



Welcome to this latest edition of the BARNA newsletter. Conference is over for another year, but the planning has just started for next year's conference. We hope you enjoyed this years conference and look forward to you joining us again next year. More about conference 2010 a little later. If you have something you would like to contribute to the newsletter, please email the [editor](#).

BARNA Poster Competition:

There were 3 entries for this years Poster competition. All were of an excellent standard, all addressing separate and very different issues facing clinical practice. There was a poster pertaining to Thermoregulation, one on the different types of drainage systems available – from Chest drains to the different type of wound drains and last but not least a poster relating to Privacy and Dignity. All 3 posters were submitted by staff in the Russell Davies Unit at the Queen Victoria Hospital NHS Foundation Trust. The staff had been given the posters as a project to form a teaching aid that will complement the “in house” package. The posters were judged by the BARNA committee and the winning poster was..... Privacy and Dignity submitted by Jane Edwards and Tim Prodger. They both win a years membership to BARNA. All 3 posters were of a very high standard which made judging a difficult task. We look forward to next years competition.

Online membership payments

There have been a couple of incidents recently where people have used the online membership facility and have not processed payment through paypal. If you do use the online system, please ensure you complete the payment page and process the transaction. Membership will be confirmed on receipt of payment confirmation which is automatically generated by paypal on receipt of payment. IF you experience difficulties using this system, please email info@barna.co.uk and we will endeavour to fix the issues.

BARNA Conference – The Vendors

Did you visit our vendors at conference? BARNA would like to thank our vendors for their continued support of our conference and we hope to meet you all again, and some new faces at BARNA 2010. Thank you for your support, it is a pleasure for us to meet so many old and new friends again this year.



Highlights from the BARNA AGM:

Chairs report: BARNA has again been very active this year, representing BARNA and its members at every opportunity. We have been involved with the WHO Safe surgery initiative, we continue to be involved with the IFNA as their British representative, the Peri-operative Care Collaborative (PCC), ASPAN and IARNA.

Treasurers report: Finances are looking healthier. A well attended conference has helped this. A thorough breakdown of the financial situation was discussed.

Membership report: Membership numbers are increasing. Again this year we have had no one take part in the membership recruitment campaign and whether to continue this will be discussed at the next executive committee meeting. New initiatives this year include: online membership and conference booking facilities which have been used well this year and we hope this will continue. The new membership options for online have helped increase our international membership as well as there is more ease of access to the association and the costs associated with the online payment mechanisms are minimal. We have also branched out into corporate membership – allowing our vendors to join the association for a fee and there are various levels of benefit available to them for varying fees. We currently have one corporate member and this is Draegar.

Change of Officers: This year we see Mark Radford step down as BARNA President. Mark has worked with BARNA for many years now in many different roles from membership to founding the BJARN and more recently as President. Thank you to Mark for all his hard work and dedication to BARNA. We hope you continue to be involved in BARNA in the future. Mark is replaced as President by Pat Smedley – who again has been involved in BARNA for more years than she can remember. Pat has undertaken just about every BARNA role in her time (with the exception of Vice Chair). We wish her every success in her new role with BARNA.



Join us for the 24th BARNA Conference 14th May 2010



The Manchester Conference Centre, Weston Building, Manchester

Further information will be on available www.barna.co.uk in the near future.

Are you interested in speaking at the next BARNA conference?

Do you have a topic to present that is current and relevant to clinical practice? If yes, please contact info@barna.co.uk and submit an abstract for the session and a brief biography by 1st October 2009.

We look forward to hearing from you!



Earlier this year saw the launch of the new World Health Organisation (WHO) Checklist – Patient Safety First Peri-Operative intervention. BARNA was proud to be involved in this work and are actively encouraging participation in this extremely important venture. During BARNA Conference this year in June, we were very pleased to welcome Joan Russell (Head of Anaesthesia and Surgery Patient Safety Division from the National Patient Safety Agency [NPSA]) who spoke about the new checklist and how it will be implemented within the UK as per the [NPSA alert](#). The information below has recently been released for circulation to aid implementation. I don't know how many of you are ER fans, but in one of the final episodes of [ER](#) they demonstrated the use of the checklist. It is something Joan attempted to show in her presentation but was hampered by IT issues. The information below has recently been issued to further promote implementation.

