical learning experience. Luckily, locally there is an increasing number of clinical nurses who are taking up this role.

There are several aspects one can identify that are important to consider to achieve an effective and satisfying experience for both the mentor and the student. This ongoing process would benefit from clinical nurse mentors being self-aware and

therefore having defined their own decision-making styles; acknowledge their ethical approach to mentoring; and in addition to being committed to their own continuous professional development. Research indicates that a lack of these correlates with clinical nurses' difficulty of assisting students to developing ethical values in practice (Skela-Savic & Kiger, 2015). It was also noted by Skela-Savic & Kiger (2015) that this is exacerbated further by lack of support from related management.

The local code of ethics for nurses and midwives acknowledges and highlights the important role nurses have in supporting, supervising, and teaching student nurses' (CNM, 2020). The document also refers to the responsibility nurses have for the professional behaviour of junior staff including students (CNM, 2020). The relationship between the clinical mentor and student requires an understanding based on mutual respect, an agreement on the goals and learning outcomes that need to be achieved as well as the boundaries.

In support are ethical principles that can be identified and defined to strengthen clinical mentorship and clarify its scope as well as the responsibilities of both the mentor and student, together with supporting entities. Some of these principles include autonomy, integrity, transparency, non-maleficence, and beneficence.

These principles in the context of clinical mentorship relationship as well as the importance of supporting students in the development of ethical values in the clinical setting will be considered further in the next issue.



photo | voice.ons.org

You may contact Marisa on [marisalvella@gmail.com](mailto:marisalvella@gmail.com) for references and information related to this article.





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# “Health is a human right that cannot be delivered without nurses” - International Council of Nurses

Human Rights Day and Universal Health Coverage Day highlight global inequities

Geneva, Switzerland; 9 December 2021 – The International Council of Nurses (ICN) has called for investment in the nursing workforce and protection of nurses’ rights, supporting the themes of Human Rights Day and Universal Health Coverage Day. The theme for Human Rights Day on 10 December is Equality – Reducing inequalities, advancing human rights. On 12 December, Universal Health Coverage Day will use the theme: Leave no one’s health behind: invest in health systems for all.

Dr Pamela Cipriano, ICN President, said:

“The world has been taught a hard lesson by this pandemic: we must invest in health to prevent future pandemics and we must prioritise equity and non-discrimination. In this globalised world, no one is protected until we are all protected. Universal Health Coverage (UHC) is now an imperative.

“With a nursing workforce that is 90% female, gender equity is of utmost important to the delivery of healthcare around the world. Gender inequality has been exacerbated by the pandemic and protecting and respecting the rights of women – including nurses – is essential in both delivery of UHC and to help find a way out of this pandemic. Governments must heed the calls for protection, fair pay and decent work conditions for nurses whose rights have been violated during the pandemic.



photo | innovative-medical.com

“Without a strong, resilient health workforce, we cannot have health for all. Gender equity and investment in nursing needs to be at the heart of the COVID-19 response and recovery plan. The time has come for us to grasp this opportunity to make equity a positive legacy in the aftermath of the suffering so many have endured as a result of this pandemic.”

Howard Catton, ICN’s Chief Executive Officer said:

“Health workers’ rights are human rights, and right now both are at high risk. We need extra diligence, attention and investment to protect these rights. Nurses and other healthcare workers are already physically and mentally exhausted and the Omicron variant is now compounding the situation. When our healthcare workers are crushed, our health systems crash.

“While many countries are now giving booster jabs, in other countries, healthcare workers, are still waiting to be fully vaccinated. Inequity on this global scale is not just morally repugnant but self-defeating as we will not defeat the virus or deliver access to healthcare without respecting the rights of everyone. Health is a human right that cannot be delivered without nurses, and nurses’ rights are human rights.”

Dr Cipriano added:

“Nurses have the right to work in a safe environment, free from abuse and violence. They have the right to have access to vaccines and personal protective equipment, the right to adequate pay and mental health support. ICN supports nurses’ rights and calls on governments to fulfil their obligations to respect and protect human rights, and to adopt and uphold legislation to ensure equal access to healthcare, vaccines and protection, not only within their own countries, but worldwide.”

During the pandemic, nurses and other healthcare workers have taken on enormous workloads, often with a lack of personal protective equipment, which has led to the deaths of over 115,000 of them. Nurses are exhausted and traumatised. A shortage of six million nurses existed before the pandemic and will continue to grow as long as there is a lack of investment in the profession. This will result in increased inequities, continued pandemics and weakened health systems. Health workers need investment, decent working conditions and protection of their rights now.

from our  
diary



H.E. President of Malta recognize the work done by the Health Care Professionals during the pandemic



The Nurses & Midwives within MUMN started their engines to prepare for the next Sectoral Agreement.



MUMN President & General Secretary sign the Sectoral Agreement pertaining to the Dental Surgery Assistants for the first time.



MUMN has completed the project related to the Celiac Screening amongst young children



MUMN attends the MCESD Meetings through Forum Unions Maltin



MUMN is also involved to create the Specialist Assessment Framework which work is in its final stages



The Institute for Health Care Professionals promotes the Nursing Profession even through Career Fairs



New Nurses just graduating from the Northumbria University in collaboration with MCAST at MUMN Premises



The Institute for Health Care Professionals organised an important conference where the attendance was great

# FIGHTS 5 TYPES OF PAIN

Headache

Migraine

Toothache

Period pain

Backache



A close-up photograph of a woman with dark hair, holding her hand to her forehead in a gesture of pain or distress. The background is slightly blurred, focusing attention on her face and hand.

# Pain RELIEF

Pain is an unpleasant sensation that can vary from mild to severe, localised discomfort to agony, and can be both physical and emotional mechanisms.

The physical part of pain can result from nerve stimulation. Pain can be limited to an area, as in an injury, or it can be more wide-ranging, as in fibromyalgia. Acute pain will occur abruptly but tends to be resolved within a couple of days while chronic pain will be lasting beyond 3 months.

Both acute and chronic pain can be managed through various pain medicines. Such medicines are powerful drugs, so it is of utmost importance to be used responsibly and with care. Pain relievers can go by many names such as analgesics, narcotics, painkillers, and pain medicine. Such drugs can be classified into 'over the counter' and 'prescription' pain relievers.

Over-the-counter pain relief includes Acetaminophen and Nonsteroidal anti-inflammatory drugs (NSAID). Such medications come in different forms such as tablets, topical, and others. These are commonly used for arthritis, back pain, colds, headaches, migraines, menstrual cramps, toothaches, post procedures, and others.

On the other hand, prescription pain medications provide stronger pain relief and such medications include antidepressants, anti-seizure medications, muscle relaxers, opioids, steroids, and others.

Prescriptions medications are used in cases of cancer, fibromyalgia, and others. Pain relievers can be very positive as these bring a much-wanted break from aches and discomforts. Both over-the-counter and prescription pain relief medications can cause side effects and when they do one should stop all medications and contact the medical doctor.

