



inaugural commonwealth nurses conference

10-11 March 2012 London UK



INAUGURAL COMMONWEALTH NURSES CONFERENCE

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The Inaugural Commonwealth Nurses Conference was held 10-11 March 2012 at the Royal Commonwealth Society in London, United Kingdom on the eve of Commonwealth Day, Monday 12 March and Commonwealth week.

Nearly 200 nurses and midwives from 27 Commonwealth countries heard from a wonderful line-up of speakers including: Dr Peter Carter from the Royal College of Nursing; Dr Deva-Marie Beck from the Nightingale Initiative for Global Health; Dr Marla Salmon from Washington University; Dr Neil Pakenham-Walsh from HIFA 2015; Ms Christine Hancock from C3 Collaborating for Health; Ms Yvonne Chaperon from the Australian Nursing Federation; Dr Danny Srisankarajah from the Royal Commonwealth Society and many more.



The Commonwealth Secretary-General, HE Kamalesh Sharma, with the four nurses sponsored by the Commonwealth Secretariat from Lesotho, Sierra Leone and Cameroon.

The Conference was opened by the Commonwealth Secretary General, H E Mr Kamalesh Sharma. The Commonwealth Secretariat sponsored four speakers from developing countries to attend the conference. They were:

- * Mr Monaphathi Maraka from Lesotho,
- * Mr Senesie Margao from Sierra Leone,
- * Miss Flora Neh from Cameroon, and
- * Mrs Alice Tambe Agbor also from Cameroon.

The conference was hosted by the Commonwealth Nurses Federation in collaboration with the 9th CNF Europe Region Conference and supported by the Royal College of Nursing UK.

Fifty four concurrent sessions were presented by speakers from every region of the Commonwealth, covering a range of themes including meeting the health Millennium Development Goals; using information technology to improve care; developing a healthy workforce and healthy systems of care; and innovation and excellence in clinical practice.



Delegates were welcomed to the conference and to London by Miss Susie Kong, President of the Commonwealth Nurses Federation.

Miss Kong explained to conference participants that the CNF Board had made a decision to host the Inaugural Commonwealth Nurses Conference in London and in future years to link the CNF Biennial Meeting with the Conference. As a Commonwealth accredited civil society organisation, the CNF Board considered it appropriate to hold the conference in London on the eve of Commonwealth week.

Miss Kong introduced Ms Jill Iliffe, the Executive Secretary of the Commonwealth Nurses Federation and thanked her for the organisation of the conference and her stewardship of the Commonwealth Nurses Federation. Miss Kong also introduced the CNF Board members who were all present at the conference, except for Ms Lee Thomas from Australia, Board member for the CNF Pacific region who was involved in industrial action on behalf of nurses and midwives in Australia.



Marion Howard
Barbados
Atlantic Region



Paula Hancock
United Kingdom
Europe Region



Alice Asare-Allotey
Ghana
West Africa Region



Ramziah bt Ahmad
Malaysia
Asia Region



Donald Epaalat
Kenya
East, Central and
Southern Africa Region



Lee Thomas
Australia
Pacific Region

Miss Kong explained that the Inaugural Commonwealth Nurses Conference was being held in collaboration with the 9th CNF Europe Region Conference and introduced the Presidents of the countries of the CNF Europe Region.



Andrea Spyropoulos
United Kingdom



Ioannis Leontiou
Cyprus



Paul Pace
Malta



Delegates were introduced to the newly appointed Director of the Commonwealth Foundation, Mr Vijay Krishnarayan the former Deputy Director of the Commonwealth Foundation.

Mr Krishnarayan briefly described the role and functions of the Commonwealth Foundation and emphasised the critically important role of civil society in promoting development and democracy. Mr Krishnarayan closed his comments by congratulating the CNF on the initiative of their Inaugural Commonwealth Nurses Conference

Leadership was the opening and closing themes of the conference.



Dr Peter Carter in his opening address titled: *Leadership in nursing*, discussed the difference between leaders and managers stressing the need for nurses and midwives to be leaders first and managers second.

Leaders master the context of their mission; managers surrender to it.

MANAGERS

Doing things right

Administer, imitate, maintain
Focus on structure
Rely on control
Have short range view
Accept the status quo

LEADERS

Doing the right things

Innovate, originate, develop
Focus on people
Inspire Trust
Have long range perspective
Challenge the status quo

Dr Carter explained that power can be used in a number of ways both positively and negatively and that nurse and midwife leaders need to use the personal power and the power of their position wisely.

EMPOWERMENT

POWER



power over	OR	power to
control		effectiveness
forcefulness		attainment
hierarchy		liberation

Leaders must have political awareness. They must develop the vision and establish the direction. They must manage by example and be a role model. They must be visible; pay attention and listen; and communicate effectively by speaking the same language and learning who and how to influence. Leaders need to be able to empower people; facilitate risk taking; delegate not abdicate; and network - locally, regionally, nationally and internationally.

Dr Carter said that nurse and midwife leaders could learn a great deal from the behaviour of geese. The uplift draft from each goose when flying in a 'v' formation increases flying range by 71%. The lesson for leaders is that by coordination and working together, productivity can be increased dramatically.



Dr Carter also pointed out that as the lead goose tires, the geese rotate that position. The lesson for leaders is that workload should be evenly distributed and that too much reliance should never be placed on one individual. Dr Carter also noted that geese flying in the rear honk to provide information; to encourage; and to warn. He said that communication is critical to ensuring effective teamwork.



Another characteristic of geese is that if one goose is wounded or is unwell, two geese accompany their friend to the ground and remain until the goose has either recovered or dies. Dr Carter said that the need for leaders to be supportive and sensitive to the needs of others, particularly in times of crisis, is paramount.



