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Welcome

A warm welcome to this issue of RCN Students. You are part of a very special cohort. You are the future of nursing! Inside this issue we catch up with Mark Collins, who won the Andrew Parker Student Nurse Award for his work creating an art project to help older patients on a mental health ward (page 12). You can also read about one student’s experiences on placement in A&E (page 8), there’s an article on the transition from student to newly qualified nurse (page 16), and you’ll find some top tips to cope with stress (page 19).

Having met many of you at RCN Congress earlier this year, I am confident the health of the nation is in good hands. We all know there are many challenges ahead, however, I know we will all support each other through these tough times.

As my time on RCN Council draws to a close, I just want to say how much I’ve enjoyed it. I’ve met some amazing people and tried to be a voice for you. Please take a minute to vote for the person you think will best represent you going forward – your voting papers should have arrived with your issue of RCN Students. Good luck with your studies and be proud to be part of a great profession.

Brendan Garry
Student member of RCN Council
RCN Students Committee Chair

In this issue

What can nursing staff do to help tackle the emotional and physical consequences of domestic violence? Turn to pages 10-11 to find out.

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To be brief

The RCN has published a briefing on the education of the registered and non-registered nursing workforce. The issue of nurse education made the news recently after a report from NHS Chief Executive Simon Stevens called for new career ladders between care assistant and graduate nursing roles. The RCN briefing argues that the registered nursing workforce should remain an all-graduate profession and that the RCN does not support the return of the second level graduate profession and that the RCN does not support the return of the second level graduate profession. Download Registered Nurses and Health Care Support Workers from www.rcn.org.uk/workforce-briefing

Under scrutiny

Students have been working with the NMC to review the pre-registration standards for nursing and midwifery education. The regulator will be publishing its findings on 25 November and will use them to determine future areas of development. The evaluation is in response to recommendations from Sir Robert Francis in his report into care failings at Stafford Hospital. RCN members, as well as members of the public and relevant parties, have been surveyed as part of the review. The RCN will use the information to help inform its work around education and professional practice-related issues.

To the fair

Are you on the lookout for career inspiration? Pay a visit to an RCN Bulletin jobs fair. There are opportunities to meet with possible future employers and attend workshops to enhance your career prospects. The next events will be in Manchester on 5–6 November and Belfast on 26–27 November. Visit www.rcnbulletinjobsfair.co.uk

Skills for life

The RCN Students Committee is analysing survey results that explore the skills students from all fields of nursing are gaining within their third year and on completion of their pre-registration programme. The RCN will use the information to help inform its work around education and professional practice-related issues.

Do you want to be published?

RCN Students is your magazine and we rely on your ideas to shape content. Have you got an experience you’d like to share with fellow nursing students? The editor is always keen to receive article submissions. Your work could be read by more than 40,000 nursing students. Email studentsmagazine@rcn.org.uk

Celebrating nursing

In 2016 the RCN will be marking its centenary with a year-long celebration and is inviting students to take part in a wide range of activities that reflect the RCN’s history, its aspirations for the future and the diversity of its membership today. From 22-23 November 2016 there will be an unmissable one-off event at the QEI Centre in London to celebrate 100 years of the College. The conference will look at the progress of nursing and its impact on improving patient outcomes. The full programme will be announced in January. Visit www.rcn.org.uk/centenaryconference

RCN Congress

Centenary celebrations will also play an important role at RCN Congress 2016 in Glasgow from 18-22 June. Now is the time for the RCN Students Committee to put forward proposed agenda items and the committee would love to hear your ideas on what would make a good debate. Congress is a prime opportunity for students to put across their views. Brendan Garry, RCN Students Committee Chair, said: “There’s so much happening in nurse education right now. Let’s make 2016 another successful Congress for RCN students and make sure our voice is heard on the topics that matter.” The closing date for submissions is 15 January. Email students@rcn.org.uk as soon as possible so the committee has plenty of time to consider your ideas.