# Understanding Emotionally Unstable Personality Disorder

Borderline personality disorder (BPD) is a condition that impacts the way a person think and feel about themselves and others, causing problems functioning in everyday life. It includes self-image issues, difficulty managing emotions and behavior, and a pattern of unstable relationships. The term itself can prove to be very misleading for the individual diagnosed with BPD since 'borderline' when used in context means something that is marginal or near a border.



However, mental health professionals and the individual with BPD, or rather the 'emotionally unstable personality disorder' know that there is nothing 'borderline' about this particular condition. So often described as a disorder which is chaotic and unpredictable in nature, research helped and guided mental health professionals to understand and disentangle the burden of such a pervasive and distressing personality disorder by attempting to identify any underlying etiological mechanisms which in turn offered information on how emotionally unstable personality disorder (EUPD) actually develops and what maintains such a destructive pattern (Miskewicz et al., 2015).

So while everyone has their own unique personality which is developed through our genetic traits, life experiences and environment, each individual has his/her own way of thinking, believing and behaving. So when does our personality actually become a disorder? According

to the Diagnostic and Statistical Manual of Mental Disorders (2011), a personality disorder is indicated when 'the essential features of a personality disorder (PD) are impairments in personality (self and interpersonal) functioning and the presence of pathological personality traits. For one to be diagnosed with a PD, certain criteria listed in the DSM-V must be met. For further clarification, before honing in on EUPD again, it is pertinent to understand how PDs are categorised into ten PDs within three clusters. The American Psychiatric Association (APA) states that PDs tend to affect at least two of the following areas:

- How one thinks about him/herself and others
- How one responds emotionally
- How one relates to other individuals
- How one controls his/her behaviour

PDs are categorised into three clusters, namely cluster A, Cluster B and cluster C. The cluster A personality types are those individuals who are described as odd, eccentric and rather detached from society. Cluster B personalities are known as having the tendency to be emotional, dramatic and erratic in nature. Individuals diagnosed within this particular cluster find it extremely difficult to form healthy relationships with others, experience extreme emotions and tend to be impulsive, promiscuous or even exhibit disregard for the law. It is under this cluster that we find EUPD. The final cluster, known as cluster C, are PDs that are characterised as being anxious and fearful. In this cluster one


can note how there is an overlap of symptoms pertaining to anxiety and depressive disorders.

Developmental psychologists state that EUPD is strongly linked to the attachment theory, which was founded by John Bowlby and Mary Ainsworth (1991). The attachment theory explains how disruption of attachment early on during the individual's developmental stage with the possible combination of further traumatic experiences interacts with neurobiological development. This, in turn, will lead to hinderance of mentalising, which in simple terminology means our capacity of 'making sense of ourselves and others in terms of mental states'. In fact, such individuals show a hyper-responsiveness which makes them unstable during emotional arousal (Fonagy et al., 2008).

EUPD tends to rear its head during adulthood, however, although a younger person may actually start featuring certain EUPD traits, it is not diagnosed before 18 years of age. Studies show that although EUPD occurs in both genders, women tend to seek mental health services more often than their male counterparts. According to the National Institute for Health and Care Excellence (NICE), apart from the text-book pattern of instability in the individual's interpersonal relationships, their self-image, impulsive behaviour and mood, one can also note rapid fluctuations which lead to a deep sense of despair coupled with a vicious cycle of a fear of being abandoned and rejected. Furthermore, individuals with EUPD show a strong tendency towards suicidal ideation and self-harm. One can also note that EUPD







is often seen as a comorbidity of anxiety related disorders, depression, substance misuse, eating disorders and post-traumatic stress disorder (NICE, 2015).

So what actually is the cause behind such a distressing disorder? The National Alliance on Mental Illness (NAMI) states that although the causes of EUPD are not yet fully understood, there is a definite link to a triad of combining factors, namely genetics, environmental factors and brain function. Research shows that individuals who have suffered trauma such as sexual or physical abuse during their childhood years and, as mentioned previously in the attachment theory, being neglected or abandoned by the primary caregivers, are at a higher risk of developing EUPD further along down the line. From the genetic aspect, whereas no actual and specific gene has been shown to be the cause of EUPD, research strongly leans towards the suggestion that having a family member with the condition will, in fact, increase the risk of developing the disorder (NAMI, 2015). To fully understand certain signs that a person may actually be suffering from EUPD, the DSM-V has a comprehensive list of signs and symptoms one should look out for. These include:

- Frantic efforts to avoid real or imagined abandonment by family and friends
- Stormy and unstable interpersonal relationships
- Distorted image of self
- Impulsivity which may lead to a dangerous outcome (Promiscuity, over-spending, substance misuse, reckless driving)
- Self-harming which may include cutting and suicidal threats and/or attempts.
- Feelings of emptiness and boredom
- Periods of sadness, irritability, depression, anxiety and uncontrollable angry outbursts
- Shame
- Dissociation (disconnecting from one's thoughts and/or identity)

Many people who are diagnosed with EUPD tend to come over as enthusiastic when things are plain sailing however plummet when things are not going well for them. It is here that their lability of mood and emotions is clearly noted. In the past, the diagnosis of 'Borderline Personality Disorder' had been greeted with derogatory and negative attitudes from health care professionals alike, however, with the help of continuous evidence-based research, increased professional interest, improvement in psychotherapies and treatment, attitudes towards a diagnosis of EUPD has improved in leaps and bounds within the mental health circle (Krawitz et al., 2008).