Presenters from Zimbabwe



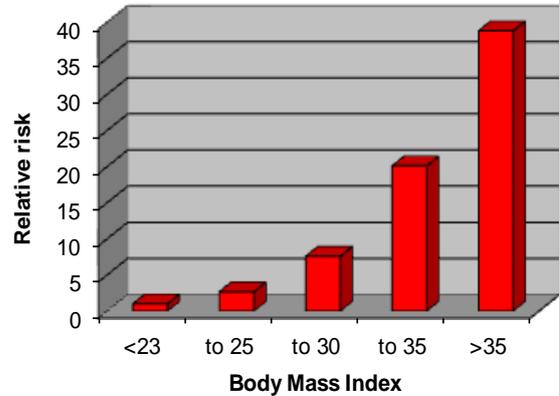
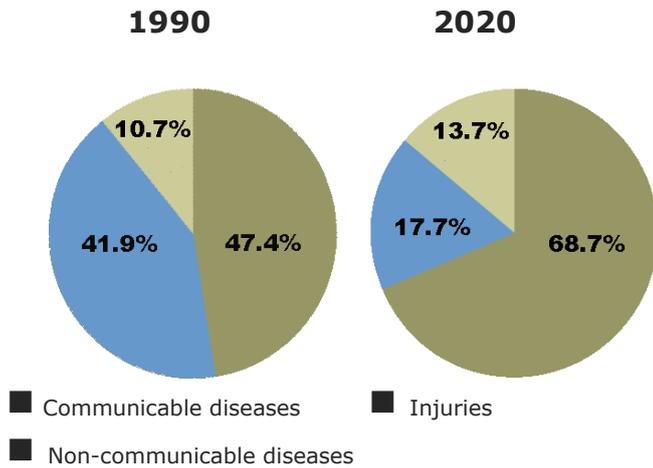
Participants from Sierra Leone

Christine Hancock is Founder and Director of C3 Collaborating for Health. Her presentation was titled: *The nurses' role in preventing suffering and containing health care costs.*

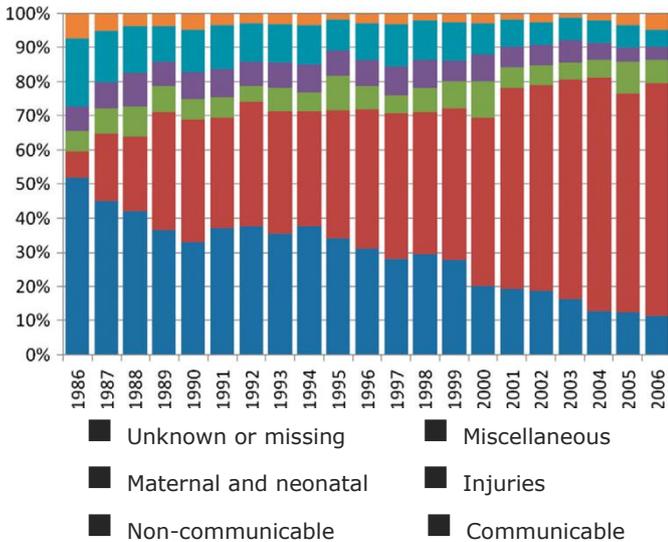


Adults should undertake moderate intensity physical activity (eg brisk walking) for a minimum of 30 minutes five days a week or vigorous intensity activity (eg jogging) for a minimum of 20 minutes three days a week with lower goals for older people who have physical impairments or functional limitations. Children should do at least an hour of physical activity every day.

Ms Hancock told participants that the incidence of non-communicable disease has been rising since 1986 while at the same time and as a result of positive health interventions, the incidence of communicable disease has decreased.



In relation to diet, five servings of fruit and vegetables each day reduces the risk of cardiovascular disease by 28%; type 2 diabetes by 24%; and some gastrointestinal cancers by 20%. A study of 84,941 nurses demonstrated that the risk of developing type 2 diabetes increased as BMI increased.



- Ms Hancock noted that non-communicable disease:
- * is responsible for 60% of all deaths worldwide,
 - * that 80% of chronic disease deaths occur in low and middle income countries,
 - * that almost half of chronic disease deaths occur in people below the age of 70,
 - * that around the world, chronic disease affects women and men equally,
 - * that the major risk factors for chronic disease are an unhealthy diet, physical inactivity and tobacco use,
 - * that without action, 17 million people will die each year from non-communicable disease,
 - * that without action, more than 1.5 billion adults will be overweight by 2015,
 - * that 22 million children under the age of 5 are overweight, and
 - * that if the major risk factors for chronic disease were eliminated, at least 80% of heart disease, stroke, and type 2 diabetes would be prevented; and 40% of cancers.

Ms Hancock pointed out that **three** risk factors - tobacco use, lack of physical activity and an unhealthy diet - cause **four** chronic diseases - cardiovascular disease, type 2 diabetes, many cancers, and chronic lung disease - which cause over **50%** of deaths worldwide.

Ms Hancock emphasised that prevention works - prevention is simple, affordable and effective. 84% of people who smoke tobacco live in low or middle income countries. By 2020 the number of deaths from smoking tobacco is estimated to be 10 million each year. Increasing physical activity reduces the risk of breast cancer, colon cancer, stroke, coronary heart disease and diabetes and has positive effects on musculoskeletal and mental health.

Ms Hancock concluded by reminding nurses that what Dr Haefden Mahler, WHO Director General, said in 1985 is still relevant today: *if the millions of nurses in a thousand different places articulate the same ideas and convictions ... and come together as one force ... they could act as a powerhouse for change.*



Dr Neil Pakenham-Walsh is Coordinator of the *Health for all by 2015* (HIFA 2015) campaign and Co-Director of the Global Healthcare Information Network.

Dr Pakenham-Walsh's presentation to the conference was titled: *Meeting the information needs of nurses and midwives in low and middle income countries*. Dr Pakenham-Walsh claimed that empowering nurses and midwives is fundamental to reducing unnecessary death and suffering and achieving the health MDGs.

Dr Pakenham-Walsh said poor health care in low and middle income countries is seldom due to individual nurses and midwives. The problem is usually due to health systems failing to provide sufficient numbers of nurses and midwives or meeting the needs of existing nurses and midwives. Nurses and midwives are not the problem, they are the solution.

Health systems and health management need to undergo a SEISMIC shift to meet the needs of existing nurses and midwives:

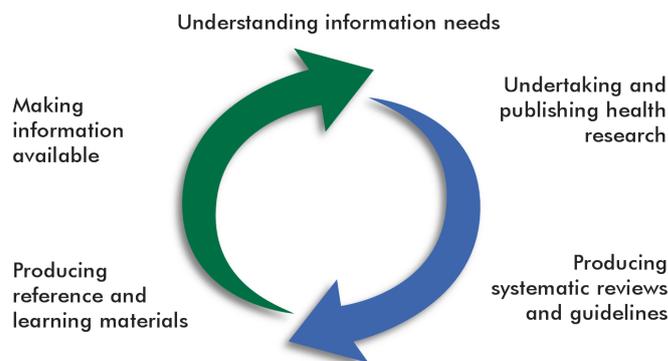
- S** skills
- E** equipment
- I** information
- S** supporting infrastructure
- M** medicines
- I** incentives (including a decent salary)
- C** communication facilities

Dr Pakenham-Walsh reminded conference participants that people are dying because of a lack of basic health care knowledge. Many of these deaths could have been avoided if individuals and health workers, including nurses and midwives, had access to appropriate and reliable health care information.



