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News from the Committee

By Gemma and Trish

Melissa Hammond – Chair person

Caroline Fraser – Deputy Chair

Dona Cromar – Co secretary

Fiona Colbot- Co secretary

Audrey Butler – Treasurer

Seeking Co Treasurer position

Deirdre Gleeson, Trish McKeown, Mary Gilepsie, Roisin Lennon, Kevin Mc loughlin, Kathleen Canavan, Gemma Smith and Susan McKenna will remain as members of the sub-committee. Biographies for each committee member can be viewed here [The IAAANMP Committee](#)

The committee are delighted to announce that there is representation from the following specialities:-

- Acute Hospitals (Emergency/IU, Orthopaedic, Rheumatology, Cardiology, Cardiothoracic)
- Primary Care
- Midwifery
- Intellectual Disabilities
- Mental Health
- Private Care

Call for new committee members

As we strive to advance the mission and goals of IAAANMP in our 20th year, we are excited to announce an opportunity for you to get involved and make a difference by joining our committee. Are you passionate about driving positive change in the nursing profession and contributing to the success of IAAANMP. If you are interested in contributing your time and expertise, drop an email to iaanmp@gmail.com.

We look forward to welcoming new committee members.

Social Media

Are you looking for more ways to stay connected?? If so please engage with IAAANMP on our social media platforms. Herein you will see the latest updates and news. Feel free to like, comment and share any of our posts. Likewise please tag us on your posts.

Stay in the loop and join the conversation by following us today:

<https://x.com/iaanmp>

<https://www.linkedin.com/in/irish-association-advanced-nurse-midwife-practitioners>

PR Drive

We are currently in communication with an Irish production company, Tile Media, about a documentary in development for TG4. The documentary will explore the untold stories of Irish nurses, bringing recognition to the many nurses who have made Irish healthcare what it is today. They are eager to talk with the IAAANMP committee about our role, watch this exciting space for further updates!

News from the Association

By Melissa and Caroline

Conference 2024



Preparations are underway for the 2024 conference where the IANMP will be celebrating its 20th anniversary. It will be held in the Midlands Park Hotel in Portlaoise on 11/11/2024, please ensure you save the date.

The committee would appreciate if you would kindly consider either doing a clinical snapshot or displaying a poster on the amazing work you are all doing. Ideas for the conference are welcome from the committee; send your suggestions to info@iaanmp.com.

Research Webinars

The IANMP are delighted to announce that Dr Emily Lockwood (PhD (Research), RANP, RNP, RGN, MSc Nursing Science, MSc Advanced Practice, BSc, HDip nursing) will be facilitating a series of summer webinars on scoping review and publication.



The webinars will be held from 1-2pm and will be held on the following dates:-

Friday 5th July, 2024

Friday 19th July, 2024

Friday 2nd August, 2024

Friday 9th August, 2024

They will also be recorded and up on our website for members to access if unavailable to attend.

Dr Emily Lockwood is a member of the ICN NP/APN Alumni and has been involved in ANP in Ireland since 2004. She is a valuable associate member of the IANMP.

Dr Lockwood is a full-time lecturer and programmer lead for General Nursing (Clinical) in University College Cork (UCC). She is an academic supervisors for ANPs MSc Dissertations and is currently moving into PhD supervision in University College Cork.

Her post-doctoral work and successful research grant is focusing on ANP clinical autonomy, organisational culture and gender considerations in advanced practice and general nursing. Some of her lecturing includes advanced nursing practice, clinical Leadership in Practice Enhancement for Nursing and Midwifery, and advanced research methods. She has agreed to cost neutrally support the IAAANMP in the educational webinars for IAAANMP members. We are really grateful to Dr. Lockwood and looking forward to this up and coming series, be sure to log on if you are currently undertaking any scoping reviews or are thinking of publishing.

Clinical Webinars



These monthly webinars have proven to be a success and it's a great way to showcase the diversity of advance practice around Ireland. We will be continuing these up until July and then taking a break until after our research

webinars. When we return in September, we'll be asking our members to volunteer to give presentations. No matter what discipline or speciality you are we would like to hear from you! Send us an email on iaanmp@gmail.com. The presenter will be accommodated with A time and date that suits them. We can all support and learn from each other!