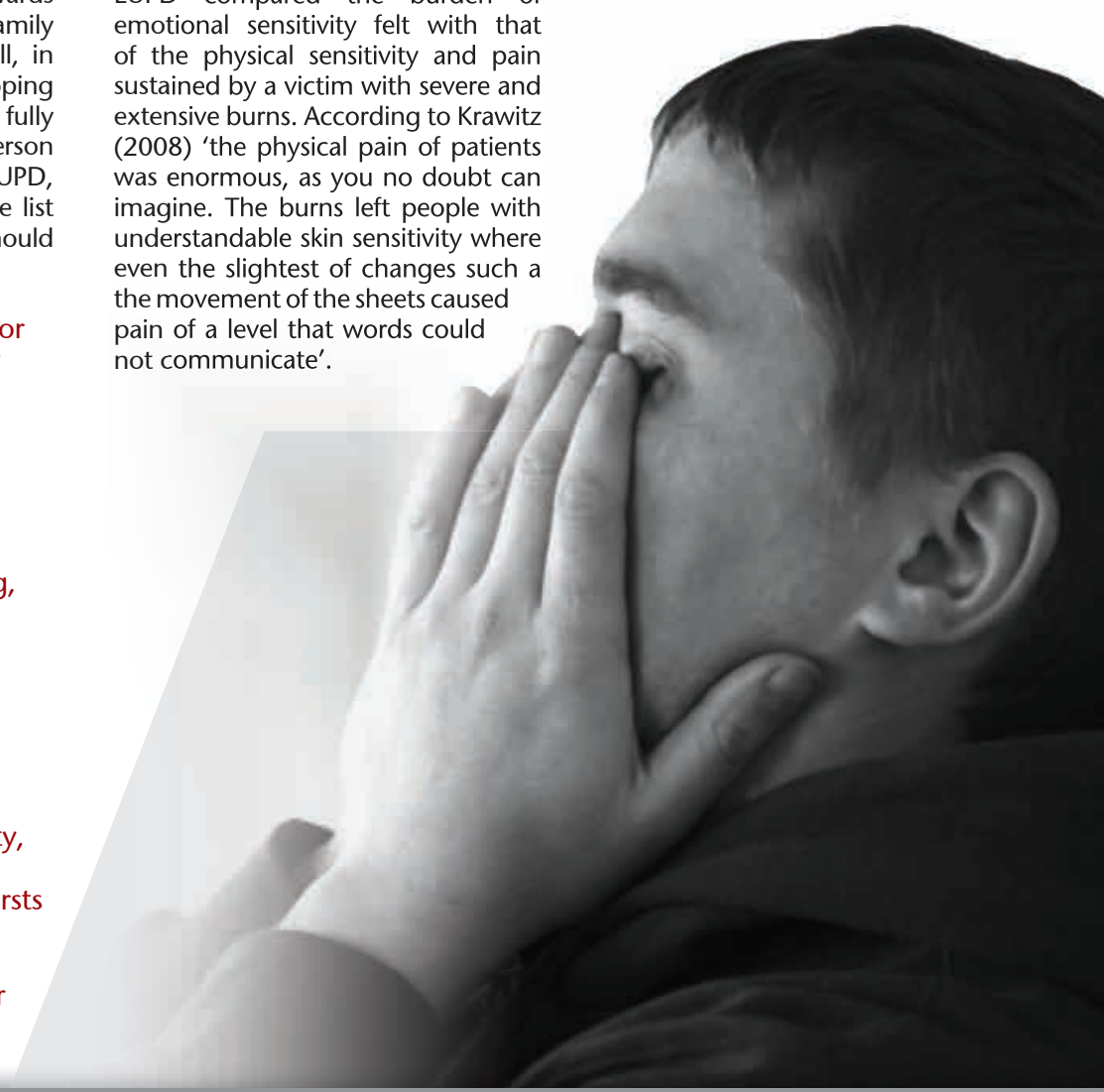
In a very poignant and touching statement by Krawitz (2008), author of the book (borderline Personality Disorder- The Facts), he describes how mental health professionals and individuals diagnosed with EUPD compared the burden of emotional sensitivity felt with that of the physical sensitivity and pain sustained by a victim with severe and extensive burns. According to Krawitz (2008) 'the physical pain of patients was enormous, as you no doubt can imagine. The burns left people with understandable skin sensitivity where even the slightest of changes such as the movement of the sheets caused pain of a level that words could not communicate'.

EUPD is a very real and recognisable condition that deserves attention, kindness and treatment.

As a psychiatric nurse in an acute admission ward at MCH, I encounter very frequent diagnoses of EUPD, therefore, I, together with my nursing colleagues, experience, first hand, the severe distress, pain and traumatic effect EUPD has on such patients. Dealing with such sensitive cases requires a skill-set unlike no other so it is pertinent that one keeps on finding evidence-based research on this pervasive personality disorder, whilst remaining compassionate and most importantly being the beacon of hope and stability for the individuals diagnosed with EUPD entrusted in our care.

**Sharon Maria Cuschieri**

Is a Registered Mental Health Nurse and a MAPN Council member.  
<https://www.mapnmalta.net>



# EFN Briefing Note on HERA Health Emergency Preparedness and Response Authority

The COVID-19 crisis unanimously demonstrated that “We are not prepared, unless we are all prepared!”, and how much preparedness is essential to face health emergencies and prevent any future crisis. As stated by the European Commission, Europe learnt from COVID-19 that cooperation makes us stronger, and we need to move from ad hoc to structured cooperation with all actors, including sound planning and having fit-for-policies. It is necessary to push for better coordination and collaboration between all the EU Member States through a system of sharing information, assessing the needs and ensuring an efficient EU-wide response.

For this purpose, the European Commission recently established the European Health Emergency Preparedness and Response Authority (HERA) which aims to achieve a “better EU health security coordination before and during crises” through the improvement of synergies between existing national and EU agencies, such as the European Centre for Disease Prevention and Control (ECDC) and the European Medicines Agency (EMA). HERA will be housed within the European Commission and established using Article 122 as a legal basis, not requiring the sign-off by the European Parliament.

Being a central element in strengthening the health systems of the EU to better respond to severe

cross-border threats by enabling the availability, access and distribution of necessary countermeasures, HERA will have 2 different modes of operation:

» Preparedness phase - HERA will enhance disease prevention system through better threat assessments and prepare for health emergencies through boosted industrial capacities and strengthened skills.

» Emergency phase - HERA will centralise the decisions on the most relevant countermeasures and activate emergency funding and research as necessary.

Peter Liese, health spokesperson in the European Parliament, stated: “We must act quickly”. HERA appears to be the best tool to improve the resilience of the European health

system and to make it able to face sudden crises and future challenges.

As we all know, nurses are the backbones of the healthcare system, so they could find in HERA the best ally to be part of this evolution and change. It is fundamental to create synergies and collaboration with HERA for participating to the reinforcement of the healthcare system. As such, the EFN and its members will advocate for investment in nurses’ education and working conditions to ensure the adequate human resources are in place to deliver HERA’s objective. This is the fundamental first step towards a sustainable European Public Health and Healthcare Reserve which will allow European citizens a resilient protection against health emergencies today and in the future.

Qorti

## €250 f'kumpens morali għal infermiera wara li nannu allega li kellmet ħażin lir-raġel ta' bintu



Raġel li rrapporta infermiera lill-ministru tas-saħħa kien ordnat jagħtiha €250 f'kumpens morali wara li mħallef ikkonkluda li dak li allega fuqha seta' wassal għat-tkeċċija tagħha.

Il-qabla, Michelle Portelli fetthet kawża ta' libell kontra Martin Florian wara li f'April ta' tliet snin ilu allega li Portelli kellmet ħażin lir-raġel ta' bintu waqt li dan kien qed jibdel il-ħarqa tat-tarbija.

Fl-ittra huwa fisser għemil Portelli bħala wiehed ta' persuna xurbana jew li kienet taħt overdose. Huwa allega wkoll li Portelli kienet arroganti u tkellmet b'mod indiċenti.

Portelli ċaħdet dawn l-akkużi u wara li l-Qorti tal-Maġistrat ċaħditilha l-libell, hija appellat mis-sentenza.