Care on camera

As part of its centenary plans the RCN has launched a photography competition in collaboration with the Royal Photographic Society

The competition, which is open to RCN members and the general public, has four prizes including £1,000 for the Gold Award and a special under 30s award. The aim is to capture the UK nursing environment and winning images will form part of a touring exhibition.

Newly qualified nurse Ali Lomas, an award-winning photographer who took the picture above of a trauma nurse, said: “I am thrilled to help launch the RCN’s Care on Camera photography competition. We are encouraging entries from both professional and amateur photographers, giving entrants the opportunity to illustrate how diverse nursing is today, and the far-reaching impact of nursing on our everyday lives. I can’t wait to see the shortlisted entries at RCN Congress 2016.”

The competition is open for entries soon and closes on 29 February 2016. Visit www.rcn.org.uk/RCN100 for full details.

CELEBRATING 100 YEARS OF THE RCN
Ready for revalidation
All nursing and midwifery students will be affected by revalidation once they join the Nursing and Midwifery Council (NMC) register

It may seem a long way off, especially if you’ve just started your nurse education, but it’s never too early to start getting to grips with the NMC code and revalidation. Considered the single biggest change to nursing and midwifery regulation in the NMC’s history, revalidation is due to be introduced from April next year.

So what exactly is it?
Revalidation is a process that all nurses and midwives will be required to undertake, every three years, to renew their registration and demonstrate that they continue to practise safely and effectively. To revalidate, registrants will have to meet the requirements outlined by the NMC (see box opposite).

Revalidation replaces the existing system of post-registration education and practice (PREP) and is being introduced in response to the Francis report on care failings at Stafford hospital. It aims to boost professional standards and has a greater emphasis on reflection so nurses can learn from and improve their practice.

RCN Chief Executive Janet Davies said: “The introduction of revalidation is recognition of the important, highly complex and ever changing nature of the work that nurses do.”

The RCN will continue to evaluate the new process to ensure it is working well for nurses and patients.

Find the RCN revalidation resource at rcnrevalidation.wordpress.com. Visit the NMC website at www.nmc.org.uk

Mentoring mentorship
The RCN Students Committee has helped shape a new RCN report on mentorship that aims to strengthen support for you

The Willis Commission (2012) and Shape of Caring Review (2015) both highlighted concerns about how student nurses are supported to learn in practice and questioned whether the current mentorship model is fit for purpose. In response, the RCN conducted a mentorship project to build a picture of the challenges and possible solutions around mentorship.

Following a literature review, the RCN then held a series of events across the four countries of the UK to consult relevant people about what they thought. “Findings from these activities have been analysed and themed, and have formed the basis for the conclusions and recommendations in the final report,” says Stephanie Aiken, RCN Head of Education.

“The report highlights how we can help meet the needs of the current and future workforce,” adds Stephanie. “We are now working in collaboration with the Nursing and Midwifery Council and Council of Deans of Health to continue to develop this important work across the UK.”

Student member of RCN Council Brendan Garry says: “Students spend 50 per cent of their programme in placements so it’s vital they are appropriately supported to develop and apply their learning while on placement.

“Mentors play an important role and most students will be able to identify mentors who have made a positive impact but some may also have experienced times when there could have been room for improvement.”

Report recommendations
The RCN will:
• support and promote new models of mentorship
• promote the value of the mentorship role in the development of the future workforce
• ensure opportunities for career progression for the future mentorship role are mapped against the career framework
• explore its role as a professional body in the recognition and ongoing assurance around new models of mentorship
• host a summit, comprising representatives from the NMC, the university sector, four country commissioning and funding bodies for nurse education and RCN student members to discuss strengthening system leadership and organisational culture.