Website revamp

On our 2024 feedback survey from our members we have been working to improve our website for members. A couple of additions have been made:

1. There is a new tab in the publication lounge – titled Advance Practice Publications. In here we can add articles and research relevant to Advance Practice for our members to access.
2. Research and innovation tab – this is aimed at adding in previous Quality Improvement Projects from Advanced Practitioner that improved their role, patient care and service development. We would ask if any of our members would like to share a synopsis of any QIP we can add them to this folder.
3. Subcommittee links tab has being added to Links. This is aimed to provide quick access to relevant groups of specialisms or forums to support our members.
4. Resource folder – we will add our monthly clinical webinar recordings to this folder and any up and coming webinars.
Education folder – this tab will be displaying any up and coming events that our members may be interested in attending or registering for.
5. PPPGs tabs – we are looking into the logistics of this and hope to have this under way soon for members to access.

If anyone has any more recommendations please email us with suggestions

News from our members

By Kevin

We asked our members to share some of the work going on nationally within advanced practice. Here is a few submissions we received:

News from Mental Health ANPs:

“Healthy hearts, healthy minds”

In December 2023 a group of four practitioners working in Psychiatry of Old Age teams across 3sites (Dr. Conan Brady, Dr. Ruth Cullin, Dr. Aoife Callaghan and Kevin McLaughlin ANP) successfully submitted a video and oral presentation for SPARK funding for the purchase of 18 mobile, hand held Kardia ECG monitors (FDA approved) for their “Healthy hearts, healthy minds” quality improvement initiative. In an effort to promote and enhance adherence to national/international best practice guidelines around safer prescribing of psychotropic medications (antidepressants, anti-anxiety medications, antipsychotics) in older persons, the initiative aims to ensure all service users have a 6 lead ECG at clinic or at home upon initial assessment, prior to starting pharmacological treatment of their mental health difficulties.

There are known risks associated with psychotropic medication use in older persons including QTc prolongation, Torsades de Pointes and other cardiac arrhythmias and with a greater immediacy of cardiac health assessment and subsequent pharmacological treatment, combined with positively influencing safer prescriptive practice, it is hoped that all service users within the three sites, particularly those in rural areas with transport, mobility and other health difficulties, will benefit.

Completing the ECG is a quick, non-invasive process and could save on GP or cardiology department visits whilst reducing errors in continuity of care. It also has the potential to integrate with future electronic healthcare records. It is cheaper to perform than a standard 12 lead ECG machine and its' ease of use allows for a higher compliance with monitoring

requirements. The data may be stored locally or shared via health mail for secure inclusion in a patients file.

We plan to perform validation and acceptability studies examining the device in our specific patient populations as the project progresses.

For more information contact
Kevinmclaughlinnursing@hse.ie

Upcoming launch of a national Mental Health Advanced Nurse Practice group, Ireland.

A national group for advanced nurse practitioners from mental health and intellectual disabilities (MHANPI) is to be formally launched in Dublin in 07/06/2024.

The group aims to promote and showcase the changing face of advanced nurse practice in Mental Health and Intellectual Disabilities services within the Irish healthcare landscape. Close links with the IANMP have already been established with both Mental Health and Learning Disabilities representation on the IANMP committee since November 2023.

The MHANPI group will aim to provide a dedicated national support and networking organization for all ANP and cANPs working with MH and ID services, with shared learning and research opportunities. Whilst a website is being developed, the MHANPI committee can be contacted for further information about the group and the launch at
MNANPImentalhealthadvancedprac@gmail.com or via X on [@MHANPIreland](https://twitter.com/MHANPIreland)



News from General Practice ANPs:



A Day in the life of a GP ANP: Jane Deehan
ANP, Bradshaws Lane Surgery, Arklow, Co
Wicklow.

So what is it you do anyway???

Healthcare professionals and the general public alike often ask me what it is we do as Advanced Nurse Practitioners working in General Practice? It's a fair enough question.

ANPs in hospitals are widely recognised as being highly skilled and educated nurses working to the top of their professional scope in specific specialisms. Autonomously managing whole episodes of care from admission to discharge and /or manage their own caseloads of patients in outpatient settings with defined expertise. ANPs working in Accident and Emergency departments probably have most in common with ANPs in the community in that they manage ... undifferentiated patients, not knowing what acute health problem the next patient will pose.

The main difference being, in GP we don't have access to same day diagnostics – blood results/radiology etc. No troponins or chest xrays to aid diagnosis in chest pain presentations. No prompt access to ultrasounds to investigate abdominal pain – currently a 6 week wait in my area. In general practice we are on the look-out for red flag symptoms or the deteriorating patient, gauging if and when to refer to you our

acute colleagues in secondary care services to elicit your expert assessment in these situations.