Fid-deċiżjoni tagħha, il-Qorti tal-Appell ippreseduta mill-Imħallef Lawrence Mintoff, għamlitha ċara li ma taqbilx mal-Qorti tal-Maġistrati meta din qalet li dak li ntqal minn Florian ma naqqasx mill-kapaċitajiet tagħha.

Huwa sostna li għalkemm is-

superjuri u l-kollegi m'emmnux dak li kiteb Florian u ma ttieħdux passi kontriha, il-mod kif iddeskrivieha seta' wassal għat-tkeċċija tagħha.

L-Imħallef Mintoff zied li s-sitwazzjoni setgħet żvolgiet b'mod differenti li kieku bint Florian u żewġha baqgħu jilmentaw mill-aġir tagħha.

Huwa sostna wkoll li Florian kabbar sitwazzjoni trivjali meta baġhat ittra lill-ministru b'dawn l-allegazzjonijiet.

Meta ġie biex jagħti l-kumpens irrimarka li ma rriżultax li saret ħsara li affettwat lil Portelli u għalhekk ordna lil Florian jagħtiha €250 f'kumpens morali.



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# Vitamin D in Early Childhood

Vitamin D deficiency is a worldwide epidemic with multiple implications on health, due to its role in various functions in the body. The skin is the main source of vitamin D in humans, as the body can produce Vitamin D from exposure to sunlight. Several studies in different countries have shown that levels of Vitamin D in blood experience marked seasonal changes even in children. This is because on exposure to summer sun, Vitamin D levels are higher than in winter when kids are more indoors and less exposed to sun rays. During the winter months as it starts getting colder around November, there is no ongoing skin production of Vitamin D and the lack of production is sustained all the way through February depending on the weather.

Therefore, in winter vitamin D availability depends on the body stores accumulated in summer and on Vitamin intake through the diet. Inadequacy

may be further aggravated by poor dietary supplementation and this seems to be responsible to a lack of vitamin D. A reduced supply of both vitamin D and calcium, common in individuals who do not consume adequate amounts of dairy products, may have a particularly deleterious effect on bones. Vitamin D is needed for normal growth and development of bone in children. Even if the deficiency is not extensive, it still seems likely that children with an insufficient vitamin D supply may be at risk of not reaching their optimum bone mass. Vitamin D deficiency may result in rickets or osteomalacia, these are both conditions affecting and weakening bones

Physical activity is also important for bones and children should be encouraged to be active. The role of Vitamin D on bone and teeth mineralization and homeostasis applies to all ages, including infants and young children and efforts should be made to

maintain an optimal supply of both calcium and vitamin D.

Nestlé NanCare has two preparations that provide Vitamin D to safeguard children against Vitamin D deficiency. NanCare Vitamin D provides 400IU in just 2 drops that can be applied on the breast before breastfeeding, while NanCare Vitamin DHA, Vitamin D & E provides additional benefits for bone health, visual acuity and overall health.

## Reference

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# Quality Mentorship for Developing Competent Nursing Students

Welcome to the 7th edition of the QualMent Project eBulletin!

For more information/updates on the project, you can visit our website or follow us on Twitter and Facebook (@QualMentProject).

If you have any queries, please contact us at: [qualmentproject@gmail.com](mailto:qualmentproject@gmail.com)

This eBulletin is the last one to be published, since the project has now come an end. In this edition, you will find the latest developments of the project, and the main outcomes. We wish you a good reading!

## MULTIPLIER EVENTS

As one of the outcomes of the project, and aiming to share QualMent outcomes, each partner organised over the last few months a multiplier event, online and/or face-to-face, for a total of 5 events organised. See below an update from each project partner on those events:

### UNIVERSITY OF OULU, FINLAND

The University of Oulu, in Finland, organised an International QualMent project webinar on 4 May 2021, aimed to present QualMent project outcomes, build international network among mentoring topic and share international practices, challenges and opportunities. This was a good opportunity for the international QualMent project partners to present the development of an evidence-based nurse mentors' model, its integration into nursing education and mentor guidelines. Additionally, we had an honour to have experts representing nurses, nursing education, clinical experts, leadership and nursing science research. In total, 99 international participants registered for the webinar, coming from Finland, Sweden, Norway, Denmark, Italy, Poland, Slovenia, Hungary, France, Portugal, and Lithuania.

In the webinar, mentors' competence and its importance has been discussed. It was presented that a good pedagogical atmosphere in the learning environment cultivates openness to cultural diversity and enhances the supervisory relationship. Mentors are needed who are easy to

approach, empathetic, flexible, patient, supportive, accepting, fair (cultural equality), open, non-discriminatory and non-stereotypical.

According to the evidence found in the project, the need for cultural mediation of educators between students and their mentors in professional work environments is clear and was strongly emphasized.

The need of nurses and building of support to nurses was brought up by Dr Nina Hahtela, President of the Finnish Nurses Association and Vice-President of the European Federation of Nurses Associations. Dr Hahtela emphasized the global mass trauma experienced by nurses working in the COVID-19 response, as according to ICN. The situation presented by ICN showed that nurses have to deal with high workloads, they have increased patient dependency and mortality, occupational burnout, inadequate personal protective equipment, the fear of spreading the virus to families and relatives, an increase in violence and discrimination against nurses, COVID-19 denial, and the propagation of misinformation. She also reminded that we cannot survive without nurses, of which WHO reported to have a potential shortfall of 14 million by 2030.

### LITHUANIAN UNIVERSITY OF HEALTH SCIENCES, LITHUANIA

The QualMent multiplier event "quality mentorship for developing competent nursing students" was organised by the Lithuanian University of Health Sciences (LSMU) on 29 April 2021.

The various interested parties were invited and participated: president of Lithuanian Nurses' Organisation, educators from nursing programs at colleges and universities, nurse managers from teaching hospitals,

practicing nurses and mentors, nursing students. With the opening remark prof. Aurelija Balževičienė, a head of nursing clinic at LSMU, highlighted the value of QualMent project for nursing education in Lithuania. She noticed that even the mentorship in nursing in our country started to be developed in 2009, it is timely to provide advance level training for Lithuanian nursing mentors.

Invited speaker, prof. Beata Dobrowolska, from the University of Dublin (Poland) shared the Polish case of clinical mentorship in nursing education in the European context. Nursing education and mentors' training in Poland was discussed underlying the need for standard mentors' education in the country. It was recognised that QualMent Advanced level mentors' training program will suit this need very well. Prof. Kristina Mikkonen, Finnish QualMent partner, spoke about mentoring competence and presented QualMent mentorship model.

Other lectures from Klaipėda College (dr. Asta Mažionienė) and Kaunas University clinics (dr. Daiva Zagurskiene) shared their views on students' learning in practice and mentors' duties, organization of clinical practice and nurses' capacities to supervise students. It was recognized that QualMent program will definitely serve as a tool to improve mentors' competence, especially in culturally safe care and





photo | news.umanitoba.ca

supervision, reflective practice and effective assessment.