Health care information for all was launched in Mombasa Kenya in 2006. It now has 7,500 members from more than 2,000 organisations in 163 countries.

The goal of HIFA 2015 is that by 2015, every person worldwide will have access to an informed health care provider and that availability of basic health care knowledge will no longer be a major contributor to avoidable death and suffering.



Dr Pakenham-Walsh reminded participants that to be useful, information must be relevant and reliable. Information needs are diverse and dynamic and perceived needs are not the same as actual needs. Dr Pakenham-Walsh concluded by saying that all efforts should be directed to liberate and empower nurses and midwives to save lives and reduce suffering; that is it not acceptable that people are dying for lack of health care knowledge.

Participants were invited to join HIFA 2015.



Participants from Ghana with President and Vice President of Royal College of Nursing UK



Participants and presenters from Cameroon



Participants and presenters from South Africa and Lesotho



The conference was very privileged to hear from Dr Deva-Marie Beck, International Co-Director of the Nightingale Initiative for Global Health.

Dr Beck's presentation was titled: *Daring, caring and sharing! Keeping our Nightingale legacy alive and thriving!* Dr Beck reminded conference participants that Florence Nightingale was revered by the whole world because she was a humanitarian and a nursing administrator; a nurse educator; and an advocate for sanitation. She was revered for her work on statistics; on health outcomes; on health policy; for her pioneering work on environmental issues; her work on hospital design; and her advocacy for cultural integrity. Nightingale was a leader in crafting the 1st Geneva Convention in 1864 which was a key step in founding the International Red Cross, the League of Nations and ultimately, the United Nations. Nightingale was a best-selling author and a strategic communications expert who networked around the world. In 1983, Nightingale said: *Health is not only to be well but to use well every power we have.* Founded in 2003, the goal of the Nightingale Initiative for Global Health is to keep Nightingale's legacy alive in innovative ways in order to:

- * create greater awareness about the health of all humanity,
- * empower nurses and concerned citizens to share information and resources,
- * advocate for action to solve the most vital global health problems of our time,
- * create strategic awareness of global health issues,
- * mobilise world public opinion, and
- * strengthen concern and commitment.

Conference participants were encouraged to visit:

<http://www.nightingaledeclaration.net>

<http://www.nighworld.net>



Andrea Spyropoulos is the President of the Royal College of Nursing in the United Kingdom. Andrea's presentation was titled: *Innovation and excellence in clinical practice.*

Andrea claimed that nursing and midwifery are the most innovative professions. Innovative practice has always been important for nurses and midwives: new ideas, learning from each other and implementing what works best are at the heart of many of the major steps forward nurses and midwives have taken on behalf of their patients. Innovative practice is a cornerstone of nursing excellence - seeing a problem or a failing in care and acting on it is what nurses and midwives do best.

Andrea shared with conference participants, the RCN UK: *Principles of nursing practice* which underpins nursing innovation and excellence.

- a. Nurses and nursing staff treat everyone in their **care with dignity and humanity** – they understand their individual needs, show compassion and sensitivity, and provide care in a way that respects all people equally.
- b. Nurses and nursing staff **take responsibility for the care** they provide and answer for their own judgments and actions – they carry out these actions in a way that is agreed with their patients, and the families and carers of their patients, and in a way that meets the requirements of their professional bodies and the law.
- c. Nurses and nursing staff **manage risk, are vigilant about risk**, and help to keep everyone safe in the places they receive health care.
- d. Nurses and nursing staff **provide and promote care that puts people at the centre**, involves patients, service users, their families and their carers in decisions and helps them make informed choices about their treatment and care.
- e. Nurses and nursing staff are at the **heart of the communication process**: they assess, record and report on treatment and care, handle information sensitively and confidentially, deal with complaints effectively, and are conscientious in reporting the things they are concerned about.
- f. Nurses and nursing staff have **up-to-date knowledge and skills**, and use these with intelligence, insight and understanding in line with the needs of each individual in their care.
- g. Nurses and nursing staff **work closely with their own team and with other professionals**, making sure patients' care and treatment is co-ordinated, is of a high standard and has the best possible outcome.
- h. Nurses and nursing **staff lead by example**, develop themselves and other staff, and influence the way care is given in a manner that is open and responds to individual needs.

Andrea concluded by reminding participants that innovation embodies all that is good about nursing and midwifery: care that is not only about improving care but care which is cutting edge and changing lives.



Ms Yvonne Chaperon is Assistant National Secretary of the Australian Nursing Federation. Her presentation was titled: *Working together for a health nursing and midwifery workforce.*



Dr Danny Sriskandarajah is Director of the Royal Commonwealth Society. Danny's presentation was titled: *The Commonwealth - terminally ill or on the mend.*

Ms Chaperon explained to delegates that the Australian Nursing Federation (ANF) is the second largest union in Australia and the largest professional body representing nurses and midwives and advocating on their behalf in the areas of:

- * fair salaries and working conditions;
- * safe working environments;
- * nursing and midwifery practice, professionalism, regulation, education, training, and workforce;
- * social justice, human rights, and socio-economic welfare;
- * reform in the health and aged care sectors;
- * fairness in immigration and migration policies; and
- * law reform in relation to health and aged care.

In undertaking its role of national union for nurses and midwives, the ANF collaborates with, and has developed strong working relationships with, a range of other organisations and key individuals, both within and outside of government, such as the:

- * chief nursing and midwifery officers,
- * national nursing and midwifery regulatory body,
- * national accreditation body for programs leading to registration as a nurse or midwife, and,
- * a wide range of specialist national professional nursing and midwifery organisations.

As the national nurses and midwives union and the largest professional association, it is the ANF to whom the Government comes for advice on professional nursing and midwifery matters. Being a union the ANF is in the unique position of being able to advocate and legally negotiate on both professional and industrial issues. As many of these issues cannot be artificially divorced, the ANF has the benefit of being able to provide well researched arguments, and support for members, from both a professional and industrial perspective.

While the ANF has achieved much over the years, Ms Chaperon said that the chances of gaining success are increased when there is a collaborative effort applied to advocating for change through reforms. However, leadership is generally required by one party in the collaborating group to organise and inspire the people being brought together, and to provide the resources needed to maintain forward movement of the group's work. The ANF regularly takes this leadership role and takes seriously their role and responsibility on behalf of nurses and midwives in developing a healthy workforce and healthy systems of work.