Did you know?
Revalidation:
• requires registrants to submit evidence that they have undertaken 35 hours of continuing professional development, completed 450 hours of practice, collected feedback, reflected on their practice, had a professional conversation about their practice with another registrant and got confirmation that those requirements have been met by an appropriate person
• reinforces your duty to maintain your fitness to practise and incorporate the NMC code in your day-to-day practice and personal development
• will enhance employer engagement by increasing their awareness of NMC regulatory standards; encourages early discussions about practice concerns before they escalate or require referral; and increases access and participation in appraisals and continuing professional development.
‘A wall of silence’

Nobody goes into nursing for an easy job. One student recalls the most challenging shift of his career so far.

An overcrowded A&E waiting room was not a new sight to me on my eighth week of placement. However, seeing each and every one of those people shocked into silence by the grief-stricken screams coming from the other side of the doors certainly was. It was something I hope to never see again.

It is really quite frightening what can happen in the space of just a few minutes. It seemed like an average day until my mentor told me that the victim of a serious road traffic accident was coming in and I would need to stay out of the way. It was good, honest advice.

When the paramedics arrived in resus it was obvious the patient was seriously injured. The doctors and nurses swarmed around him and in a matter of minutes they were working to restore breathing and circulation.

The noise sounded like chaos. The monitoring machine’s desperate alarm sounds, the slamming of drawers on the arrest trolley, the raised voices of everyone trying to be heard.

But it was not chaos. Despite the shouting and the clamour, these doctors and nurses knew exactly what they were doing. They were doing their utmost to give this mortally wounded guy a chance.

All of a sudden, the pump they were preparing to use to rapidly infuse blood into the patient broke. Blood from the machine began dripping all over the floor. I was asked to get a replacement part and it was for this that I ran across the waiting room.

When I got back to resus I was hit by a wall of silence. Everyone was exactly where they had been a couple of minutes before, but instead of frenetic activity there was stillness. The clamours and activity had dissipated, leaving behind a respectful quiet. The monitor was still squawking but then someone turned it off. It was no longer needed.

My mentor told me the decision had been taken to stop treatment. The patient – a young person with a family and everything going for him – had died of his injuries. The family were present and cried out in grief as they were given the sad news.

I tried to make myself useful by starting to clean the blood from the floor but my mentor told me to leave it to them and go back to work in a different part of A&E. I felt numb all over but I continued working with another staff nurse, checking obs, writing paperwork, chasing referrals. I think I tried to cope with the immediate aftermath by “just ploughing on”.

Before I left for the day I made the two nurses working in resus a hot drink each. I felt bad for not being able to do anything more to help them. The numbness remained with me until I went to bed. The next day I was able to talk through what had happened with a friend, which definitely helped, yet I still see the patient in my thoughts. I’m not going to forget him soon.

My placement in A&E left me with a lot of memories: dancing to Ska music with the registrar to cheer up a resus patient, doing cardiopulmonary resuscitation (CPR) on an 80-year-old patient, joking with a man who had a power-tool lodged in his limb (he was fine), seeing a family react to news that their older relative was in the last hours of life, chatting for ages with a 90-year-old who had worked all over the world, trying to rouse another drunk/recreational drug user on Saturday night and much more.

What will stay with me was the teamwork I witnessed and was privileged to be a part of. Everyone in A&E really pulled together, every minute of every day. They knew their business, they knew what was best for their patients, and they did everything to achieve that.

Interested in A&E?

Join the RCN Emergency Care Association at www.rcn.org.uk/forums
An end to abuse

Nursing student Louisa Power looks at the devastating impact of domestic abuse and what nursing staff can do to help tackle the emotional and physical consequences

Domestic abuse is a universal phenomenon transcending demographic and social boundaries, and can include a range of controlling, coercive or threatening behaviours. What makes domestic abuse so harrowing for its victims is that it’s perpetrated by past or present intimate partners or family members.