Lithuanian partners prof. Olga Riklikienė and doctoral student Erika Juškauskienė talked about quality dimensions of nursing mentorship and their reflection in the content of QualMent mentors' training program. Erika and nursing student Ona Samaite shared the information about innovative aspects of QualMent mentors' training program and presented results on mentors' satisfaction with training during QualMent program piloting. At the end of the conference the most important issues of nursing students' clinical training and registered nurses' participation in this process were discussed.

### COLLEGE OF NURSING IN CELJE, SLOVENIA

On 10 June 2021, a multiplier event was held at College of Nursing in Celje. The event, which aim was to present the results of the QualMent project in Slovenia was entitled "Mentors with advanced knowledge are key to the quality mentoring process of nursing students".

We were very pleased that welcome speeches were presented by Vesna Zupancic from Ministry of Health, Franci Janžekovic from Ministry of Education, Science and Sport, Paul de Raeve, Secretary General of the

European Federation of Nurses Associations and Monika Ažman,

president of the Slovenian Nurses and Midwives Association.

Invited lecturers presented the QualMent project, evidence-based development of the mentoring model, roles and responsibilities of mentors in clinical setting, experiential learning, the importance of continuous feedback and intercultural competencies.

Mentors who successfully completed the training programme within the QualMent project presented changes in the mentoring process as a result of new knowledge and their view of the mentoring process and their role in it. Among the conference speakers was also a third-year student of the College of Nursing in Celje, who presented the experience of the mentoring process from the point of view of a nursing student. At the end of the event, model and guidelines for implementing quality mentoring were presented. Altogether 58 participants attended the event.

### ALICANTE UNIVERSITY, SPAIN

The Multiplier Event Quality Mentorship for Developing Competent Nursing Students was celebrated on 26 May 2021 at the University of Alicante (Spain). It was organized by Spanish partners, M. Flores Vizcaya-Moreno and Rosa M. PZrez-Ca-averas, with the collaboration of Montserrat Angulo Perea (President of the Official College of Nursing of Alicante), Francisco J. G—mez Vitero (Vice-president of the Official College of Nursing of Alicante) and Sof'a Berlanga Fernzndez (Multiprofessional Teaching Unit for Family and Community Care Costa Ponent, Barcelona).

In this face-to-face, and online meeting, on the same date and time, there were a total of 23 face-to-face participants in the University of Alicante and 31 participants in a Google Meet classroom. During the event, the organizer used Twitter for the dissemination of the exciting issues lectures.

The event main objective was QualMent Project output's dissemination. In addition, the programme included topics as "The high-quality mentor's competence course in Alicante: adapting teaching to COVID pandemic", "Mentors'

competence in undergraduate nursing student's education in Spain", "Mentors' competence in midwifery education in Spain", "Mentors' competence in familiar and community nursing speciality education in Spain", "The role of professional associations in regulated professions: accreditation of mentors in nursing" or "Social media and innovative educational strategies in the clinical learning environment. Narrowing the gap between Boomers, Generation X, Millennials and Generation Z".

### EUROPEAN FEDERATION OF NURSES ASSOCIATIONS, BELGIUM

Organised together with the European Federation of Nurses Associations (EFN), the European Federation of Educators in Nursing Science (FINE) and the European Nursing Students Association (ENSA), the online QualMent Multiplier event, that took place on 17 June 2021, brought together 85 participants from frontline nurse mentors, nursing students and from FINE members - nursing educators.

The event provided an insight on the project developments and its successful outcomes, namely 'Clinical mentors' competence model' through a course of mentorship competences and guidelines

which will offer clear and simple instructions to be used in the daily clinical practice of mentoring.

You can see the recording of the event here and the presentations made during the event here.

### 5TH TRANSNATIONAL PARTNERS' MEETING

QualMent project partners met for the 5th, and last, meeting of the project on 26 August 2021. Due to the pandemic situation, the meeting was held virtually, being organised by the project coordinator, College of Nursing in Celje.

The project partners evaluated the final outputs of the project and discussed the possibilities of the future exploitation and sustainability of the project. During the piloting phase the course and its materials have been evaluated by the participants and by the lecturers and the content of the

continued on page 33



## BioGaia Protectis, a powerful strain of *L. reuteri* in colic, constipation and regurgitation

Probiotics, defined as live strains of bacteria with documented health effects, have become a well-recognized option to support the composition of a beneficial microbiota in infants and children. Different strains of a specific species have different probiotic properties and effects. Hence the benefits of one specific strain cannot be extrapolated to the effects of other probiotics.

### ***Limosilactobacillus reuteri* Protectis is special**

*Limosilactobacillus reuteri* Protectis (*L. reuteri* DSM 17938) is indigenous to the human digestive tract and one of few probiotics that have co-evolved with humans since beginning of time. *L. reuteri* Protectis temporarily colonize both the stomach and the small intestine. The probiotic exerts its effects, or mode of actions, in

many different ways. It has been proven that *L. reuteri* Protectis influences gut motility and may also reduce visceral pain by the release of neuromodulating molecules. Moreover it influences the intestinal microbiota by releasing reuterin, lactic acid and acetic acid, which help promote the growth of other good bacteria, and inhibit pathogens. *L. reuteri* Protectis may also strengthen mucosal integrity by tightening the epithelial barrier and improve immune response.

### **Scientific evidence**

Numerous trials have shown the safety and significant effects of *L. reuteri* Protectis on functional gastrointestinal disorders and protection of infections in infants and children.

### **Clinical guidelines support the use of *L. reuteri* Protectis**

The use of *L. reuteri* Protectis in paediatrics is supported by a number of international guidelines. Indications with a recommendation are infantile colic, functional abdominal pain, treatment of

acute gastroenteritis, as adjunct to oral rehydration solution and prevention of common infections.

Clinical effects of *L. reuteri* Protectis in infants with colic, constipation and regurgitation include reduction in crying time, increase in bowel movements and reduced number of regurgitations in both breast-fed and formula-fed infants.

BioGaia Protectis baby drops can be given from birth and do not affect breast-feeding or the taste of food.



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continued from page 31

course was upgraded with the findings of the evaluation. All the partners' countries reported high demand for attending the educational course by the clinical mentors, and they are looking forward to implementing the course in the following months. The course will also be accredited in the partners' countries in accordance with the national legislation.

The methodology and the methods for the impact measurement were also discussed at the meeting and we have found out that most of the qualitative and quantitative indicators planned at the beginning of the project were achieved in the past 36 months.

The results of the dissemination activities of the project were also discussed and all the partners agreed that these should be fostered, especially now, when all the planned materials in the project are finished. Finally, the partners expressed their satisfaction with the project results

and impact and are all looking forward to a future cooperation.

### QUALMENT PROJECT FINAL OUTCOMES

Over the last 3 years (September 2018 – August 2021), the 5 project partners made sure to come up with the due deliverables and outcomes of the project, i.e., the development of a training programme for clinical mentors with the objective to increase the quality of clinical practice for undergraduate nursing students, which complies with the EU directive 2013/55/EU, on Mutual Recognition of Professional Qualifications.