Dr Sriskandarajah shared with participants what the Royal Commonwealth Society (RCS) had been doing to promote the Commonwealth and in trying to answer the question about whether the Commonwealth as an institution was terminally ill or on the mend.

Three years ago, the RCS undertook the largest and most comprehensive examination of the Commonwealth in an effort to establish the current health of the Commonwealth and determine just how optimistic we ought to be about its prognosis. The global consultation gathered the opinions of thousands of people both within and outside the Commonwealth. Dr Sriskandarajah said any rose-tinted illusions we had that all was well with the Commonwealth were shattered by what we heard.

The research revealed some uncomfortable home truths about the Commonwealth. Globally, only one third of people polled could name any Commonwealth activity. Apart from its history, people are no longer sure what distinguishes the Commonwealth from other associations. Many considered the Commonwealth redundant or irrelevant.

The group of 54 nations that make up the Commonwealth is fundamentally different from other intergovernmental organisations. Instead of being bound by regional proximity, treaties or accords, the Commonwealth is joined by a shared commitment to democracy and development. Beyond the ties of history, language and institutions, this family of nations endures through the pursuit of common goals and aspirations. And it is the Commonwealth's expansive network of civil society organisations and professional bodies that reinforce and strengthen its intergovernmental framework.

It became clear to the RCS that Commonwealth leadership and global governance must find new actors; that change would come not from world leaders or international institutions, but from 'civil society'; individuals, groups, professional associations and non-governmental organisations who increasingly demonstrate the energy, innovation and influence in the Commonwealth and across the world that is being demonstrated at the Inaugural Commonwealth Nurses Conference.



Dr Marla Salmon, Dean of Nursing and Professor in Psychosocial and Community Health at the University of Washington is highly regarded and much loved in international nursing circles.

Dr Salmon's presentation was titled: *Leadership legacy: caring lessons from around the world*. Through her presentation, Dr Salmon sought to explore with conference participants what constituted a positive leadership legacy; identify key characteristics of legacy leaders; and encourage participants to reflect on their own leadership legacy.

Leaving a positive leadership legacy means passing on the leadership baton, not 'owning' it; and nurturing and launching the next generation of leaders. Positive legacy leaders lead in service to and with others. They do not see 'service' as 'subservience'. They are inspired by those they serve; they are reviewed by their connection with others; and they are undaunted by adversity.

Positive legacy leaders cultivate a compelling leadership vision. They 'see' the possible in the present; they use vision as a source of unity and hope; they drive change forward toward a better future; they use history to inform, not restrict; they 'see' the strengths and aspirations of people around them; and are able to capture the power of change.

Positive legacy leaders act purposefully: they think and act strategically; they look ahead; they plan the work and work the plan; they count what counts; they know what is truly necessary; and they see compromise as a useful tool.

Positive legacy leaders actively collaborate and partner. They cultivate common ground while embracing difference; understanding that difference, Dr Salmon said, helps us to see the richness of other ideas and approaches.

Dr Salmon explained that contrast helps us to see things more clearly.



Positive legacy leaders steward the future. They keep the future in the forefront; actively communicate the long view; and foster deep, shared leadership with their colleagues.

Positive legacy leaders actively care. They see the people in the problems; they work at staying connected; they reach out beyond self interest or convenience; they act with humanity and compassion; and understand the deep power of caring.

Positive legacy leaders act with integrity and courage. They advocate for the most vulnerable; they take risks as the price of progress; they seek and tell the truth; they assume responsibility and apologise when they are wrong; and they lead by example, even when it means sticking their neck out.

Positive legacy leaders find ways to renew and reflect through supportive communities; meaningful relationships; ongoing learning; personal meaningful spirituality; and generosity of spirit.



Positive legacy leaders know it is not always easy but they make sure they take time to smell the roses on their leadership journey.



Ms Catherine Clark works with the Royal Commonwealth Society and she shared with participants an exciting initiative of the RCS to celebrate the Queen's diamond jubilee.

2012 marks 60 years since Queen Elizabeth II was crowned and 60 years as Head of the Commonwealth. The RCS is inviting people from across the Commonwealth to submit stories about themselves for inclusion in a time capsule to be given to the Queen to mark her diamond jubilee. Participants were encouraged to participate by 6 June 2012 at: <http://www.jubileetimecapsule.org>.

Participants were introduced to Miss Siya Kulkarni, the 15 year old winner of the RCS and Olyset 'Me and My Net' competition.

Siya suggested her campaign should be an annual campaign from December to April each year when mosquito breeding was at its peak.



Siya's presentation was informative and entertaining: a very worthy winner of the RCS and Olyset 'Me and My Net' competition. Following her presentation, Siya was presented with a cheque for £200 to purchase 60 insecticide treated nets for distribution to an area of need.

Siya's research demonstrated that the reasons for non use of insecticide treated nets were primarily related to inconvenience, discomfort and superstition. She considered that the greatest impact in changing behaviour and promoting acceptance and ownership of insecticide treated nets was to target children 4-10 and young adults 11-15.



Siya Kulkarni

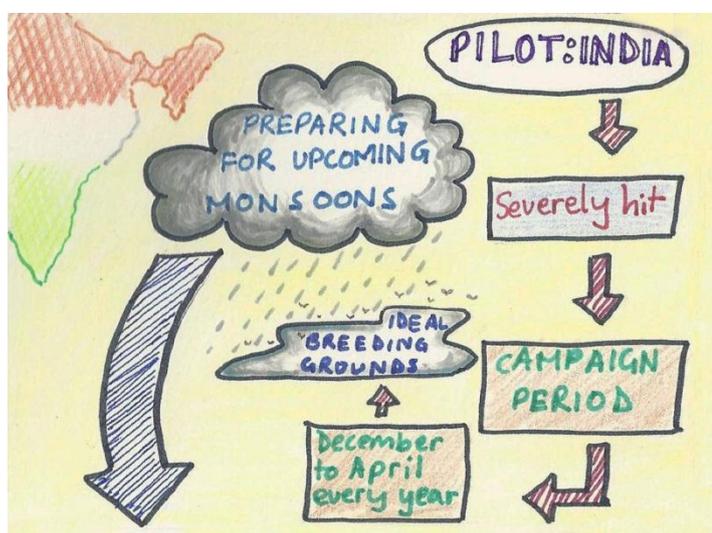
Siya receiving the donation from Maura Buchanan

Siya's campaign for young children included a simple message: *one child dies every 30 seconds*; a slogan: *Kids 4 nets*; and fun activities such as rhymes and painting your own net to personalise it. Her campaign was based on personalising the message, developing values, motivation and incentives.

