

National Trauma Symposium

Anne Preece

The 29th and 30th March 2007 saw the 3rd National Neurotrauma Symposium in Leeds. The ultimate aim of this non-profit symposium is to improve the care of the head injured patient in the UK.

This wasn't my first time at this symposium having attended in October 2005 when it was a one day event. This time however I found myself presenting as well which was rather daunting. Some relief came from the fact it was as a breakout session and not to all the delegates.

The theme of the symposium was to follow the patient's journey from pre-hospital admission to rehabilitation. This led to some interesting discussions and banter between the DGH Consultants and Neurosurgeons. Dr. Alison Walker opened with a very interesting talk as medical director of the Yorkshire Air Ambulance Service. Her talk centred on triaging specific head injured patients and taking them by helicopter directly to Leeds General Infirmary thereby bypassing DGH's in an attempt to reduce the time from injury to surgery.

Mr. Joe McGoldrick (Consultant Cardiothoracic Surgeon and Royal College of Surgeons of England ATLS instructor) was very entertaining on his subject of how to avoid chaos in the emergency room. During this irreverent delivery he did convey quite clearly the importance of rapid primary survey and resuscitation followed by a detailed secondary survey and appropriate transfer.

Lady Evelyn Teasdale (Consultant Neuroradiologist) gave a very pragmatic and easy to follow session on how to interpret and communicate neurosurgically significant lesions. Something which will prove very useful when trying to guide junior doctors.

Mr. Peter Hutchinson (Consultant Neurosurgeon Cambridge) highlighted The main changes proposed for the NICE guidelines for head injuries. We now know that consultation and the final decisions on any change have been delayed until September. In the final session before lunch Mr. James Steers (Consultant Neurosurgeon Edinburgh) updated us on the differences in managing children with head injuries.

The main objectives

To integrate the care and management of a patient with a traumatic brain injury (TBI)

To provide guidance in the local implementation of head injury management

To provide a forum for discussion of the more controversial issues surrounding the management of TBI in the UK

Following lunch Mr. Peter Jaye (Consultant in A&E Medicine Guys & St. Thomas's) and Mr. Jake Timothy (Consultant Neurosurgeon Leeds) enacted a very tongue in cheek referral scenario which certainly prompted discussion and prevented anyone sliding into an after lunch stupor. Dr. Carl Waldmen (Consultant Intensivist Reading) and Dr. Fiona Lecky (Consultant in A & E Medicine) then put the for and against arguments for managing head injuries in DGH's. Inevitably this generated much discussion. Essentially everyone encounters similar problems namely:

- lack of access,
- inconsistencies in information given and received
- lack of capacity and
- in many places almost non-existent rehabilitation facilities.

Thursday evening proved to be a very pleasant time allowing for continuation of many of the discussions on issues which had been raised during the day. This concluded with an excellent dinner at the restaurant which was formally the old Post Office - which I remember well from my student days in Leeds.

Friday morning resumed with a brisk start and Professor Sir Graham Teasdale delivering the keynote lecture on the Glasgow Coma Scale 32 year on. Again this provoked much debate as many units have tweaked the edges for what will work in their areas. Although Sir Graham didn't agree whole heartedly with some of the developments I think overall he was pleased that after all this time the GCS is still being actively used and people are questioning what they are doing.

Breakout sessions followed coffee and as always although I attended the nursing one and found the subjects interesting and relevant I would have liked to attend the medical and therapy ones as well! The afternoon focused on rehabilitation and again the lack of funding to provide adequate facilities.

For anyone involved in the management and care of this group of patients at whatever point on the pathway this is an invaluable symposium. Like many of these events it poses more questions than it answers but it does provide an arena where like-minded people can discuss the issues that cause major problems on a daily basis. It is very easy to work in silos

feeling isolated when working collaboratively can be far more effective.

Thanks go to Mr. Jake Timothy and his team for another very enjoyable And productive symposium. I must also thank Mick Stone (Charge Nurse NCCU LGI) for forcing, sorry inviting me to present as well.

I went willingly of course!

Anne Preece

Secretary BANN

NEUROCRITICAL CARE CAPACITY AND DEMAND DOCUMENT

A REPORT FROM THE NEUROCRITICAL CARE STAKEHOLDER GROUP

AVAILABLE ON REQUEST

BRAIN EMPATHY

Reflecting on the Patients experience.