One of the outcomes is the development of guidelines for quality mentoring (available soon in all EU languages on the QualMent website), which will be helpful in the implementation of quality mentoring, in accordance with the Directive 2013/55/EU. The purpose of these guidelines is to strengthen the development of mentoring competencies of clinical nurse mentors, which can help to improve the functioning of the healthcare

system in the EU countries. The guidelines are based on critically evaluated research evidence.

Another outcome of the project is the teaching material developed for mentors, which includes three basic chapters: (1) Introduction to mentorship in nursing, (2) Competence in mentoring culturally and linguistically diverse nursing students and (3) Competence in mentoring assessment and reflective discussion, in accordance with the educational program.

Finally, a last outcome was the development of the Clinical mentors' competence model and the Course of Advanced Mentorship Competences for clinical mentors. This course will empower clinical mentors with high-quality skills and competences needed to perform their role and at the same time fill the gap, as there is no systematic approach in developing and implementing the quality courses offering mentors' competences to the nurses in clinical environment in EU.

*More information on the project is available on QualMent Website.*



## BioGaia Protectis Drops Small drops Big difference

- Recommended dose of 5 drops daily;
- Can be given from day of birth and is safe for long-term use;
- Proven clinical effects in preventive use in healthy infants\*;
- Proven clinical effects in infants with colic, constipation and regurgitation.



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## In-Nursing kontemporanju ta' Nightingale fl-Ingilterra, u fl-Ewropa moderna

Joe Camilleri CN

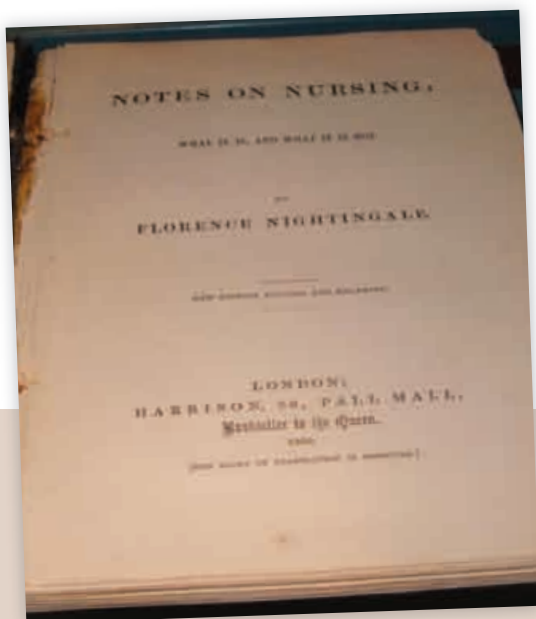
Fl-aħħar żewġ ħargiet rajna l-evoluzzjoni tan-Nursing fl-Ewropa mill-Medju Evu sar-Riformazzjoni Protestanta. Kellhom iġhaddu madwar mitejn sena sabiex tiffaċċa Florence Nightingale, u kienet għamlet impatt enormi waqt li serviet bħala infermiera fil-gwerra tal-Krimea, fit-Turkija. Din baqgħet magħrufa bħala l-'Lady with the Lamp', u kienet ukoll riformatur, rivoluzzjonarja, attivista soċjali u l-ewwel Infermiera professjonali. Permezz tal-legat tagħha in-nursing inbidel kompletament.

Fil-gwerra tal-Krimea tal-1853 Nightingale kellha rwol strumentali u serviet ta' konsulent speċjalment fir-riformi soċjali. Il-gwerra kienet waħda kiefra fejn il-vjolenza kienet fuq skala internazzjonali, imma l-kura infermeristika kienet għadha ħażina ħafna. Florence, flimkien ma 38 infermiera volontarji, flimkien ma zijitha (magħrufa bħala Aunt Mai) u 15-il soru Kattolika, għamlu vjaġġ fl-Imperu Ottoman fl-1854 u sabu ruhhom Üsküdar f' Istanbul.

Ix-xeni li rat kienu tal-biża, ma kienu hemm fondi, ma kellha l-ebda għajjnuna u l-qtigħ-il qalb kien ma kullimkien. L-istaff kien diġa eżawrit bin-numru kbir ta' pazjenti waqt li l-mediċina kienet skarsa. L-iġena kien batut u b'hekk kien hemm l-infezzjonijiet, żieda fil-mard u riskju akbar ta' mwiet. Għalhekk wara li talbet għall-għajjnuna inbena

sptar prefabrikat u baqgħtu id-Dardanelli. Dan kien suċċess u kellu l-facilitajiet kollu inkluż l-iġene u standards ta' prattiċi tajba bħad-disinfestazzjoni u n-nuqqas ta' ffullar fis-swali. B'sistema tad-drenaġġ u ventilizzazzjoni moderna, ir-rata ta' mwiet kienet naqset drastikament. Meta rritornat l-Ingilterra kitbet ukoll fuq l-iġene tas-soldati, l-ikel tagħhom u kif l-ezawrimient kienu jaffetwaw saħħet is-suldat.

Fl-1855 permezz tan-Nightingale Fund beda' t-taħriġ tal-infermiera tal-futur, permezz tal-ideat u l-metodi li tagħhom hija kienet pijuniera. Barra minn hekk permezz tar-riċerki tagħha n-nursing avvanza aktar u saru riformi soċjali. Minn wara l-kwinti kienet attivista politika biex permezz tad-data kienet tikkampanja biex il-kundizzjonijiet tal-infermiera jitjiebu. Bil-letteratura tagħha, sar il-kurrikulu tal-iskejjel tan-Nurses, speċjalment metaippublikatin-'Notes on Nursing', li kien sar magħruf ma kullimkien. Tant u hekk li kienet anke ħarrġet lil Linda Richards, l-ewwel infermiera mħarrġa fl-Amerka, fejn permezz tagħha infermiera oħra serew fil-gwerra ċivili Amerikana u saħansitra it-tagħlim tagħha wasal sal-Ġappun. L-influenza ta' Nightingale kienet



In-'Notes on Nursing' tal-1860, (Ritratt, Ohio State University Libraries) u (fuq) Il-'Lady with the Lamp', 'l-omm' tan-Nursing modern (Ritratt, Unison Magazine).



**Florence Nightingale**  
fl-1860 ma' infermiera  
li kienet t'harreġ  
f'St. Thomas' Hospital,  
(Ritratt Eternitynews)

darbtejn f'Malta, bit-tien darba meta kienet fi triqtha għall-Krimea. kienet ukoll għamlet proposta biex jinbena Sptar Ġenerali Militari fil-Belt Valletta, l-Asylum for the Aged and Infirm (illum ir-Residenza San Vinċenz di Paoli) u l-Isptar tal-Inkurabbli, b'disinjati sanitarji kif kienet magħrufa għalihom hi stess. Fil-fatt fl-1873 kien inbena l-Cottonera Hospital, l-ewwel sptar ġenerali tas-sura tiegħu, li baqa' magħruf għas-sistemi ta' ventilizzazzjoni tiegħu, ilma fil-vit, u kmamar apposta għall-mard li jittiehed.