The plenary sessions were supported by 54 concurrent sessions from 50 presenters covering four main themes: achieving the Millennium Development Goals; using information technology to improve care; developing a healthy workforce and healthy systems of care; and innovation and excellence in clinical practice (see the program in this report for a full list of speakers and the titles of their presentations). Go to the CNF website to access the book of abstracts and presentations: <http://www.commonwealthnurses.org>.

Siya's campaign for young adults was to appeal to their idealism. Her campaign included competitions, net marches, fund raising, and young people working together to clean up areas where mosquitos were likely to breed; appealing to their preference to work with a peer group. Siya's message revolved around how contracting malaria could disrupt dreams and ambitions; that their future was at stake.

... friendly, great, successful, wonderful, excellent, superb, powerful, fantastic, empowering, enriching, informative, innovative, inspiring ...



Miss Susie Kong closed the conference by thanking participants and presenters, particularly the plenary speakers. Miss Kong felt the conference had been a great success: from the friendly environment and great food; to the excellent, informative and thought provoking presentations; and the opportunity to network and make new friends across the Commonwealth.

In closing the conference, Miss Kong announced that the 21st CNF Biennial meeting would be held in London UK on Friday 7 March 2014 followed by the 2nd Commonwealth Nurses Conference on Saturday 8 and Sunday 9 March 2014.

DAY 1: Saturday 10 March 2012

TIME	PROGRAM		
0800-0900	Registration		
0900-0930	Welcome: Miss Susie Kong, President, Commonwealth Nurses Federation - Introduction of CNF Board and CNF European Region Presidents		
0930-0945	Welcome: Mr Vijay Krishnarayan, Director Commonwealth Foundation		
0945-1000	The Jubilee Time Capsule: Ms Catherine Clark, Royal Commonwealth Society		
1000-1030	Plenary speaker: Dr Peter Carter, Royal College of Nursing Chief Executive and General Secretary - <i>Leadership in nursing</i>		
1030-1100	Opening of conference: Mr H E Kamalesh Sharma, Commonwealth Secretary-General		
1100-1130	Refreshment break		
1130-1300	Mandela Room: Workforce 1 - Chair: Ms Yvonne Chaperon	Nehru Room: Workforce 2 - Mr Donald Epaalat	Thorne Room: Workforce 3 - Chair: Ms Paula Hancock
	78. Eileen Richardson (UK) <i>Meeting the educational needs of Kenya's private nurse practitioners</i>	33. Mr Ndarukwa Pisirai (Zimbabwe) <i>Student nurses' views on a pregnancy policy implemented by Zimbabwe Ministry of Health</i>	47. Mrs Hannah-Kim Grima Formosa (Malta) <i>Surgical nurses' views regarding cardiopulmonary resuscitation: an exploratory study</i>
	3. Mrs Adelaide Ofei (Ghana) <i>The prevalence of low back pain among nurses at the surgical department of Korle-Bu Teaching Hospital, Accra, Ghana</i>	35. Professor Laetitia Rispel (South Africa) <i>We need that money and we need it immediately: exploring moonlighting decisions of nurses in South Africa</i>	76. Mrs Zamasomi Luvuno (South Africa) <i>Fast tracking hospitalised resistant TB to HAART initiation using quality improvement technology</i>
	21. Dr Julia Philippou (UK) <i>Managing careers as a strategy for developing a dynamic workforce</i>	41. Mr Dhunraj Foolchand (Mauritius) <i>An analysis of factors influencing nurse migration from Mauritius</i>	22. Mrs Kateca Graham (Bahamas) <i>Candid voices in the evaluation process of the School of Nursing</i>
	26. Ms Loveday Penn-Kekana (South Africa) <i>Analysing policy developments in post-apartheid South Africa</i>	36. Mrs Alice Tambe Agbor (Cameroon) <i>The effects of climate on nursing students' health and wellbeing</i>	12. Ms Lee Lay Eng (Singapore) <i>Improving the process of retrieval of consumable items during mass casualty events and monthly stock inventory</i>
1300-1400	Lunch		
1400-1430	Plenary speaker: Christine Hancock, Founder and Director, C3 Collaborating for Health - <i>The nurses' role in preventing suffering and containing health care costs</i>		
1430-1530	Mandela Room: MDGs 1 - Chair: Mr Ioannis Leontiou	Nehru Room: MDGs 2 - Chair: Ms Ramziah bt Ahmad	Thorne Room: MDGs 3 - Chair: Ms Alice Asare-Allotey
	2. Mrs Adelaide Ofei (Ghana) <i>Improving the quality of life for pregnant women using the IPTp-SP: experiences from Dangme West District Ghana</i>	69. Mrs Trixie McAree (UK) <i>Is Vitamin D deficiency in pregnancy still a public health issue?</i>	27. Mr Senesie Margoa (Sierra Leone) <i>The challenge for nurses and midwives of a government free health care initiative</i>
	10. Dr Chika Ugochukwu (Nigeria) <i>Meeting the health related MDGs: challenges and the way forward</i>	32. Mr Ndarukwa Pisirai (Zimbabwe) <i>Factors contributing to abortion at Chitungwiza Population Service, Zimbabwe Reproductive Health Clinic</i>	53. Professor Ruth Northway (UK) <i>Improving the health of people with intellectual disabilities</i>
	82. Dr Marion Howard (Virgin Islands) <i>Meeting the health MDGs Caribbean style</i>	83. Ms Joyce Kamdonyo (Malawi) <i>Enhancing midwifery capacity to reduce maternal and neonatal mortality in the ECSA region by scaling up midwifery educator training</i>	77. Mrs Zamasomi Luvuno (South Africa) <i>MCWH QI at scale: DASHBORD in action in the Kwa Zulu Natal province South Africa</i>
1530-1600	Refreshment break		
1600-1630	Plenary speaker: Neil Pakenham-Walsh, Coordinator of the HIFA 2015 campaign and Co-Director of the Global Healthcare Information Network <i>Meeting the information needs of nurses and midwives in low- and middle-income countries</i>		
1630-1730	Mandela Room: Information Technology 1 - Chair: Ms Ramziah bt Ahmad	Nehru Room: Information Technology 2 Chair: Ms Susan Williams	Thorne Room: Information Technology 3 - Chair: Mr Howard Catton
	52. Miss Paula Procter (UK) <i>Bridging the information gap for the common good</i>	30. Miss Hlolisie Ngidi (South Africa) <i>Retrospective clinical chart review on the documentation of core PMTCT activities Kwa Zulu Natal Province South Africa</i>	6. Mr Andreas Xyrichis (UK) <i>Unintended consequences of information technology on teamwork in intensive care</i>
	13. Dr Christiana Kouta (Cyprus) <i>The use of innovative technologies in community care</i>	25. Mr Nasrifudin Bin Najumudin (Singapore) <i>A nurse managed telephone follow up and home visit program for patients with high risk of unscheduled readmissions</i>	44. Mrs Elizabeth Oywer (Kenya) <i>Using ICT for workforce planning: a case of mental health nurses in Kenya</i>
	81. Mrs Thelma Lopez (Botswana) <i>Developing an integrated non-relational data management system</i>	34. Mrs Rachel Finn (UK) <i>Can patient care be improved by using electronic nurse rostering?</i>	15. Miss Flora Neh (Cameroon) <i>The use of information technology in five hospitals in Cameroon</i>
1730-1830	Welcome Reception Miss Susie Kong (CNF President); Ms Andrea Spyropoulos (RCN President); Mr Paul Pace (MUMN President); Mr Ioannis Leontiou (CYNMA President)		