10 key messages for staff concerning the WHO checklist, Patient Safety First Peri-operative intervention and the productive theatres teamwork module.

1. The WHO Checklist is a tool to improve peri-operative safety for patients. It is expected that by 1st February 2010, as a minimum, the checklist will be used for all surgical intervention.
2. All clinical staff groups report major improvements in the ability to perform their role, the reduction of incidents and improved team working and communication where this has been successfully introduced. Measure the impact of the checklist e.g. infection rates or improved timings.
3. The New England Journal of Medicine article demonstrates the considerable benefits gained from using the checklist. It is part of a large and growing body of evidence for the role of improved communication and teamwork in surgery.
4. The checklist and briefings improve safety through enhanced team performance, increased reliability of key clinical processes and deliberate planning for potential changes to 'plan A'.
5. Adding briefings before the lists starts and de-briefings after the list ends significantly enhances the safety benefits and team performance.



6. Ensure that all of the team starts together – this isn't about individuals choosing to opt in or opt out at various stages. To register compliance with the Patient Safety First peri-operative intervention, all members of the surgical team must be present at pre-list briefings, the checklist and post-list de-briefings.
7. The time invested throughout the list on briefing, the WHO checklist elements and de-briefing, should be considered an essential part of professional practice. The universal experience is that more time is saved by improved communication than is spent achieving it.
8. Successful implementation will require adapting the checklist to local routines and expectations. This can include moving specific items of the checklist to different steps in the process. While the checklist can be adapted to suit local clinical environments and different specialties it is recommended that the core content, which is based upon international evidence and opinion, be used.
9. The previous alert 'Correct Site Surgery' will form the foundation for implementing the second alert for the 'WHO checklist'. Once this is achieved the WHO checklist will then replace any previous version but the pre-operative checks remain an important part of the process.
10. The checklist is not a simple tick box; it is important that teams enter into the 'spirit' of the checklist as a tool to achieve cultural change.

MHRA have produced produce a series of educational modules about safe medical device use which it is hoped will be of interest to members of BARNA. To date, three modules are available covering:

- Electrosurgery (diathermy)
- Anaesthetic machines
- Operating tables

These modules are available on the website

www.mhra.gov.uk/conferenceslearningcentre/index.htm. The modules are password protected because they are intended for professional educational purposes but there are simple instructions on the website as to how to obtain by return the necessary password for access.



My observational practice at Queen Elizabeth Hospital – By Therese Nilsen

Becoming a nurse anaesthetist in Norway, part of your study before you finish, is to have a practice in another hospital. I wanted to go abroad, and was very happy when the arrangements came through and I could come to Queen Elizabeth Hospital in London to have a 2 weeks observational practice.

As I was telling everybody in my ward in Norway about my stay in London, I was wondering what it would be like. What kind of drugs were used? What kind of machines were you using? What were the nurses doing? What were the doctors doing?

The first day finally arrived and I was to be in the trauma surgery theatre. There were to be mostly orthopaedic surgery. The anaesthetist had already been to see the patients and she went through what kind of anaesthesia she would give the different patients with the anaesthetic nurse. The nurse had already told me some of what would happen during the day. Throughout the day I followed the nurse as he would collect the patient as he or she arrived from the ward. The nurse would check that all the papers were filled out and the information correct. When he was sure everything was correct, he would then take the patient in to the anaesthetic room. Here he would monitor the patient with BP, ECG and saturation. Then the anaesthetist came in to insert the cannula and give the patient the anaesthesia, whether it would be general anaesthesia or spinal and maybe sedation. Later on the nurse had time to help out in recovery which gave me opportunity to see what happened to the patients after the surgery.