Despite the enormous volume of work that’s been done to improve the safety of those at risk, recent data from England, Scotland and Wales highlights that it still remains a substantial and problematic issue. In the UK, evidence suggests that more than 1.2 million women and 750,000 men in England and Wales experienced domestic abuse in 2014. However, due to the under-reported nature of this particular crime, it’s difficult to ascertain an accurate prevalence rate. It’s been suggested that as many as one in four women will experience violence of some kind at the hands of an ex or current partner.

Under the radar

As nursing professionals, our practice is based on a central ethic of compassionate care delivery and a social mandate of early intervention and health promotion within the communities we serve. However, domestic abuse often slips silently under the watchful radar of nursing professionals, posing a devastating impact on the health and wellbeing of our patients and their families.

Nurses may find it difficult to acknowledge and act appropriately to the signs of domestic abuse and may not possess an understanding of safe and effective responses to victims and perpetrators. Some nursing professionals may even be reluctant to define domestic abuse as a health issue and prefer to place it under the umbrella of social work, psychologists and psychiatrists. But domestic abuse can bring with it a plethora of serious health consequences such as acute trauma, sexually transmitted diseases, poor mental health, as well as an increased risk of developing cardiovascular disease or chronic pain. The list is inexhaustible.

So how can the next generation of nurses tackle this public health issue in a safe, timely and effective manner?

Knowledge is power

Through working as a volunteer counsellor for a charity that supports the survivors of rape, sexual abuse and domestic violence, I became aware of the inextricable link between the role of the nurse and supporting individuals living with domestic abuse. As a result of this I was inspired to lead the 16 Days of Activism Against Gender Violence at my university, Glasgow Caledonian University (GCU).

The premise of the 16 Days campaign is to challenge gender-based violence at an individual, national and global level. The GCU Nursing Society campaign consisted of a series of blog posts written by fellow nursing and social care students, health care workers and those working for charities supporting survivors of abuse. Last year we covered a number of issues such as domestic abuse in straight and lesbian, gay, bisexual, and transgender (LGBT) relationships, honour-based violence and street harassment. By the end of the campaign the blog had been accessed more than 4,000 times.

This year, the GCU Nursing Society is aiming for a similar result. One of the campaign’s key aims is to empower the nursing students of tomorrow to recognise the signs of domestic abuse and provide them with the courage to begin the conversations that could potentially save lives. Our role in tackling this serious issue is invaluable.

You can follow the campaign’s progress at www.facebook.com/16daysGCU.

Wendy Irwin, RCN Diversity and Equalities Co-ordinator, says:

“We know the true extent of domestic abuse and violence is often underestimated not just in terms of its emotional costs but its economic impact. Nursing staff, alongside other professionals, are at the forefront of identifying and responding to domestic violence and abuse. That’s why we are currently developing signposting resources to assist RCN members to achieve this.”
Art therapy

Susan Embley speaks to RCN member Mark Collins about how winning a prestigious nursing award has broadened his horizons

Newly qualified mental health nurse Mark Collins completed his nursing degree in September and has just started his first job at a nursing home in Londonderry, Northern Ireland. Earlier this year, he won the Andrew Parker Student Nurse Award for his work creating an art project to help older patients on a mental health ward. “I really love working with older people; it’s my niche and I think it’s where I work best,” says the 27-year-old.

“I always wanted to be a nurse and, in particular, work in mental health after a relative completed suicide when I was younger. Going through that gave me an insight into mental illness and made me want to help people struggling with mental health issues.”

Before embarking on his nursing career, Mark studied A level art and completed a BTEC National Diploma in art and design. It was during his final year placement at Waterside Hospital, Londonderry, when he realised that, while there was a lot of individualised care, there were no group activities on offer for patients on the acute mental health ward.

Building self-esteem

Mark decided to introduce a group-based art activity for the patients to improve their social skills and develop their self-esteem. “With my art background, I thought that I needed to do something with the patients as there wasn’t anything for them to do in a group setting. When it’s visiting time, it can be especially hard for people who don’t get regular visitors, so I thought creating the art project would help patients feel more included and give them a chance to speak to others.”