DAY 2: Sunday 11 March 2012

TIME	PROGRAM		
0800-0900	Registration		
0900-0915	Welcome: Ms Jill Iliffe, Executive Secretary, Commonwealth Nurses Federation. Presentation of Commonwealth Fellows		
0915-0930	Introduction to Siya Kulkarni aged 15 from India winner of <i>Me and my net</i> competition		
0930-1000	Plenary speaker: Dr Deva-Marie Beck, International Co-Director, Nightingale Initiative for Global Health - <i>Daring, caring and sharing! Keeping our Nightingale legacy alive and thriving!</i>		
1000-1030	Plenary speaker: Andrea Spyropoulos, President, Royal College of Nursing - <i>Doing things differently: innovation and excellence in clinical practice</i>		
1030-1100	Refreshment break		
1100-1130	Plenary speaker: Ms Yvonne Chaperon, Assistant National Secretary, Australian Nursing Federation - <i>Working together for a healthy nursing and midwifery workforce</i>		
1130-1300	Mandela Room: Innovation and Excellence in Clinical Practice 1 Chair: Mr Donald Epaalat	Nehru Room: Innovation and Excellence in Clinical Practice 2 Chair: Mr Andrew Wardle	Thorne Room: Innovation and Excellence in Clinical Practice 3 Chair: Dr Marion Howard
	49. Maura Buchanan (UK) <i>Making a difference through health partnerships</i>	5. Dr Andreas Charalambous (Cyprus) <i>Introducing eNurse for the management of respiratory symptoms in patients with lung cancer</i>	42. Ms Doris Aquilina (Malta) <i>Adherence to treatment after reinforcement by the Rheumatology Nurse Specialist</i>
	46. Mr Geoffrey Axiak (Malta) <i>The relationship between nutritional status and chemotherapy induced distress</i>	8. Mrs Lynne Dodson and Dr Vanita Sharma (UK) <i>Oncology nurse training program in Ghana, Uganda and Malawi</i>	24. Ms Lesley-Anne Long and Dr Elisabeth Clark (UK) <i>The HEAT programme: flexible and scalable training for frontline health workers</i>
	80. Mrs M K D Lalitha Meegoda (Sri Lanka) <i>Palliative care needs of adult cancer patients at a national centre in Sri Lanka</i>	28. Mr Malachy Ujam (UK) <i>Mental health crisis in Africa: recognising the issues and suggesting ways forward</i>	75. Ms Noraini Binte Saha'at (Singapore) <i>Improving the time taken to orient patients to the orthopaedic ward environment</i>
	58. Professor Laetitia Rispel (South Africa) <i>Today was a hectic day: exploring the average working day of nursing unit managers in South Africa</i>	79. Mrs Unice Goshomi (Zimbabwe) <i>Knowledge of pregnancy induced hypertension complications and health seeking behaviour among pregnant women</i>	7. Mr Jonathan Zhang Hong'En (Singapore) <i>Evaluation of the inter-rater reliability of two falls risk assessment tools in the inpatient setting</i>
1300-1400	Lunch		
1400-1430	Plenary speaker: Dr Danny Sriskandarajah, Director, Royal Commonwealth Society - <i>The Commonwealth: terminally ill or on the mend</i>		
1430-1600	Mandela Room: Innovation and Excellence in Clinical Practice 4 Chair: Ms Andrea Spyropoulos	Nehru Room: Innovation and Excellence in Clinical Practice 5 Chair: Mr Paul Pace	Thorne Room: Innovation and Excellence in Clinical Practice 6 Chair: Ms Paula Hancock
	72. Ms Tzoo Ling Tan (Singapore) <i>Redesigning the nursing clinical handover process: bedside inter-shift handover</i>	56. Ms Sharon Peters (UK) <i>Bransbury Park Young Persons' Drop in Centre, Portsmouth UK</i>	51. Mr Tonio Pace (Malta) <i>Undergoing tonsillectomy: experiences of parents and children in Malta</i>
	70. Mrs Willamae Hamilton Stuart (Bahamas) <i>Innovations for excellence in nursing: the Bahamian perspective</i>	45. Mrs Fiona Scalpello Hammett (Malta) <i>Death anxiety among health care professionals</i>	40. Mr Dhunraj Foolchand (Mauritius) <i>A study on knowledge of foot care among diabetic patients in Mauritius</i>
	4. Ms Joyce Kamdonyo (Malawi) <i>Strengthening capacity to reduce newborn mortality in the ECSA region</i>	9. Professor Annie Young (UK) <i>Bringing oncology clinical trials awareness to an international nursing audience via a web-based course</i>	39. Lt Col Dr Padmaraj Meera (India) <i>Challenges in nursing education in India</i>
	85. Dr Marion Howard <i>A safe profession, a safe nurse, a safe patient</i>	29. Mr Michael Larui (Solomon Islands) <i>Development of nursing regulation in Solomon Islands</i>	31. Mr Maraka Monaphathi (Lesotho) <i>Nurses' views on improving midwifery practice in Lesotho</i>
1600-1630	Closing plenary: Dr Marla Salmon, Dean of Nursing and Professor in Psychosocial and Community Health, University of Washington - <i>Leadership legacy: caring lessons from around the world</i>		
1630-1700	Close of conference and refreshments		



Royal Commonwealth Society



Tropical Health and Education Trust



EVALUATION: Inaugural Commonwealth Nurses Conference

London UK 10-11 March 2012

76 evaluation forms returned from a possible 173 (44%)

WHICH COUNTRY DID YOU COME FROM?