As the days have gone by, I have seen what is going on in the main theatres, the recovery and at the day surgery. I have also followed nurses taking the patients back to the wards. Comparing it to Norway, I found that there are both similarities and differences. When it comes to the drugs, this is more similar than I thought. We use Sevoflurane in both countries. When it comes to N2O it seems that we use it more in theatres at the hospital where I work than here at Queen Elizabeth Hospital. We tend to use the same drugs, but there are some variations in how we mix them. We don't mix the Heavy Marcain with opioides to make it last longer. Learning about Diamorphine here, it seems a good thing to ensure the patients have pain relief for longer. In the hospital where I work a "normal" spinal would just be Heavy Marcain. If the operation lasts longer than the spinal, the patient will get an epidural as well. Recently the doctors actually have mixed Sufentanil and Xylocain when there is no need for a long lasting spinal. Since we tend to have the patients longer in recovery, this is some times done in order to have enough beds for the patients coming to recovery. And the feed back is that those spinals work well.



Recovery and anaesthesia are two different wards in the hospital where I work. Usually we work only in one of the wards. The nurse anaesthetists may apply for a job in recovery or do extra shifts there, but nurses trained to work in recovery can not work with anaesthesia. I think it's a good thing the way you work in both wards at Queen Elizabeth Hospital. Doing that you get to see the way the different anaesthetics affects the patients. As mentioned earlier, another difference is that in Norway we keep the patients in recovery longer. A patient with a spinal anaesthesia will have to stay in recovery until he gets his motor skill back in his legs. We also have to take out the LMA's and extubate the patients in the theatres. It seems a better way for the patients to wake up and have the LMA's removed in recovery, instead of having someone waking you up in order to get you out so the next patient can get in.

I have noticed that the use of face-masks is different in England and Norway. In Norway everyone being in the theatre during an operation, has to wear face-masks. Here it is being used by everyone during orthopaedic surgery. I have also observed it being used by the surgeons and scrub-nurses during most other operations. I'm also used to disposable gowns and drapes for every operation. During orthopaedic surgery everyone in the theatre also will be wearing disposable shirts and trousers.

I knew the doctors and nurses here had different assignments giving the anaesthesia than in Norway, I think the difference was bigger than I thought. In Norway the assignments will differ depending on the numbers of doctors and nurses. When there are lots of doctors, the nurses will be doing less, anaesthesia wise. In the hospital where I work, there will be about 2-4 doctors on a normal dayshift and 10-12 nurses. There is always a doctor and a nurse or 2 nurses at the beginning and the end of anaesthesia. The overall anaesthesia will be supervised by a nurse alone for patients in ASA group 1 and 2, while there will be a doctor present for patients in ASA group 3 and 4. There is always a doctor present for cardiac surgery or surgery done to the thorax, and surgery to small children.

That being said, I think the nurses in Queen Elizabeth Hospital have more time for their tasks, which can enable them to work more safely. When we are checking the information with the patient, we have to put on the equipment for the monitoring at the same time. At Queen Elizabeth the nurses will first check the information then start monitoring the patient. In other words the nurse can have her or his full attention to the patient in both cases. There will be less chance of any mistakes happening. The patient will probably feel more taken care of as the nurse can fully concentrate on one thing at the time, being aware of the patients reaction to what is being said or done.

At Queen Elizabeth Hospital there are anaesthetic rooms. In the hospital where I work in Norway, we don't have rooms like that. The patients come directly into the theatre where they are likely to be disturbed by the noise of all the nurses around them, getting everything ready for the operation. I think it is better to



have anaesthetic rooms. There the patient will be in focus and it is quieter than a busy theatre. The patient may be anxious about the operation. This will be easier to manage with less noise and people around.