His idea got the go ahead and with just £10 from the ward manager for materials, Mark started the project.

“The patients told me that wildlife and nature made them happy, so I used that as a project theme,” says Mark. “I decided to create a colourful tree surrounded by owls and birds that was placed on the wall of the corridor. The patients’ artwork was placed around it as the project progressed to show what they had achieved.”

During his six-week placement on the ward, Mark used different forms of art and adapted it to the patients’ needs. “Some of the patients had Parkinson’s (a degenerative disease that causes shaking limbs), so we mixed it up with painting, sticking, drawing or whatever the patients wanted to do,” says Mark. “There is often stigma attached to people who have mental health issues. The art project encouraged the patients to interact and made them feel they were part of something.”

Mark submitted his project for the Andrew Parker Student Nurse Award after seeing an email about it from his university, Ulster University’s Magee College. “The email said to apply if you had done an innovative therapeutic activity and so I decided to enter. I never thought I would win,” says Mark. “Winning the award was brilliant. It has given me so much recognition and everyone has been congratulating me. I’d say it definitely broadened my horizons and gave me confidence in my nursing abilities.”

Mark’s project has continued at the ward where he was on his placement and he hopes that he can continue to use art in his nursing. “I’ve always been artistic and would love to do something with art therapy in the future perhaps. Although I worked with older people for the project on my placement, it’s something that can work with all ages and in all settings to help bring people together.”

Why not join the RCN Mental Health Forum?
Visit www.rcn.org.uk/forums

Awards ahead

The Andrew Parker Student Nurse Award is given out each year as part of the RCNi (formerly Nursing Standard) Nurse Awards. The award is for student nurses whose nursing practice, perceptions or interactions with patients have changed for the better as a result of an incident or experience during training. Student nurses can enter themselves for the award. For more information about the RCNi Nurse Awards 2016, which open for nominations in November, visit www.nurseawards.co.uk
‘Always live life to the full’
Student nurse Laura Dunn writes about how a traumatic personal experience inspired her to pursue a career in nursing

In the early hours of 17 November 2011, at aged 19, my first baby was born – a beautiful boy. Two hours after I started to become drowsy and, looking back now, was losing consciousness. My hours-old son was put down into his cot by a health care assistant and the nurse came to check on me.

Immediately the emergency buzzer was pulled and a crowd gathered at my bedside staring at the blood loss on my sheets. I was having a postpartum haemorrhage. Moments later, midwives were pushing down on my stomach to help my uterus contract while doctors were trying to remove all the blood clots. By now, I was being raced down to theatre. Once we were there, the midwives were trying to keep me awake but all I wanted to do was close my eyes and sleep. Eventually, I did.

I woke up to find I couldn’t move, speak or open my eyes. I was in darkness. Until I heard the sound of someone’s voice, an anaesthetist, shouting out that I needed a hysterectomy or I would die. The gravity of the situation suddenly dawned on me. I wasn’t fully conscious, I was still heavily sedated but it was wearing off during procedures while the team decided what to do. However, my brain was awake and I could hear everything.

Falling back under
I frantically tried to shout, open my eyes, move my fingers and toes but I couldn’t. So I started to pray, mainly that I would live and that my son who I’d met in a haze would be looked after. However, I fell back under. I woke up the next day, still heavily medicated, pulling my incubation tube out and already knowing that I had had a total hysterectomy. Furthermore, I’d received more than 60 units of blood and blood products, clocked up around 18 hours of theatre time and had wires sprouting out of my neck, groin and arms.

Before this life changing experience, nursing had never appealed to me. Even though my grandmother and mother were nurses, I had never been drawn to it in the same way. However, following this, it felt as if all the pieces had fallen together and nursing was all I wanted to do.

What I went through opened my eyes to how patients feel when they are in hospital. I felt vulnerable, that my life was dependent on other people’s decisions and ultimately that I had no choice in what was happening to me.