Australia 1	Bahamas 15	Barbados 2	Bermuda 1	Brunei 2	Botswana 2
Cameroon 3	Ghana 9	India 1	Jamaica 1	Kenya 2	Malta 9
Mauritius 1	Nigeria 1	Sierra Leone 3	Singapore 4	South Africa 6	United Kingdom 9
Zimbabwe 3	Not given 1				

HOW DID YOU HEAR ABOUT THE CONFERENCE?

National nursing association	43
CNF e-News	24
CNF Journal	10
CNF website	20
RCN website	5
Other (colleague 7; Ministry of Health 2; not specified 2)	11

WHAT ATTRACTED YOU TO THE CONFERENCE?

Opportunity to present at an international conference	22
Opportunity to attend an international conference	40
Conference themes	21
A particular speaker or session	5
Location	24
Networking opportunities	41
CPD opportunity	15
Other (represent country)	2

HOW DID YOU REGISTER FOR THE CONFERENCE?

Online	45
Fax	7
Phone	1
Mail	7
Other (Venue 3; CNF 3; Embassy 1; NNA 16; not specified 1)	16

HOW EASY FOR YOU WAS THE REGISTRATION PROCESS?

Easy	56
Reasonably easy	19
Difficult	1

Comments:

Feedback as soon as one is registered to be sure of (registration) and start preparations.

HOW WOULD YOU RATE THE VENUE FOR THE CONFERENCE?

Excellent	50 (64%)
Good	26 (36%)

Comments

Excellent facilities, great atmosphere, superb location
 Excellent venue and staff
 Excellent AV support staff and facilities
 Availability of 'African' food
 Catering superb and hospitality was second to none
 Managed, organised and arranged well
 Catering excellent
 Food was great and staff extremely courteous
 Not enough ladies toilets
 No tables in conference rooms for work or putting things on
 Rooms were cold
 Tables and chairs at lunchtime x 3

HOW WOULD YOU RAT THE CONFERENCE THEMES AND CONTENT?

Excellent	44 (58%)
Good	29 (38%)
Average	3 (4%)

WHAT WOULD YOU LIKE TO SEE COVERED IN FUTURE CONFERENCES?

- * Nursing education
- * Research methods
- * Opportunities for networking and collaboration across countries
- * Mental health
- * Work by diaspora nurses for their home countries
- * Social media
- * Effects of social climate on nursing care
- * Regulations around the Commonwealth
- * Leadership and management
- * Specialised nursing areas
- * More nursing innovation
- * More neonatal and paediatric topics
- * Recruitment
- * Migration of nurses
- * Communication
- * Burnout
- * Coping with nursing shortages; standard nurse to patient ratios
- * Crisis and strike management
- * Nurse advocacy on conditions of service
- * Industrial arm in the NNA (industrial versus professional)
- * Interaction with government and parliament on laws affecting nursing
- * Private versus public
- * Employee assistance programs
- * Nursing standards
- * Quality improvement
- * Policy development
- * Geriatrics
- * Contextual factors like poverty and the inequalities that exist between different countries
- * More practical experiences; clinical innovations
- * Workshops
- * Community care
- * Nursing ethics
- * Working in teams
- * Nursing autonomy
- * Work of Commonwealth in terms of health
- * Non communicable diseases
- * Sessions where attendees can debate and have discussion
- * Midwifery
- * Mentoring
- * CPD
- * Nursing theories
- * Nurses' role in preventive care
- * Impact of advanced practice nursing
- * Implementing evidence based practice in the clinical setting

DID YOU LEARN ANYTHING NEW AT THE CONFERENCE?

Yes	76 (100%)
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WERE YOU ABLE TO MAKE NEW CONTACTS AT THE CONFERENCE?

Yes	76 (100%)
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HOW EASY FOR YOU WAS FINDING ACCOMMODATION IN LONDON?

Easy	33 (43%)
Reasonably easy	34 (45%)
Difficult	3 (4%)
Not applicable	6 (8%)

WERE YOU ABLE TO FIND ACCOMMODATION AT THE PRICE YOU EXPECTED TO PAY?

Yes	45 (60%)
No	17 (22%)
No answer	7 (9%)
Not applicable	7 (9%)

DID YOU REQUIRE A VISA TO ENTER THE UNITED KINGDOM?

Yes	31 (41%)
No	45 (59%)

IF YOU REQUIRED A VISA, DID YOU HAVE ANY PROBLEMS WITH THE VISA PROCESS?

Yes (Did not get visa on time; visa staff appeared insensitive)	2
No	29
Did not require visa	45

DO YOU HAVE ANY OTHER COMMENTS?

- * The name ID should have the country where the person is from; upper and lower case easier to read.
- * Excellent conference, I loved it.
- * More time for presenters.
- * A good meeting with powerful speakers; keep it up.
- * A great experience; great networking opportunity; wonderful chance to gain perspectives from other countries.
- * Thanks for making the event happen; really appreciated the opportunity for networking
- * The conference was well managed; gender balance in the selection of abstracts was very good
- * Longer time for conference x 3; too short considering the costs involved
- * Wonderful conference but days a bit too long.
- * More affordable accommodation.
- * Hospitality and information excellent.
- * Excellent documentation (program, abstract book).
- * Wonderful work; appreciated all the communication updates.
- * Host country participation poor; need better future publicity.
- * Very exciting conference.
- * Applaud the organisers for job well done and their sense of time management.
- * Development of a database of knowledge and skills of attendees for technical advice and referencing.
- * Strategies to ensure all Commonwealth countries are represented for networking.
- * More exhibitors.
- * Conference was empowering; information able to be implemented in own workplace.
- * Organisation reasonably good; networking excellent; a wide range of knowledge acquired.
- * A well organised nursing conference providing an opportunity to network with other nurses.
- * A wonderful conference; great people, great speakers, and great hosts.
- * Fantastic conference. Would like an opportunity to meet with Royal Family.
- * Very enriching meeting colleagues and making new friends across the world.
- * Excellent organisation, venue and speakers.
- * Great, excellent initiative. Keep up the good work; well done to all.
- * General impression is very good; felt like family despite the diversity in backgrounds.
- * Great organisation; very good speakers; relevant and informative presentations; warm atmosphere.
- * Encourage and support speakers to publish their presentations in the CNF journal.
- * Appreciated all the communication, information and excellent organisation; made the process of preparation very smooth and enjoyable.
- * Thank you for the opportunity and experience. A huge success and an eye opener for me.
- * Excellent conference; learned lots; met persons from all over the Commonwealth.
- * Very informative and innovative conference. Excellent organisation; heartily commend all concerned.
- * Arrangement of transport and accommodation by conference hosts; cultural tours and activities to keep delegates at conference and improve participation during conference hours.
- * Range of topics good; plenary sessions excellent, really informative and thoughtful; fantastic opportunity to network; inspiring sessions that opened my eyes; chairing of sessions not always good.
- * Would be nice to have internet access for networking instantly (Comment: Wifi was available).
- * Food was excellent; facilities excellent; well organised conference.
- * Plenary speakers were all excellent. Registration team very friendly and helpful.
- * A great mix of speakers and topics; all interesting and enthusiastic.
- * I have never attended such a friendly conference; everyone was welcoming, friendly and willing to share.
- * The conference was excellent; content good. Thank you for an enlightening experience.

