

## Letter from the Editor



Jessica Inch

*Editor-in-Chief*

### FAREWELL...FOR NOW

After 5 years of editing this journal, I will be stepping down as Editor-in-Chief at the 25th annual conference in Birmingham, but will remain on the Editorial Board. In the coming issues and at the conference, you will be hearing from the new Editors Lucie Llewellyn and Lee Lui, part of the excellent team at St Georges School of Healthcare in Tooting. I understand that many of you will not have a clear idea of what belonging to the committee that runs BARNA means in terms of workload, commitment and time on top of a full time practice post. It has been hard, but I think it needs to be said that the people I have had the downright honour to work with are the most hard-working, enthusiastic, driven people I could have hoped to have as my support network throughout my role here. There is so much that is done underneath the surface of BARNA by these individuals, all for those who belong to BARNA and for the furthering of recovery and anaesthetics as specialties and indeed nursing itself. So this is A HUGE THANK YOU to mainly Manda Dunne, Pat Smedley, Natalie Quine, Markku Viherlaiho and Joni Brady. I will always be in awe of the experience, knowledge and attitudes of these individuals. So, in a world of ever-changing services and pressures like those expressed in Natalie's letter, I urge you to thank those individuals you feel make it that little bit easier to walk back onto those busy units every morning. I imagine we probably do not do it enough.

Change is a permanent fixture in the NHS and we must not get complacent. We must learn to value it as another tool that enables us to constantly reassess the care we give. This is obviously difficult when we feel stretched beyond our limits and bombarded with funding cuts, media negativity and countless other service stresses intent on constantly moving the goal posts. Recovery and anaesthetic nursing, by its very nature, deals with change on a rapid scale at the patient level. We constantly use our assessment skills to act on our findings and change an outcome for the better. I would like to think that this stretches to other areas of our nursing lives.

At times I have used this Editorial as my soapbox, and to be honest I am still unsure as to whether my past opinions have struck a chord or just angered some of you, but if I leave you with anything, I hope it is this. Nursing as a whole has gone through so many fundamental changes since those first roles identified as 'nurses' and will continue to be manipulated by forces outside our profession. Do not allow our overall nursing image to become the sacrificial lamb of the NHS in the media. Be your own voice. Get involved. If you do not like the way in which something is done, make the change at the nurse level but do not just resign yourself to individuals making decisions for you. I am secure in the knowledge that the BARNA committee will persist in being the voice of our recovery and anaesthetic nurses everywhere and continue to further our best interests and those of our patients.

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British Anaesthetic and Recovery Nurses Association

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Open to Anaesthetic and Recovery Nurses, ODPs and other professionals with an interest in this speciality.

The venue: Clarendon Suites,  
BIRMINGHAM, B16 9SB

	Warwick Suite	Barrett Suite
Friday 1/07/2011		
8.00-9.00	Coffee and Registration	→
09:00-09:45	<b>Natalie Quine</b> BARNA Chair. ARNA - BARNA - Origins to the present <b>Lesley Dowling</b> , Keynote speaker, Inaugural member and past Chair ARNA	
09:45-10:30	Applied Anatomy and Physiology in Relation to Routine Airway Management <b>Pat Smedley</b> , President BARNA	Pain Management in the PACU <b>Denise O'Brien</b> , Clinical Nurse Specialist University of Michigan Hospital
10:30-11:00	Coffee and Exhibition Clarendon Suite	→
11:00-11:45	Management of the Difficult Airway <b>Dr. Anil Patel</b> , Royal Ear Nose and Throat Hospital, Grays Inn Road	Delayed Discharge Audit <b>Lucie Lewellyn</b> , Senior Lecturer Kingston University <b>Jacqui Bishop</b> , Team Leader, PACU, St. George's Hospital, London
11:45-12:30	UK National Competencies for PACU Practice <b>Dr. David Whitaker AAGBI</b> , (Association of Anaesthetists of Great Britain and Ireland)	New Resuscitation Guidelines: Have These Made a Difference? <b>Jon Sions</b> , RGN, Dip A&E, Cert Ed. Director of Training, Resuscitation and Medical Consultancy Limited
12:30-14:00	Lunch and Exhibition in Clarendon Suite <b>AGM for BARNA members 13.00-13.30 Barrett Suite</b>	→
14:00-14:45	Running Enhanced Recovery Day by Day <b>Marie Morris</b> , Enhanced Recovery Nurse, Guy's and St. Thomas' NHS Foundation Trust	PDNV (Post Discharge Nausea and Vomiting) <b>Jan Odorn-Forren</b> , Faculty, University of Kentucky
14:45-15:30	Anaesthesia Relating to the Bariatric Patient <b>Simon Walton</b> , Consultant Anaesthetist, Eastbourne Hospital	Capnography Monitoring: Past Practice and New Advances <b>Kim Kraft</b> , Immediate Past President ASPAN
15:30-16:00	Tea and Exhibition Clarendon Suite	→
16:00-16:45	The Impact of the HDU/ITU Patient in PACU <b>Denise O'Brien</b> , Clinical Nurse Specialist, University of Michigan Hospital	Care of Critically Injured Soldiers <b>Joanne Thompson</b> , Senior Sister, Critical Care <b>Debby Edwards</b> , Consultant Nurse Acute Pain & Outreach Service Queen Elizabeth Hospital, Birmingham
16:45-17:30	Final Close Life in the Day of a Recovery Nurse 1878 <b>Patricia Smedley</b> BARNA President	→

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Established in 1987 for recovery and anaesthetic nurses who were not represented by any other association. BARNA became the UK representative for the International Federation of Nurse Anaesthetists in 1993 and has long represented the view that non-physician provision of anaesthetics would be practical in UK. Membership includes Nurses, ODP's and Doctors involved in the provision of care in the anaesthetic and recovery areas.

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