The experience has influenced my nursing practice by making sure I always strive to ensure everything is in the best interests of my patients. It’s also made me focus on speaking out when something is not right as with events leading up to my postpartum haemorrhage and hysterectomy, I didn’t question anything when with hindsight I should have.

As nursing students it’s vital we are our patients’ advocates, question things if we’re unsure and always put ourselves in our patients’ shoes to provide the best care possible.

Prioritising people
When you become registered you will be bound by the standards laid out in The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives. It’s built around four principles: prioritising people, practising effectively, preserving safety and promoting professionalism and trust. Visit www.nmc-uk.org/the-code

Do you have an experience to share? Email students magazine@rcn.org.uk
Making the leap
Nursing student Faith Vargas reflects on the challenging transition from student to practitioner and why courage is key

"The next three years are going to fly by, you’ll be a staff nurse before you know it!"

If I had a pound for every time someone said that to me as I was starting nurse education, I’d be a rich lady. I may not even need to finish my training because I could retire right now.

The truth though is that I always hoped they were right. At the start of my nurse education I couldn’t wait to be a fully-fledged staff nurse. It thrilled me to think my degree would fly by and that I’d soon be responsible for my own patients and earning respect and autonomy from my peers.

Sounds great, doesn’t it? Yet three years later, when people tell me the next five months will fly by and that I really will be a staff nurse soon, all I can do is look at them with fear, apprehension and self doubt.

"It’s normal to be scared, you’ll be fine..." That’s another one I hear a lot lately, but while it’s always said with kindness and sincerity it doesn’t stop me from being terrified by the responsibility I’ll soon have for my patients. No matter what they say, I still feel like I’m destined to mess up!

Normal feelings

Of course, there is a part of me that is realistic and which realises those feelings are normal. This part of me knows my confidence will grow in time and remembers all I’ve worked for over the last three years – but that part of me also knows I’m not only at risk from my own failures. That part of me is deeply troubled by how rapidly the NHS is changing around me.

It’s no secret the NHS is under pressure from every angle. It’s become impossible to switch on the news without hearing about another failing health service, or staff shortages, or diminishing resources. Nursing appears to be changing beneath our feet into a career that is more centred on blame, accountability and politics than care, compassion and patients.

In just five short months I will enter this turmoil myself as a staff nurse, without even the comfort blanket of the word “student” on my name badge. I feel like a soldier who is tired and weary from months of training and drills, only to realise that the real war is still ahead of me.

I know I’m not the only one who has these worries because my expression of fear and doubt is mirrored 30 times over on the faces of my classmates. All of us fear failing our patients and all of us worry that the NHS will fail us before we can help it. The question we keep asking is, what can we do about it?

"It’s normal to be scared, you’ll be fine..." That’s another one I hear a lot lately, but while it’s always said with kindness and sincerity it doesn’t stop me from being terrified by the responsibility I’ll soon have for my patients.

"I feel like a soldier who is tired and weary."

What’s the best piece of advice you’ve been given as a student? Email us at students magazine@rcn.org.uk

Faith Vargas

I’ve thought long and hard about this and have come to the conclusion that the only thing we can really do is take courage. Take courage from those mentors we’ve all had, who work every hour under the sun to care for their patients and never give up their passion for nursing, no matter how hard they are pushed. Take courage from our bravest patients, who need us to be their strength, voice and advocate.

Finally, we have to take courage from each other. None of us went through three years of late night essay writing, twelve-hour shifts and mini-breakdowns to give up now.
Zero tolerance
Don’t wait until you’re at breaking point if you find yourself a victim of bullying and harassment

If you are a student on placement and you experience bullying or harassment, don’t suffer in silence. Refer to your local policies and report this to your link lecturer or placement co-ordinator as soon as possible. RCN Direct is also available for RCN members 365 days a year to offer practical advice and may refer you to your regional representative. You could also seek support from your students’ union, for example, the National Union of Students (NUS).