CONFERENCE PRESENTERS

Concurrent sessions

Mrs Adelaide Maria Ansah Ofei	Improving the quality of life of pregnant women using the IPTp-SP: experiences from the Dangme West District Ghana
Mrs Adelaide Maria Ansah Ofei	The prevalence of low back pain among nurses at the surgical department of Korle-Bu Teaching Hospital, Accra, Ghana
Dr Andreas Charalambous	Introducing eNurse for the management of respiratory symptoms in patients with lung cancer
Mr Andreas Xyrichis	Unintended consequences of information technology on teamwork in intensive care
Mr Jonathan Zhang Hong'En	MORSE vs STRATIFY: a sensitivity comparison of two falls risk assessment scales
Mrs Lynne Dodson and Dr Vanita Sharma	Oncology nurse training program in Ghana, Uganda and Malawi
Professor Annie Young	Bringing oncology clinical trials awareness to an international nursing audience via a web-based course
Dr Chika Ugochukwu	Meeting the health related MDGs: challenges and the way forward
Ms Lee Lay Eng	Improving the process of retrieval of consumable items during mass casualty events and monthly stock inventory
Dr Christiana Kouta	The use of innovative technologies in community care
Miss Flora Njei Neh	The use of information technology in five hospitals in Cameroon
Dr Julia Philippou	Managing careers as a strategy for developing a dynamic workforce
Mrs Kateca Graham	Candid voices in the evaluation process of the School of Nursing
Ms Lesley-Anne Long and Dr Elisabeth Clarke	The HEAT program: flexible and scalable training for frontline health workers
Mr Nasrifudin Bin Najumudin	A nurse managed telephone follow up and home visit program for patients with high risk of unscheduled readmissions
Ms Loveday Penn-Kekana	Analysing nursing policy developments in post-apartheid South Africa
Mr Senesie Margao	The challenge for nurses and midwives of a government free health care initiative
Mr Malachy Ujam	Mental health crisis in Africa: recognising the issues and suggesting ways forward
Mr Michael Larui	Development of nursing regulation in Solomon Islands
Miss Hlolisile Ngidi	Retrospective clinical chart review on the documentation of core PMTCT activities in Kwa Zulu Natal Province, South Africa
Mr Maraka Monaphathi	Nurses views on improving midwifery practice in Lesotho
Mr Pisirai Ndarukwa	Factors contributing to abortions at Chitungwiza Population Service, Zimbabwe Reproductive Health Clinic
Mr Pisirai Ndarukwa	Student nurses' views on a pregnancy policy implemented by Zimbabwe Ministry of Health
Mrs Rachel Finn	Can patient care be improved by using electronic nurse rostering?
Professor Laetitia Rispel	<i>We need that money and we need it immediately:</i> moonlighting decisions of nurses in South Africa
Mrs Alice Tambe Agbor	The effects of climate on nursing students' health and wellbeing
Lt Col Meera Padmaraj	Challenges in nursing education in India
Mr Dhunraj Foolchand	A study on knowledge of foot care among diabetic patients in Mauritius
Mr Dhunraj Foolchand	An analysis of the factors influencing nurse migration from Mauritius
Ms Doris Aquilina	Adherence to treatment after reinforcement by the Rheumatology Nurse Specialist
Mrs Elizabeth Oywer	Using ICT for workforce planning: a case of mental health nurses in Kenya
Mrs Fiona Scalpello Hammett	Death anxiety among health care professionals
Mr Geoffrey Axiak	The relationship between nutritional status and chemotherapy induced distress
Mrs Hannah-Kim Grima Formosa	Surgical nurses' views regarding cardiopulmonary resuscitation: an exploratory study
Maura Buchanan	Making a difference through health partnerships
Mr Tonio Pace	Undergoing tonsillectomy: experiences of parents and children in Malta
Miss Paula Procter	Bridging the information gap for the common good
Professor Ruth Northway	Improving the health of people with intellectual disabilities
Ms Sharon Peters	Bransbury Park Young Persons' Drop in Centre, Portsmouth UK
Professor Laetitia Rispel	<i>Today was a hectic day:</i> exploring the average working day of nursing unit managers in South Africa
Mrs Trixie McAree	Is Vitamin D deficiency in pregnancy still a public health issue?
Mrs Willamae Hamilton Stuart	Innovations for excellence in nursing: the Bahamian perspective
Ms Tzuu Ling Tan	Redesigning the nursing clinical handover process: bedside intershift handover
Ms Noraini Saha'at	Improving the time taken to orient patients to the orthopaedic ward environment
Mrs Zamasomi Luvuno	Fast tracking patients with multi-drug resistant TB to HAART initiation using quality improvement methodology
Mrs Zamasomi Luvuno	MCWH QI at scale: DASHBORD in action in the Kwa Zulu Natal Province South Africa
Eileen Richardson	Meeting the educational needs of Kenya's private nurse practitioners
Mrs Unice Goshomi	Knowledge of pregnancy induced hypertension complications and health seeking behaviour among pregnant women
Mrs Lalitha Meegoda	Palliative care needs of adult cancer patients at a national centre in Sri Lanka
Mrs Thelma Lopez	Developing an integrated non-relational data management system
Dr Marion Howard	Meeting the health MDGs Caribbean style
Dr Marion Howard	A safe profession, a safe nurse, a safe patient
Ms Joyce Kamdonyo	Enhancing midwifery capacity to reduce maternal and neonatal mortality in the ECSA region by scaling up midwifery educator training
Ms Joyce Kamdonyo	Strengthening capacity of reduce newborn mortality in the ECSA region