All in all I am very pleased with my stay at Queen Elizabeth Hospital. I have met several welcoming doctors and nurses willing to show, inform and explain what they are doing. I will have a lot to tell my colleagues about when I get home to Norway. And I hope they will be open for some new ideas! A big THANK YOU to the people at Queen Elizabeth Hospital who welcomed me and made it possible for me to come and have a look! You've made me think that I may want to come back some other time!

[Healthcare Events are pleased to offer British Anaesthetic & Recovery Nurses Association members a 15% discount on the following Nursing conferences](#)

(quote reference **BARNA01/15%** in the 'for office use only' box on the booking form)

A Practical Guide to

Improving Patient Safety on the Wards

Including Nursing Indicators and Metrics for Patient Safety

For Matrons, Ward Managers and Senior Nurses

Wednesday 16 September 2009

20 Cavendish Square, London

Chaired by **Suzanne Woodward** *Director of Implementation Patient Safety First Campaign and Nursing Leader for Patient Safety The National Patient Safety Agency (NPSA)*, this one day conference opens with an update on the National Patient Safety First Campaign: the nursing contribution, and continues with a keynote presentation on High Quality Care for All: introducing nursing indicators and metrics for patient safety, including the opportunities and challenges of measuring quality and safety and identifying indicators to measure patient safety.

This conference has been **Accredited by the RCN Accreditation unit.**



RCN Accredited events can enhance your CPD portfolio and contribute towards your continuing professional development.

To download a copy of the conference programme, please [click here](#)

For more information contact **Hanisha** on 020 8541 1399 or email hanisha@healthcare-events.co.uk

A Practical Guide to Measuring, Monitoring and Improving 'Failure to Rescue' the Deteriorating Patient as a Nursing and Patient Safety Indicator

Thursday 17th September

Manchester Conference Centre, Manchester

This one day conference provides a practical guide for nurses on how they can contribute to improving 'Failure to Rescue' rates amongst deteriorating patients on the wards.

Chaired by **Kate Beaumont** *Head of NHS and Patient Engagement, National Patient Safety Agency and Advisor on deterioration to the Patient Safety First Campaign for England and Deterioration Project Lead, NPSA*, the conference opens with an overview of the National Patient Safety First Campaign: Intervention for Reducing Harm from Deterioration and a keynote update on the NICE Guidance, Recognising and Responding to the Acutely Ill and Deteriorating Patient on the Ward.

This conference has been **Accredited by the RCN Accreditation unit.**

RCN Accredited events can enhance your CPD portfolio and contribute towards your continuing professional development.

To download a copy of the conference programme, please [click here](#)

For more information contact **Hanisha** on 020 8541 1399 or email hanisha@healthcare-events.co.uk



A Practical Guide to

Improving Nutrition on the Wards

Implementing the 10 key Recommendations for Good Nutritional Care in Hospitals and Moving Forward

Tuesday 22 September 2009

20 Cavendish Square, London

Chaired by **Andrea Cartwright** *Chairperson* National Nurses' Nutrition Group and *Senior Nutrition Nurse Specialist* Basildon and Thurrock University Hospital NHS Trust & *Executive Committee Member*, BAPEN the fifth annual Improving Nutrition on the Wards conference provides a practical guide to implementing the 10 Key Recommendations for Good Nutritional Care in Hospitals with a focus on moving forward.

The conference explores the latest developments in improving hospital food and service delivery including Reviewing and revitalising the approach to nutritional care.

This conference has been **Accredited by the RCN Accreditation unit.**

RCN Accredited events can enhance your CPD portfolio and contribute towards your continuing professional development.

To download a copy of the conference programme, please [click here](#)

For more information contact **Hanisha** on 020 8541 1399 or email hanisha@healthcare-events.co.uk



A Practical Guide to Delivering

Effective Discharge Practice

Reducing Delayed Transfer of Care

For all Members of the Multidisciplinary Team

Wednesday 23rd September 2009

76 Portland Place, London

This one day conference focuses on delayed transfer of care and is an opportunity to hear practical and proactive advice from leading practitioners on improving and redesigning the discharge process to deliver high quality care and improvement the patient experience.