I am Helen Cook a Clinical Nurse Practitioner who has worked in Neurosurgery for 13 years. Last year I attended a Brain Empathy workshop, which was organised and run by the Scottish Head Injury Forum (SHIF) it, was such an amazing learning experience for me that following it I felt enthused to recreate the workshop in my own clinical area. Following collaboration with Maxine Kinaird; project manager at Edinburgh Headway Group, my fellow CNP colleagues and our speech and language therapist it became apparent that recreation of this workshop in DCN was possible and would enable sizeable numbers of staff from our directorate to attend.

In Edinburgh and the Lothian's over a Ten Year period an annual average of around 2,500 people were discharged from hospital after suffering a head injury. That is on average almost seven people per day, of these cases, 150 would be defined as having suffered a moderate head injury and 120 a severe head injury.

Overall around 90% of people with severe head injuries will make a reasonable good physical recovery, the commonest residual physical problem being hemi paresis. However, it is the cognitive and psychological problems that are often less obvious that can cause both the patient and their family the most distress and concern and indeed has the most impact on daily life.

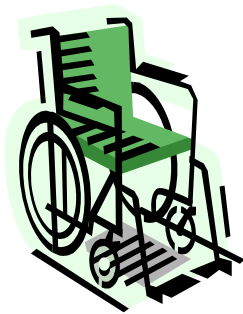
The aim of our brain empathy workshop is enable participants to experience first hand the effects of brain injury. Participants take part in activities to simulate the following disabilities: dyspraxia, visual impairment, cognitive and sensory overload, aphasia, dysphagia, and the feeling of dependence on

others. This is achieved by using props such as wheelchairs, audio visual aids, lentils, ice and even custard! Time is allowed at the end of each activity to reflect on individual experiences. At the end of the workshop a group discussion is initiated on how this experience will change their practice. To complete the workshop Maxine offers a brief description of her role and the facilities on offer at Headway House.

There are many critics of disability simulation workshops evoking strong opinions as to the appropriateness and effectiveness of this learning medium. Contrary to this our overall experience of running this particular workshop was very favourable. Both oral and written evaluation of the workshop was very positive. We also received significant oral feedback from staff that had not actually attended the workshop but were pre-empting a further workshop and demonstrated an eagerness to attend.

To date we have co-ordinated 4 workshops, one in October 06 and one in March 07, (morning & afternoon sessions), with an average of 10-12 staff attending each workshop. The staff members ranged from trained staff, CSW's, Social workers, Student nurses, OT's and physios. Medical staff were also invited but sadly none have attended either of the days.

If you would like information on our next workshop I am contactable via
Western General Hospital switchboard 0131 537 1000



EDITORS COMMENT
Every nurse (and doctor) working with patients who have disabilities should experience how it feels

8th Quadrennial Congress of the European Association of Neuroscience Nursing in Reykjavik, Iceland May 2007.

As the EANN representative for BANN, I attended the 8th Congress of the EANN and my 5th EANN Board Meeting in Reykjavik, Iceland. Although the Icelandic weather was much cooler than the UK, the people were very warm and friendly that made for an excellent exchange of knowledge and ideas within the congress. Although Iceland is very expensive, many of the congress delegates managed to plan excursions to the unique national sights such as geysers, geothermal lagoons and waterfalls. During the opening ceremony we were serenaded by a national folk group and the Icelandic Secretary of Health gave an opening speech showing his commitment to supporting the education of the Icelandic neuroscience nurses. This positive and up beat start to the congress was maintained throughout the three congress days.

Overall, the congress featured an outstanding education and scientific neuroscience nursing programme with plenary lectures, presentations, workshops and posters. Subjects included 'workplace distress and ethical dilemmas in neuroscience nursing - a Chinese study', 'pain after stroke focusing on the patients perspective,' the setting up of a multi- disciplinary Parkinson's Disease centre' and a 'strategy for dignity after brain injury' to name but a few.