The answer to the above question is ANPs working in GP are generalist specialists. Let me give you an example - Mr Smyth, a 62-year-old man, is booked to see me for a chronic disease management consultation. He has a history of Type 2 diabetes. His glycaemic control is suboptimal and he has developed microalbuminuria. This is an easy fix, I add an SGLT2 inhibitor to his drug regimen and will check his kidney function and hba1c in 3 months' time. Two birds one stone. But his liver function is also off. He has a known hepatic steatosis and attends the liver unit annually for fibro scan. This could throw me off the scent It's his alkaline phosphatase that bothers me. I ask him has he had any bony pain – he looks startled then says" yes funny you should mention it, I've been having trouble with my left thigh recently its especially painful at night".

Further questioning reveals that he is having urinary problems- increased nocturia and urinary hesitancy. I check a PSA - its high – an urgent urology referral and he is diagnosed with prostate cancer with bony metastases. My point being patients, as we know, don't always tell us their main concerns or indeed recognize symptoms as indicators of more sinister pathologies - it's up to us to dig deeper and join the dots.

Arguably this is beyond the scope of a chronic disease consult but as ANPs in GP we are looking after patients holistically not just ticking boxes. We know these patients well and as such pick up on subtle and in some cases not so subtle cues following the evidence trail, if you will, to ensure appropriate, timely management.

Another example this time of an acute care presentation. Mr O'Brien presents with sore gums, thinking he has a dental abscess and unable to get a dental appointment for two weeks. He lost his wife a year ago and tells me he has "let his health slide". Taking a focused history of his sore mouth he also mentions he has a non-itchy rash on his trunk and feet. On

examination he has poor dental hygiene, a nasty gingivitis and a round firm shallow based ulcer under his tongue, cervical lymphadenopathy and reddish/brown spots on his chest wall and on the soles of his feet. My gut is telling me there is more to this consultation than meets the eye, his symptoms are leading me to think of alternative diagnoses. I ask him if he minds me enquiring about his sexual history explaining that given his presenting symptoms it would be amiss of me not to consider an STI in his management. He looks out of the window and I can see tears in his eyes. "I've been very lonely since Mary passed away, its been a hard time for me – I've, I've been with ..." his voice breaks and he can't carry on. I offer him a tissue and tell him we don't need to go into it in full today but that when he is ready and if he wants to talk about it more I will be there for him. I get his permission to take some bloods as part of his diagnostic work up. He subsequently tests positive for syphilis. He has come back to see me again and have linked him in with secondary care for syphilis treatment and referred him for grief counselling. He is doing much better and learning slowly to live his life again.

The above cases, illustrate why I sometimes think of what I do as more in the way of a forensic detective/nurse role. Hopefully with a lot more empathy thrown in! Like our secondary care colleagues, ANPs in GP also manage whole episodes of care but in the community – these episodes may be acute or chronic or very often a mixture of both. With 15 minutes an appointment - I have found the ability to actively listen to patients, read between the lines and a keen 'spidey sense' invaluable skills in the consultation process.

In an era of acute GP shortages, we are often the consistent healthcare provider for patients in the community. The ANP role in GP is demanding but wonderfully fulfilling – you can really make a difference to patient's lives – whether it is in the prevention of disease, early detection, management of acute/chronic illness or end of life care. Sharing the special moments of patients joy or supporting patients and their families through difficult times.

Whether I'm wearing my nurses or detective hat - working as an ANP in general practice is a real privilege and never ever boring.

News from Cardiology and GP ANPs:

By Norma Caples and Melissa Hammond

Proving together is stronger. The collaboration of ANPs in both general practice and cardiovascular services.



The development and expansion of the advanced nurse practitioner (ANP) service in Ireland have experienced significant growth, particularly in recent years. Although the ANP role lacks standardisation, it is generally characterised in Ireland as an experienced nurse who has completed a master's level education, demonstrating proficiency in clinical practice, leadership, education, research, and registered as an ANP on the Register of Nurses and Midwives (NMBI, 2017).

The value of ANPs to the healthcare system has become increasingly evident, particularly in light of shortages in other healthcare professions, notably medical professionals. While ANPs skills do not substitute the essential skills provided by the medical team, they can offer much-needed timely care (Htay & Whitehead 2021) . In Ireland general practice and the cardiovascular services often operate in silo. However, in a true reflection of the fundamental values of an ANP, professionals in both sectors, including those in candidacy posts, sought to break down these barriers and

establish an integrated collaborative relationship. This initiative aims to enrich clinical skills and knowledge through mutual learning and cooperation, with the primary objective of enhancing patient outcomes studies, services and diagnosing cardiac conditions.