David Howard *Process and Improvement Practitioner* The Manufacturing Institute will discuss the application of Lean principles to the discharge process and practical examples of application within the complex discharge process.

The conference also includes case studies and a series of focus sessions, including integrated care pathways for the rapid discharge of dying patients, improving discharge the 'productive' way and working together to eliminate delayed discharge and transfer of care.

Supported by The Manufacturing Institute

This conference has been **Accredited by the RCN Accreditation unit** and is an **IHM recognised conference**.

RCN Accredited events can enhance your CPD portfolio and contribute towards your continuing professional development.

To download a copy of the conference programme, please [click here](#)

For more information contact **Hanisha** on 020 8541 1399 or email hanisha@healthcare-events.co.uk



Eighth National Conference

Essence of Care: moving forward

To continuously measure and improve the quality of patient care in everyday practice

Tuesday 29 September 2009

20 Cavendish Square, London

This conference provides an important update on the latest developments in delivering Essence of Care and connecting the benchmarks to the national quality indicators, nursing metrics and quality accounts.

Linda Watterson Programme Manager, *Evaluating and Improving* The Royal College of Nursing, will give an update on the latest developments in National Clinical Audit for Essence of Care, followed by a presentation from **Maureen Morgan** Professional Officer Department of Health, who will give a national update on Essence of Care and how it will fit into the new national quality indicators and quality accounts.

With focus sessions on delivering the essence of care in everyday practice, delivering the new pain benchmark and the patient care environment, this conference will provide you with the tools you need in delivering Essence of Care and linking with nursing metrics.

This conference has been **Accredited by the RCN Accreditation unit.**

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A Practical Guide to Developing and Implementing Nursing Indicators and Metrics

Implementing High Quality Care for All

Wednesday 7 October 2009

20 Cavendish Square, London

Chaired by **Gerry Bolger** *Programme Lead Quality in Nursing* Department of Health who will discuss the developments since the 'state of the art' nursing metrics were introduced, engaging nurses in the promotion of continuous quality improvement and introducing the key indicators for nursing quality.

The conference opens with a keynote introduction on the implications of High Quality Care for All for nurses and nursing care. You will also hear about national and local developments for nurses taking the lead in quality improvement, as well as how clear accountabilities will be defined for the quality of nursing from point of care to the boardroom.

With focus sessions on the priority areas for nursing metrics and bringing the data all together this conference will provide you with a practical guide to developing and implementing nursing indicators and metrics following the publication of the NHS Next Stage Review: High Quality Care for All.

This conference has been **Accredited by the RCN Accreditation unit** and an **IHM recognised conference**.

RCN Accredited events can enhance your CPD portfolio and contribute towards your continuing professional development.

To download a copy of the conference programme, please [click here](#)

For more information contact **Hanisha** on 020 8541 1399 or email hanisha@healthcare-events.co.uk



A Practical Guide to Developing you Skills as an Effective Ward Manager

For current and aspiring Ward Managers/Ward Sisters/
Charge Nurses and Senior Nurses

Tuesday 20 October 2009

20 Cavendish Square, London

Following the success of our previous 'Effective Ward Manager' conferences, we are pleased to announce the tenth national conference.

Whether you are currently a Ward Manager or are aspiring to the role, this conference provides an important update for ward managers, ward sisters, charge nurses and senior nurses following the RCN recent report: '*Breaking down barriers, driving up standards: the role of the Ward Sister and Charge Nurse*'.

Chaired by **Denise Kelly** *Nursing Advisor in Management and Leadership* The Royal College of Nursing the conference opens with a keynote introduction from **Maura Buchanan** *President* Royal College of Nursing who will give an overview of the findings and recommendations outlined in the recent report, learning from the review and implementing systems of support for the Ward Sister and charge nurse.