Fl-1910, Florence Nightingale mietet, u ħalliet warajha legat fil-prattici tan-Nursing, li ispiraw l-istandards u l-proċeduri tal-lum mad-dinja kollha. F'ħajjitha għenet bis-shieh biex jissalvaw il-ħajjiet permezz ta' nursing modern u rivoluzzjonarju. Għalhekk kienet baqgħet tissemma bħala 'l-Anġlu tal-Krimea'.

anke ispirat lit-tobba fil-metadoloġiji meta kkonstultawha waqt il-gwerra Franco-Prussja.

Fl-1863 infetaħ sptar ieħor biex iħarreġ infermiera u kirurgi tal-Army Ingliża u ssemma' r-Royal Victoria Hospital. L-Army Nursing Service (ANS) kien beda' jibgħat infermiera barra l-pajjiż fejn serva fil-gwerra tal-Boeri (il-gwerra taż-Żulu), fil-Kampanja tal-Eġittu, fil-gwerra tas-

Sudan u saħansitra fuq fuq vapuri-sptarijiet. Mal-2000 infermiera ħadu sehem fit-tieni gwerra tal-Boeri flimkien ma' armati kolonjali mill-Awstralja, il-Kanada u New Zealand. Dawn ħadmu f'field hospitals għall-apert taħt it-tined tal-kanvas.

Il-legat ta' Nightingale ħalla impatt saħansitra sal-Indja, jiġifieri kull fejn l-Ingliżi kellhom il-kolonji u anke f'pajjiżna. Hi kienet ġiet

Ikompli



**Il-Cottonera Hospital (Ritratt, Times of Malta)**

**Riferenzi**

<https://lovinmalta.com/longread/maltese-herstory-are-you-washing-your-hands-to-fight-covid-19-thank-florence-nightingale-for-that/>  
Brain Jessica (2021), Florence Nightingale, Historic UK  
Florence Nightingale: Founder of Modern Nursing, Bradley University 2021

## Almost 14,000 professionals left the UK's nursing and midwifery register between April and September 2021, according to latest data which adds to concerns around the recruitment and retention of the workforce.

The chief executive and registrar of the Nursing and Midwifery Council has warned of “worrying signs” that the speed of growth on the register will not meet rising demands within health and care services.

A new report published today by the NMC provides a snapshot of its register as of 30 September 2021 – with a full annual report due next spring.

The regulator's mid-year data shows its register of nurses, midwives and nursing associates has grown by 13,011 to a total of 744,929 in the six months to September 2021 – a rise of 1.8%. The number of nurses has increased across all UK countries, up by 11,331, while England has seen a boost of more than 1,150 staff joining the register in its nursing associate role.

There was a rise of 594 midwives across the UK as a whole, but Northern Ireland recorded a fall of 2% of its registered midwifery workforce.

Despite the register's growth, there has been an overall increase in people leaving the professions – a first for the April to September period since 2017.

Between April and September 2021, 13,945 people left the register, compared to 11,020 in the same period in 2020.

Concerningly, the NMC also found that although the number of registered professionals joining from the UK had increased, it was at a “slower rate” than usual.

Records show there were 13,078 new UK joiners between April and September 2021, down from 14,410 in the same months of 2020.

Much of the register's increase in the six months to September was down to recruitment from overseas.

Of the 24,036 new joiners on the register, 10,642 were from international countries outside the European Economic Area (EEA).

Overall, the number of professionals from outside the EEA increased by 10.8% between April and September 2021 – up from 92,260 to 102,220.

This was a stark contrast from the same period in 2020 when the number of professionals from outside the EEA grew by just 1.8%, at a time when Covid-19 restrictions disrupted international recruitment.

Staff from India and the Philippines continue to make up the largest proportion of new overseas joiners to the UK register. Professionals from these two countries now account for almost 10% of registrants who can practise in the UK, noted the NMC.

Meanwhile, the number of international nurses and midwives from within the EEA fell by 3% over the course of the six months to September 2021.

Other findings within the report showed the combined number of professionals in the retirement age brackets, 56 and above, had increased by 2.3% to a total of 158,061 over the six-month period.

In addition, the number of

professionals on the register aged 21 to 40 grew by 3.8% and the number of those between 41 to 55 fell by 0.5%.

When broken down by specialties, data showed slight increases of learning disability nurses (0.8%) and of mental health nurses (1%) during the six-month period.

However, there was a slight drop in the number of specialist community public health nurses (SCHPHN) on the register (-0.6%).

On the whole, just over 89% of people on the register identified as female, while just under 11% identified as male. In addition, 0.7% of registrants said their gender does not match their sex at birth.

Andrea Sutcliffe, chief executive and registrar at the NMC, said she was “glad” to see an increase in the overall number of professionals as staff continued to face “severe pressures” and were “exhausted” from the pandemic.

However, she warned against complacency and added: “In the face of rising needs across the UK there are worrying signs this pace of growth won't meet demand.

“Professionals from outside Europe are making an increasingly big contribution to the growth of our register. They make a vital and welcome difference to people's health and wellbeing.

“But it's concerning that the domestic picture is one of slowing growth, with fewer people from the

UK joining the register, and more leaving."

She said this showed the "need for national and local leaders to collaborate on a sustainable strategy to attract, support and retain nurses, midwives and nursing associates across health and social care".

"Even more urgently, we all need to work together to tackle the physical and mental pressure the pandemic is bringing to bear on the professions," warned Ms Sutcliffe.

"If we don't, I'm afraid we may see more nursing and midwifery professionals leave the register in the future."

Chief executive and general secretary of the Royal College of Nursing, Pat Cullen, also echoed concerns about the number of professionals leaving the register.

"Health and care services are experiencing unsustainable pressures and this report suggests the workforce crisis is getting worse," she said.

"Even though the register is growing, the number of nurses leaving it has reached its highest point, in this time period, in almost five years."

Ms Cullen stressed the urgent need for a "long term, fully funded, health and care workforce plan in each country of the UK that demonstrates how many registered nurses we'll need now, and for decades to come".

"In the meantime, policymakers need to do more to stop nurses from leaving our profession," she added.

Unison's national nursing officer Stuart Tuckwood added: "The substantial rise in the number of nurses and midwives leaving since last year is worrying."

It is likely that many staff felt they were not valued by their employers and were struggling with the current pressures facing services, noted Mr Tuckwood.

He also welcomed the over 10,000 recruits from outside Europe and stressed it was "essential they are given proper support so they can work with confidence in the UK".

However, international recruitment "is not a long-term solution", said Mr Tuckwood, who called for a "proper recruitment drive to attract more homegrown nurses and midwives to deal with increasing demand".