Bullying and harassment are complex issues and can lead to unhappiness, sickness and tension," says Jan Parkes, Team Manager at RCN Direct. “However, they need to be tackled head on. The RCN Direct guide on bullying and harassment has all the information you need on recognising this behaviour and establishing the most effective ways of dealing with it.”

The RCN Direct guide describes bullying as something that can take many forms and is defined largely by its impact rather than its intent. It is generally unwanted behaviour that offends, persecutes or excludes someone. It includes treating individuals in a demeaning and unacceptable way and can be intimidating, malicious or insulting, or a misuse of power to undermine, humiliate, threaten or cause injury. Harassment is unwanted conduct affecting the dignity of a person, where the actions or comments are viewed as derogatory or unwelcome by the recipient.

Supporting Sarah
RCN member and second-year student nurse Sarah was halfway through an 11-week-placement and passing all the clinical elements. However, Sarah started to experience bullying from her mentor who objected that she was too keen – always asking questions and interrupting. The mentor said she didn’t want to work with her anymore.

Sarah called RCN Direct and an adviser listened to her concerns and suggested she keep a diary tracking the times, dates and details of bullying instances to keep a record and act as evidence should she make a formal complaint. She also suggested Sarah could contact the NUS for support and sent her a copy of the RCN Direct Bullying and Harassment Advice Guide – available at http://tinyurl.com/o0a9qum

The right side of stress
It’s important to keep stress on the healthy side of normal as RCN Counselling Co-ordinator Tanja Koch explains

The RCN Counselling Service comes across many health care professionals who continue working even though they experience physical and psychological manifestations of anxiety and stress. “Unfortunately this can lead to work errors, accidents, sickness, compassion fatigue, burnout and it can have a negative effect on the individuals’ relationships,” says Tanja Koch, RCN Counselling Co-ordinator.

“This can also be experienced by students, particularly as they start working in their placements or go on to become professionals after their degree.”

In both your personal and work life, a manageable amount of pressure can be good for you, as it can motivate you to succeed and help accomplish tasks. However, the key word is “manageable”. If your experience of pressure becomes overwhelming, you may begin to feel stressed and it’s time to take action.

Resilience, explains Tanja, is the strength it takes to cope with stress and difficult situations in life. “It’s something that can be developed and improved upon by adapting helpful coping strategies and a good level of self-care.”

“As a counsellor, I’d encourage students to consider this early to maintain a good level of health and wellbeing throughout their career and assist in providing excellent patient care.”

Tanja also encourages students to check out the RCN’s new Healthy Workplace, Healthy You campaign which aims to support healthy working environments. “It can be really beneficial for students to familiarise themselves with what responsibilities place ment providers and employers have in providing a safe and healthy working environment as this knowledge may help to assert basic needs when at work.”


Tanja’s top stress busters
1. Recognise symptoms of stress, if in doubt consult your GP.
2. Identify your stressors, taking action where needed.
3. Address lifestyle issues such as work/life balance, exercise, sleep, unhealthy diet, and increased alcohol intake.
4. Do things you enjoy and develop self-compassion.
5. Reach out and turn to people you trust as talking things through may help.
6. Access help when you feel unable to manage your stress or anxiety levels – consider counselling.
Good job
Social media can play an important role in helping you find the job you want, says Cathy Taylor, RCN Careers Adviser

Whether you’re looking for your first role as a newly qualified nurse or for part-time work to help support your studies, using social media can help you on your way. It can save you much-needed time and energy in your job search, and offers a growing number of tools to assist you.

LinkedIn
The largest online professional network, LinkedIn, has more than 161 million members worldwide. Many organisations, particularly in the private sector, scan LinkedIn profiles to search for skilled workers in a particular location. A good profile can highlight your skills, experience and education to potential employers.

Make sure you keep your page up to date and use key words that reflect the skills you would like to use in your next job.