This conference has been **Accredited by the RCN Accreditation unit.**

RCN Accredited events can enhance your CPD portfolio and contribute towards your continuing professional development.

To download a copy of the conference programme, please [click here](#)

For more information contact **Hanisha** on 020 8541 1399 or email hanisha@healthcare-events.co.uk



A Practical Guide to Developing, Measuring and Maintaining Competence in New Nursing Roles, Skills and Advanced Practice

Competency Frameworks, Education, training and Audit

Wednesday 4 November 2009

20 Cavendish Square, London

The conference opens with a keynote address from **Chris Cadwell** *Programme Director – Modernising Nursing Careers CNO Professional Leadership Team Department of Health* who will discuss competence to provide High Quality Care for All and the developing opportunities available to frontline nurses and midwives.

The conference focuses on demonstrating personal competence for career development and progression, followed by case study presentations on developing competence in practice. The Conference will close with an extended Question and answer session and panel discussion.

Whether you are responsible for the management of nurses or want to find out more about developing competence in your own role, this conference will provide a unique opportunity to learn about both the policy and the practical development of advanced nursing practice.

This conference has been **Accredited by the RCN Accreditation unit.**

RCN Accredited events can enhance your CPD portfolio and contribute towards your continuing professional development.

To download a copy of the conference programme, please [click here](#)

For more information contact **Hanisha** on 020 8541 1399 or email hanisha@healthcare-events.co.uk



The Premier conference and exhibition for nurses running effective clinics and services

Nurse Clinics 2009

ONLY £190 + VAT

Friday 6 November 2009

Manchester Central Convention Complex

This second national conference provides an important forum to learn about the latest developments in running successful nurse clinics and the many innovative approaches being implemented across the UK and internationally both in **primary** and **secondary care**.

With an opening address from the **Royal College of Nursing** and an international keynote address from **The Australian Nursing and Midwifery Council** reflecting on national progress and learning from overseas, the conferences provides an important forum to learn about the latest developments in running successful nurse clinics and the different approaches being implemented across the UK and internationally.

The conference closes with an address from the **Nursing and Midwifery Council** on the future for nurses and nursing care and an update on the regulation and revalidation of advanced nursing practice. Delegates will have the opportunity to take home messages that will inspire change in their practice, which is summed up in the final session 'So what do I do tomorrow?'

This conference has been **Accredited by the RCN Accreditation unit** and an **IHM recognised conference**.

RCN Accredited events can enhance your CPD portfolio and contribute towards your continuing professional development.

To download a copy of the conference programme, please [click here](#)

For more information contact **Hanisha** on 020 8541 1399 or email hanisha@healthcare-events.co.uk



Coming Soon....for your information

A Practical Guide to Delivering Effective

Nursing in Stroke Care

Moving forward following the National Stroke Strategy and
NICE Guidance

Tuesday 10 November 2009

20 Cavendish Square, London

A Practical Guide to Developing your Skills as an

Effective Senior Charge Nurse

For current and aspiring Senior Charge Nurses,
Ward Managers and Sisters

Wednesday 11 November 2009

9 Queen Street, Edinburgh

A Practical Guide to Developing your Skills as an

Effective Ward Manager

For current and aspiring Ward Managers/
Ward Sisters/Charge Nurses and Senior Nurses

Thursday 19th November 2009

Manchester Conference Centre, Manchester



A Practical Guide to Developing Effective

Nursing Leadership

For Modern Matrons, Senior Nurses and Nurse Managers

Tuesday 8th December 2009

20 Cavendish Square, London

For more information and to register for the conference brochure please contact **Hanisha** on 020 8541 1399 or email hanisha@healthcare-events.co.uk



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BJARN

Information for Potential Authors

The British Journal of Anaesthetic and Recovery Nursing publish the following types of articles, but welcome any submission of relevance:



- Editorials
- Original articles
- Original research
- Study day and conference reports
- Correspondence
- Case reports
- Notices
- Review articles
- News articles
- Audit reports
- Unit Interviews 'Introduce Your Unit'