A key subject of presentation throughout the congress was the neuroblend project that will be completed in January 2008. Having secured EU funding until January 2008, the aim of this project is to provide a digital database and repository for neuroscience nurses across Europe to access for learning resources and teachers to use to educate neuroscience nurses. This database will be licensed by the EANN from January 2008 and any neuroscience nurse may access the repository once they have registered. There is now a public website for you to visit that provides more information at: <http://neuroblend.eu>

As part of my EANN role I presented a paper on part of the work I have been doing within the neuroblend project. Having conducted an up to date review of neuroscience nursing education across Europe, I presented what neuroscience nurse education we have across Europe and what countries would be developing in the future. Neuroscience nurse education ranges from University led courses in Sweden and the UK to two Schools of

Nursing in Belgium that run a 2 week course once a year. There are no neuroscience nursing courses or education programmes in countries such as Iceland, Italy or Greece. It is hoped that there will eventually be access to neuroscience education for all European nurses and that neuroblend may help take this goal forward. Kate McArdle, our WFNN representative, also facilitated a neuroblend workshop at the congress that focused on the development of patient cases using the wide audience we had at the congress.

The EANN comprises of membership from 15 countries including Austria, Belgium, Denmark, Finland, France, Germany, Iceland, Israel, Italy, Spain, Sweden, Switzerland, The Netherlands, Croatia and the UK. The Republic of Ireland and Norway now have individual membership. Our newest EANN member, Croatia, has the largest group of neuroscience nurses within their National Association with a total of 700 members. Therefore, Croatia is now the largest national association within the EANN. Over the next year EANN is aiming to expand its membership across Europe and all the EANN current members are 'adopting' three countries each to support them and encourage them to join. Members from each of these European countries attended the congress apart from Croatia due to the high costs.

A major announcement at the EANN conference and board meeting was that EANN is now an official organisation with all the legal paperwork completed so that they can continue to expand their work and have legal advice and support in the future. This will be especially helpful as they plan to take over the neuroblend project digital repository once the project is completed in January 2008.

It was acknowledged that the costs of the Icelandic congress were too high for our UK nurses especially with our cash strapped hospitals that led to a low attendance from the UK and other EU countries. The majority of delegates were from Iceland and other Nordic countries. The venue for the 9th EANN congress is Blankenberge, Belgium 4-7th May 2011. The costs of the congress will be much lower than the Icelandic congress so hopefully we will have a higher turn out from the UK with cheap ferry and air travel to Belgium.

Sadly, I plan to stand down as EANN representative for the UK at the next BANN conference in Birmingham so that I can spend more time developing my Masters programme and publishing. I have greatly enjoyed the experience and working with the BANN committee all of whom have been a delight to work with and an inspiration.

Carole Forde-Johnston

Oxford Neurosciences have relocated

In case you don't already know, the Neurosciences unit based at the Radcliffe Infirmary in the centre of Oxford has relocated to a new purpose built facility on the John Radcliffe site three miles from the town centre.

We moved all the patients over a weekend in January 2007 and are now settling in to our new surroundings. The RAF transferred the Neuro ICU patients which was very helpful.

We all now have the physical capacity to expand our services to match demand over the next 12 months which is an exciting prospect. For instance the Neuro ICU has seven beds open at present but is planning to open up to 14 beds by next March. This will leave three more spaces for the coming years. With new equipment, some new staff, great views over the countryside it is a great working environment.

The four wards have been combined to one 'floor' consisting of four bedded and single rooms. This has meant a real change in the way of working for the ward staff. Neurology and surgical patients and staff continue to be separate.

The operating theatres will be increasing their capacity too.

To find out more about us as we develop further call us on 01865 231663 and ask Jill your question and she can direct you to the correct person for an answer or check out www.oxfordradcliffe.nhs.uk. This website is still under construction but is a good place to start, or perhaps call and pay us a visit.

If you are planning to move hospitals any of the staff will be happy to give you their experiences and top tips to make your move smooth and easy! Contact kate.mcardle@orh.nhs.uk (Neuro ICU), janet.williamson@orh.nhs.uk (theatres), or judy.withers@orh.nhs.uk (Neurosciences wards and OPD)

Write for Headlines

Be a super nurse write for Headlines and receive a £20 gift voucher of your choice
Articles for inclusion should be no longer than 1000 words and should be sent to the Editor:

Shanne.mcnamara@luht.scot.nhs.uk

ON THE WEBSITE www.bann.org.uk

Find out about nEUroBlend on the what's new page - European-based blended learning framework for life-long vocational training

- Lumbar Puncture and Inotrope Benchmarks have been added to the Benchmark page

Paediatric Benchmarking - more details coming soon!