LinkedIn can also help you connect with people in nursing and health care. So it’s not just about employers looking for you, but you identifying people who might help you in your career – to organise work-based shadowing, for example.

When you target professional contacts on LinkedIn, it’s best to keep your approach specific, showing an interest in that particular organisation or individual. Be friendly and professional. You can also join professional discussion groups to broaden your connections and knowledge, or even set one up yourself.

Twitter
Twitter enables you to follow potential employers and set up a customised feed (called a “list”) of relevant accounts. You can also post comments about professional issues and use relevant hashtags, such as those of major health care organisations.

Apps
You can download apps from many large recruitment companies, which means you can access information about all of their jobs via your mobile device or tablet at the touch of a button. This means you can find out about the latest job opportunities as soon as they become available, and access them with ease.

YouTube
Here you can subscribe to and access online videos of relevant organisations you may be interested in working for. You can also keep up with recent health care initiatives. The RCN has a YouTube channel at www.youtube.com/RCNonline

Staying safe online
Used wisely, social networking has many advantages. Andrew Greasley from the RCN’s digital team shares his top tips

1 The benefits
The people, places and organisations that matter to you are on social media. It’s a great way to meet other nursing students and raise awareness of the difference you make. But remember, you must take some precautions when you post.

2 The basics
Be wary about posting comments that could be perceived as bringing your patients, profession, university, regulator or employer into disrepute.

3 Keep it clean
Remember, anything you post on social media can be seen and shared by others. Don’t post anything that may be considered insulting, threatening or offensive.

4 Protect patients
Don’t compromise your patients’ privacy. Posting anything that helps identify them online will get you into trouble.

5 No film or photos
Pictures and videos are great, but including patients and colleagues in your posts could be perceived as irresponsible and a breach of privacy.

6 Keep it professional
Work time is for work. Using gambling websites or apps while on placement, for example, is inappropriate.

7 Check the policy
If your placement provider has an IT or social media policy, make yourself familiar with its contents.

8 Everything is public
Even if you think your social media settings are secure, you still can’t control exactly who sees your posts.

9 Know the code
Registered nurses and midwives are bound by the standards laid out in the Nursing and Midwifery Council’s (NMC) code of practice which includes a clause on using social media responsibly at all times. The NMC also provides guidance on this. Visit www.nmc-uk.org/guidance

10 No going back
You can delete a tweet or a Facebook post, but it might be too late. People can share your content without your permission and screenshot any mistakes you make.
Your vote matters

Claire Jeeves served on RCN Council and the RCN Students Committee between 2012-2014

"Your Council member will be your voice on RCN Council. They will be making important decisions about the day-to-day activities of the RCN and they will be the people who fight for a better future for you and the next generation of students. That is why it is so important for you to vote – it is your chance to support the candidate you believe will make a real difference.

"Think carefully about who you vote for. A good student Council member will be proud of nursing, fully committed to the role and determined to make a difference.

"I had many fantastic opportunities during my time on Council – helping to organise the RCN Congress student programme, becoming a trustee of the RCN Foundation, sitting on the judging panel for the RCN Wales Student Nurse of the Year Award, and meeting with key parliamentary figures such as Ed Miliband and Andy Burnham to discuss the future of nursing. All wonderful experiences that have been very beneficial to my career."
In 2016 we will be marking the centenary of the Royal College of Nursing with a year-long celebration. We’d like to invite you to take part in a wide range of activities that reflect the RCN’s history, its aspirations for the future and the diversity of its membership today.

This is your centenary celebration. All members can participate in the activities and take the opportunity to learn, forge new contacts and build relationships. Any member who attends an event will receive a gold-coloured centenary membership badge, which will not be available for general sale. Get involved to claim yours!

We’ll be looking at the history of the RCN as the voice of nursing in a dedicated exhibition at our library and heritage centre. The exhibition will explore how our membership has grown and changed over the last 100 years and how the College has supported and spoken for the profession.