Submitted Material

Authors are requested to submit a copy of their typescript as a 'word' document, preferably by email as the Editor cannot accept responsibility for damage to/or loss of material discs. When a paper is accepted for publication, it is done so on the understanding that it is not being submitted simultaneously to any other journal in the English language. The Editor will make editorial and literary corrections as she sees fit. Any opinions expressed or policies advocated do not necessarily reflect the opinions or policies of the Editor or the British Anaesthetic Recovery Nurses Association. Any article submitted should contain:

- Title of the article
- Initial and name of each author
- Relevant qualifications
- Name and address of the department or institution to which the work should be attributed
- Name, address, telephone number and e-mail address for the author responsible for correspondence
- Abstract or summary and section headings if suitable

Diagrams, Illustrations and Photographs



All diagrams, pictures or illustrations should have a short description or caption sent with them. Titles should appear above each table or figure. They should also be referred to in the text. Photos should be sent as an attachment and as a jpeg file, along with where you wish them to be placed.



Harvard Referencing

References should be presented in the Harvard style. The accuracy of the reference you provide is your responsibility. In the text your reference should state the author's surname and the year of publication e.g. [Smith, 2002] unless the reference is at the beginning of the sentence when only the date is put in brackets e.g. Smith [2002] states ... If there are two authors, you should give both surnames [Smith and Black, 2001]. When a source has more than two authors, give the name of the first named author followed by 'et al', however do not use *et al* in the reference list, credit must be given to all authors. Where a quotation is used within your paper; the author, date and page number should be given, e.g.

'For many years the recovery unit has been viewed as the "Cinderella" of the operating department. Indeed twenty-five years ago many hospitals did not have recovery units and post surgical patients were recovered on the surgical wards directly from theatres.' (Oakley and Spiers, 2004 P 137)

A list of all the references in your manuscript should be typed in alphabetical order, on a separate sheet entitled 'References' at the end of the paper. Each reference to a paper needs to include authors' surnames and initials, year of publication, full title of paper, full name of journal, volume number, and first and last page numbers. References should conform to the Harvard style. Here is an example:

Wilson S, Forrester A (2002) The way forward for anaesthetic and recovery nursing. Accident and Emergency Nursing 13(1), 1-8.

References to books should be given in a slightly different form, as in this example:

Radford M, County B, and Oakley M (2004) Advancing Perioperative Practice. Cheltenham: Nelson Thornes.

When using an edited book, the author of the chapter will be used in the text and in the reference list it will be referred to in the following way:

Oakley M and Spiers C (2004) Chapter 6 Principles of Recovery Practice. IN Radford M, County B and Oakley M (2004) Advancing Perioperative Practice. Cheltenham: Nelson Thornes.

Secondary references can be used, but overall these should be avoided. With the advent of the internet there are very few primary sources that will be unavailable to authors. The rationale for using a secondary reference is that the author is unable to find the primary source and must therefore use the secondary reference. If a secondary reference has to be used, the text should



read; Smith [1978] cited by Brown [2004]. In the reference list it is Brown that is listed as the reference, because if the Smith reference had been used it would be the primary reference.

Letters to the Editor

Readers are welcome and encouraged to write about any topic that relates to the practice of anaesthetic and recovery practice or relevant to contents of the journal. Such letters will be published under 'short communication' and can be in relation to something you have read in the journal, or an item of news, etc.



We are waiting for your emails and phone calls



The Editor in Chief and relevant members of the committee would be pleased to hear from any potential authors. Please do not hesitate to contact us. If having your work published sounds like a scary prospect, drop us an email and we will offer advice and support and start you on the road to being in print. Publishing in the British Journal of Anaesthetic and Recovery Nursing is an excellent opportunity for professional and personal enhancement. So come on,

Your journal is growing: Be part of it.

Submissions and ideas to:

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