STUDY DAY: TOWARDS IMPROVING THE MANAGEMENT OF PEOPLE WITH BRAIN TUMOURS

FRIDAY 26TH OCTOBER 2007

SCOTTISH HEALTH SERVICE CENTRE

WESTERN GENERAL HOSPITAL

EDINBURGH

100 PLACES AVAILABLE—FREE

CONTACT: shanne.mcnamara@luht.scot.nhs.uk

World Federation of Neuroscience Nurses Board Meeting Report May 2007

The WFNN board met in Iceland prior to the EANN congress.

Countries represented were: Australia, USA, Canada, Germany, Belgium, Movement disorders group, Netherlands, Denmark, Sweden and the UK. Elections took place and the President Virginia Prendergast (USA) was re-elected for another 2 years. She has stated that she wishes to stand down in 2009. **Would you be interested in this exciting and challenging post?**

She has also been acting as treasurer since the previous person resigned after 1 year. After discussion we agreed that she should continue as she has been very involved with the finances for the congress in Canada.

Rochelle Firth (Australia) was re-elected as secretary and Vicky Evans (Australia) remains as Vice President and chair of the scientific committee for the next congress.

No-one has applied for the Agnes Marshall research award to present in 2009. It is worth 4000 euros.

Do you have a project that requires some funding? Reminders will be sent out via the congress and the WFNN website, so check that for more details or contact me. www.wfnn.nu

The group then did a SWOT analysis of the WFNN. This was very enlightening. The main outcome topics were to **broaden membership** to encompass other disciplines who care for Neuro patients. At a later stage there might need to be a discussion about a name change. This would be assisted by **defining Neuro and the nursing role**. This might then attract physiotherapists, Neuro ICU nurses, operating theatre staff etc. The benefits for everyone would be that the whole Neuro team would be included. **What do you think about this?** Next would be to **develop education and research** by the WFNN. It is stated as one of the constitutional aims but more definition and substance is required. **How do you think this could / should be done?**

The other aspect of course as always is **money** and we need more to enable all of the above. Included in our discussion was to make everyone an individual member rather than via their country association. It was felt that many people did not realise that they were member of the WFNN. **Do you feel like this too? If so how can I change this?** In the meantime membership will not change but Virginia will pursue partnerships with companies such as Codman and Integra after discussing things with a lawyer (free service on offer) We will meet again next year in the Nashville which will coincide with the AANN conference.

There was then a NeuroBlend presentation by Paul Van Keekan and it was suggested that the WFNN might wish to use and add to it. This was discussed at length as everyone was excited by the project but North America already has validation courses on-line so they would need to look further into the value for them. It was acknowledged that it would be an avenue to develop care and new practices. www.neuroblend.eu

There have been no applications for the congress in 2013. Hawaii and London were suggested as good venues. Have you any other ideas?

I will be attending the BANN conference in Birmingham and look forward to your feedback there or via kate.mcardle@orh.nhs.uk

I have also been in this post for many years perhaps one of you might like to take this role over. Do talk to me about the commitment you will need to make to undertake this role.

Kate McArdle

In need of a caption !!

Can you find a better caption for the following pictures

"The transfer guidelines now include specific instructions for the protective clothing required when transferring a patient to a Neurosurgical Unit" Thank you



Gothic Armour



Ming Dynasty

Anne



Royal Armouries



Tokugawa Armour

EDINBURGH FUN RUN

NEUROSCIENCE NURSES RUN FOR HEADWAY

On Sunday 6 th May four nurses from the Department of Clinical Neurosciences in Edinburgh's Western General Hospital ran the BUPA 10 km Great Edinburgh Run. Neliss Baxter, Helen Cook, Anne Douglas and Fiona Hughes, ran the 6 mile course to raise funds for the charity Headway Scotland. Encouraged by Anne, who has the most experience in running, the girls trained regularly prior to the event.

The day was a great success, the weather was good, and we managed to complete the run in great time. We were encouraged by our supporters as the 10km course in Edinburgh is one of the most demanding in the world!

The amount raised for the charity was in excess of £400. Well worth the painful feet and legs! We are hoping to continue running...perhaps the marathon next year.

Thank you to everyone who kindly sponsored us.

Fiona Hughes

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British Association of Neuroscience Nurses
Annual Conference - Birmingham
Thursday 12th-Sunday 14th October 2007
Cophthorne Hotel

Join us in Birmingham in BANN's 36th year bringing together innovations from the many diverse aspects of Neurosciences

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