## Il-Ħaddiem tas-sena f'San Vincenz iħossu kuntent imqar bi tbissima t'anzjan

minn Stefan Bajada - One News

Charles Grixti huwa l-infermier li ħa l-Premju Ħaddiem tas-Sena f'San Vincenz de Paul. Dan f'ċerimonja li saret m'ilux. L-infermier huwa deskritt mill-anzjani u l-kollegi tiegħu b'ħala raġel dedikat f'xogħlu. Ħidmietu ġgib bosta sfidi, partikolarment meta l-pazjenti huma mdaħħlin sew fl-età.

Dan l-istazzjon żar Sala Madre Tereza f'San Vincenz, fejn hemmhekk iltaqa' mal-infermier Grixti, li spjega magħna l-ħidma ewlenija tiegħu.

Qal, "Hija sfida li tinbidel kuljum, hawnhekk f'din il-ward għandna 36 pazjent. L-anzjani dejjem huma pazjenti li jkollhom ħafna problemi, mhux bħal meta żagħżuġh kiser siequ m'għandux problemi aktar, imma l-anzjani jekk ikollu fracture ikollu ħafna problemi oħra, allura rridu noqogħdu aktar attenti."

Grixti imbagħad qalilna li xogħlu jagħtih sodisfazzjon kbir u wara kull jum ta' ħidma jħossu kuntent.

Spjega, "Ikollok pazjent ikun għaddej minn żminijiet ħżiena, ikun depressed, meta jiftakar kemm kien b'saħħtu meta kien id-dar, kien fully-independent, kien igawdi d-dinjità tiegħu, kien juża t-toilet għalih, kien jorqod forsi mal-mara u hawnhekk isib ruħu f'kamra mdawra b'nies barranin.

Allura aħna rridu nippruvaw nakkomodaw dawn il-problemi biex meta niġbruhom flimkien u hekk l-anzjan iħossu komdu. Jien meta nara dik it-tbissima tal-anzjan għaliha dik it-tbissima hija biżżejjed li tibgħatni d-dar b'moħħni mistrieħ."

L-infermier qalilna kif l-anzjani jkunu jridu ambjent ta' dar, partikolarment f'dawn iż-żminijiet ta' festi.

Qal, "Hawnhekk ħafna anzjani jkunu jixtiequ li jzommu l-ambjent tad-dar, eżempju issa ż-żmien il-Milied talbuni biex iġibu l-bambin tagħhom biex iżżejjien, min irid is-siġra tal-Milied tiegħu, sakemm ma jostakolawx l-ambjent u ma jkunux ta' periklu għal ħaddieħor, jien nipprova ngħinjom biex jilħqu l-aspirazzjonijiet tagħhom."

F'San Vincenz Charles Grixti huwa maħbub minn kulħadd u dan jixhdu anke l-mod kif jittellem u jicċajta mal-anzjani u grabathom.

# Midwifery Services in our Local Primary Health Care



photo | <http://waleshealthcare.com>

Being a midwife means that one should have a positive role in the health and care, and work with woman through their most important and life-changing events, they are ever going to have. This is about working with woman who are changing from woman to mother, helping them to settle for life as a little family unit.

Primary Health Midwives play an extremely important role in preparing and helping families in maintaining a healthy life experience. The main duties of a midwife at the Primary Health Care are to offer services a woman need before and during pregnancy and during the postpartum period. These duties can be practiced in categories such as Education, Information, Advocate and Health Promotion.

To achieve a high standard of care in the Primary Health, two clinics were initiated with the re-introduction of midwives in the Primary Health Care.

## The Maternal Health Clinic Screening and Advice

This clinic provides an antenatal and postnatal midwifery service to woman prior their check up by the obstetrician. Woman's personal health assessment, screening, promotion and helping woman to maintain a healthy lifestyle are important matters discussed during this appointment. What does the service provide?

- The service provides personalized evidence-based information and education to woman during this significant period.

- Woman are guided to make informed decisions and choices based on their personal needs and specific circumstances.
- The midwife will refer to other professional help if required and requested by the mother.
- This clinic provides a lifestyle clinic for woman and babies from the early stage in life.

How does this clinic function?

- It is essential that this runs conjunction with the Well Woman Clinic, so that woman will has two services in one day.
- A standardized tool (booklet) is used according to the woman's pregnancy dates and /or postnatal.
- The midwife will also check, record and document the details and parameters. The obstetrician will be informed accordingly.

## Parent and Baby Primary Health Support Clinic

Many issues may occur during the critical postnatal phase in life, which might determine the well-being of both parents and new-born. The WHO2013 recommendation regarding postnatal care states that families should be encouraged to

seek health care early if they have any concerns. Similarly, from the Clients' Needs Analysis performed locally in November 2019 by Ms. M. Cutajar, it was shown that there is a need to introduce a service of 'helpline' and 'walk-in clinic'.

The Parent and Baby Support clinic was intended to start but due to Covid 19 it was postponed to July 2021.

What does this service provide?

- A helpline service, where parents/guardians can call for advice.
- A parent/guardian can come and discuss concerns they might have, and which cannot be dealt over the phone. (these issues can include feeding and weight, skin color and jaundice, care of the cord, urine and nappy rashes, bowels(stools), colic, breast and genitals, birthmarks and sports, excessive crying, early development and others.)
- Provide information on postnatal care and danger signs in the new mother and baby.
- This service will offer the parents/guardians the necessary support and guidance for the transition and acceptance of the new family member.
- Removal cesarean section sutures.

How does this clinic function?

- Mothers who need removal of sutures are given an appointment from Mater Dei Hospital.
- All mothers are given a flyer with the baby-book of this clinic on discharge from the obstetric wards.

Parents/guardians will call on the helpline, which is attended by a midwife. Depending on the issue, clients are:-

1. Either advised over the phone.
2. Directed to the Health Centre at which the service will be offered on the same day.
3. Alternatively, given an appointment as necessary.

All the Midwives involved in this service are very enthusiastic of the response from the mothers. The job satisfaction is real. They all strive to better the service. For further clarifications do not hesitate to contact us on 25680239/21231231/79500176

**Doris Pace - Charge Midwife  
SRN, SCM, BSc (Community  
Midwifery (Melit.); M.Mid (Sheffield)**

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**References:** 1. Beck RW, et al. DIAMOND - JAMA. 2017. 2. Soupal J et al. COMISAIR, Diabetes Technol Ther. 2016. 3. Heinemann L, et al. HypoDE, Lancet. 2018. 4. Reddy M et al. iHart CGM Diabet Med. 2018. 5. Lind M, et al. GOLD JAMA. 2017. 6. Shah VN, et al. Diabetes Technol Ther. 2018. © 2018 Dexcom UK & Ireland. Dexcom UK (Distribution) Limited, Watchmoor Park, Camberley, GU15 3YL (10040080). VAT 240 690 40. LBL016669 Rev001.

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