The move towards this integrated collaborative working relationship began with the development of a WhatsApp group to facilitate communication. Additionally, to promote education, a monthly grand round was organised with both ANP's from general practice and cardiovascular services taking turns to present topics of interest e.g. case studies, services and diagnostic cardiac conditions.

As improvement can only happen through measurement, the impact of these ANP grand round was measured. All participants of the grand rounds completed a questionnaire pre and post initiation of the grand rounds. The results demonstrated that grand rounds fostered more confidence in the group to refer patients, along with an increased understanding of the different roles outside of their own sector. A positive impact was indicated in the group's ability to collaboratively treat and manage cardiology patients.

This work has been presented at two prestigious events: firstly the RCSI, Faculty of Nursing and Midwifery, 43 rd Annual International Nursing and Midwifery Research and Education Conference 2024. Secondly, it was presented at the Irish Nurses Cardiovascular Association Annual Scientific Meeting 2024 where the poster presentation earned first prize.

We are delighted to have been asked to present at the 2024 All Ireland Slaintecare: Nursing's Challenge Festival at the Helix Dublin on the 11th June.

More recently, we decided to reach out to other specialisms of ANPs and invited them into our collaboration group and we have now have ie ANPs within other specialities such as Mental Health, Renal, Diabetes and Respiratory ANPs, and we continue to grow... Within this new established forum we have currently at 63 ANPs and hope to continue to collaborate and share knowledge to enhance patient care and outcomes. Moving with modern health care demands of the multimorbid patient and their needs, requires advanced and innovative aders working together. This leads to opportunities to support and learn from multiple disciplines and ultimately enhance holistic and quality patient care.

The groups next focus is on the ANPs impact on addressing patient needs. The groups strong commitment to strengthen this collaboration and demonstrate how new working relationships can benefit both the healthcare professional and also the patient, may serve as a guiding path for others in the healthcare field.



News from Respiratory ANPs:



Transitioning from Results to Treatment: The role of a Candidate Advanced Nurse Practitioner (cANP) in Expediting the Management of Sleep Study Outcomes: A Quality Improvement Initiative.

Aoife Bradley and Eddie Moloney completed a project on sleep studies and the facilitating of access to results and diagnosis.

Background: Advanced Nurse Practitioners (ANPs) play a crucial role in ensuring timely access to healthcare and treatments. Addressing the backlog caused by the COVID-19 pandemic, sleep studies were outsourced to external home sleep study providers, with results returned to Peamount for assessment. Timely intervention for sleep conditions, particularly Obstructive Sleep Apnoea (OSA), is essential to mitigate associated health risks. This quality improvement project aimed to expedite the informing of study outcomes to patients and initiation of necessary interventions following sleep study results.

Methods: Scored sleep studies were reviewed in virtual clinics, with severe cases directly managed by the cANP. Telehealth consultations, led by the cANP, facilitated result explanation and treatment initiation, primarily Continuous Positive Airway Pressure (CPAP) therapy. Outcome communication involved letters to patients, their GPs, or other referrers.

Results: Of 606 scheduled home sleep studies 94% (n=567) were received and reviewed, with 52% (n=294) requiring CPAP initiation. Severe OSA cases accounted for 23% (n=132) and were promptly addressed by the cANP. Alternative treatments were recommended for 4% (n=21) of patients, while 28% (n=159) received further clinic appointments and 20% (n=114) were discharged. All initial referrers were informed via letter and patients also received a copy of letter.

Conclusions: Through virtual clinics and telehealth consultations, 100% of reviewed results were addressed, and treatments were initiated when deemed necessary showcasing the accessibility of diagnosis and therapies facilitated by the cANP. This approach, particularly in managing severe OSA cases, demonstrates the crucial role of ANP's in delivering timely and comprehensive care.



Bernie Carpender Bursary Award

Congratulations to Yvonne Maloney Registered Advanced Nurse Practitioner in Diabetes Acute care at UHL who received the 2024 award to attend the Cambridge Insulin PumpCourse in Cambridge University Hospital. We look forward to hearing all about it at our 2024 Annual Conference.

Message from your committee:

Don't forget to encourage all advance practitioners to renew their membership. We have strength in numbers....



From 2024 membership is an auto-renewal process as per our 2023 AGM!



Roll on the good weather....

