

WORLD FEDERATION OF CRITICAL CARE NURSES



CONTENTS

1.	Report from President, WFCCN	1
2.	Worldwide Collaboration	2
	<ul style="list-style-type: none"> World Federation of Intensive and Critical Care Medicine International Council of Nurses 	
3.	Development of Membership to WFCCN	4
	<ul style="list-style-type: none"> New Memberships 2007 – 2009 Overview of Current Membership 	5
4.	Key Meetings and Decisions	6
	<ul style="list-style-type: none"> African Critical Care Nurse Leaders Meeting South American Speaking Tour with President of WFCCN Middle East Connection 	7
		8
5.	Regional Updates	9
	<ul style="list-style-type: none"> European Federation of Critical Care Nurses Associations (EfCCNa) Report Federación Latinoamericana de Enfermería en Cuidado Intensivo (FLECI) Report 	
6.	Key Position Statements	11
	<ul style="list-style-type: none"> Declaration of Manila Revised 	
7.	Programs	
	CONNECT: World of Critical Care Nursing	
	Website Redevelopment	12
8.	Projects – Current	13
	<ul style="list-style-type: none"> Surviving Sepsis International Sponsorship Program 	14
	Projects -Emerging	15
	<ul style="list-style-type: none"> Critical Care Nurse Education Network Proposal The WINNER Project 	16
9.	Research Priorities	17
	<ul style="list-style-type: none"> Third World Survey 	
10.	Publications	20
11.	Conference Report	21
	<ul style="list-style-type: none"> 4th WFCCN Congress, South Africa 2007 5th WFCCN Congress, Mexico 2008 6th WFCCN Congress, Italy 2009 	22
		23
12.	Future Conferences	24
	<ul style="list-style-type: none"> Guidelines to Host WFCCN Congress 	

REPORT FROM PRESIDENT, WFCCN

Never doubt that a small group of committed citizens can change the world.
Indeed, it is the only thing that ever has.
(Margaret Mead)

Reflecting on the immortal words of the American anthropologist, Margaret Mead, I think of the journey many of you have shared with me and our friends to establish and grow what has now become a world-wide movement – the World Federation of Critical Care Nurses (WFCCN).

Although we have not found the cure for cancer or the solution to world peace, we have certainly been able to mobilise and bring together many key nursing leaders from many parts of the world to communicate, collaborate and cooperate....this was the wish of our critical care nursing ancestors who would come to the WFSICCM World Congress every 4 years and lament the absence of a world wide critical care nursing structure and would look with envy at the structure and activity of the WFSICCM..... we can now say we have made it!

WFCCN has a growing reputation as a network of committed critical care nurses and nursing organisations from around the world who want to make a difference. WFCCN network mobilises people who are mindful and respectful of the plight of others, who believe in hope and the prospect of change, and who display compassion and service to those in need.

This work continues every day at a local level within our units and hospitals, it is extended to our broader communities in our cities and countries and at an international level we now have strong networks and activities that span every major region of the world.

The last 2 years have shown that despite many challenges in the world, WFCCN remain a source of great support, encouragement and information to critical care nursing organisations and other health and government organisations throughout the world.

This last decade opened with the promise of a new world order for critical care nursing. Our first world wide survey of critical care nurses commenced in 1999 and took 2 years to profile 23 countries, resulting with a meeting on 30 October 2001 in Sydney Australia to form the WFCCN with 8 founding member countries.

This decade will end with a solid WFCCN structure in place which now boasts around 35 member countries and a range of activities aimed at supporting the development of safe, ethical and compassionate critical care nursing throughout the world.

As my term as president of WFCCN draws to an end I wish to sincerely thank the many great nursing leaders I have met and who have helped me and my friends on this journey. We have done many great things together. I am confident many great things will follow this next decade and look forward to seeing how great this organisation and many of you become.

Our accomplishment report for 2007–2009 is provided to account for our actions on your behalf as the leading critical care nursing organisation of the world.

Take care,

Professor Ged Williams
Founding Chair, WFCCN
President, 2007 – 2009

WORLDWIDE COLLABORATION

Message from the WORLD FEDERATION OF SOCIETIES OF INTENSIVE AND CRITICAL CARE MEDICINE

Dear Colleagues,

On behalf of the World Federation of Societies of Intensive and Critical Care Medicine (WFSICCM) I would like to congratulate the World Federation of Critical Care Nursing (WFCCN) on the continuation of its impressive growth and development. The WFSICCM has been intimately involved with the development of an international nursing forum and an integrated nursing membership on its Council several years ago. The development of the WFCCN is a natural and very desirable extension of this activity, and the WFCCN is to be recognized for undertaking this successful initiative. I particularly want to pay tribute to Ged Williams. His leadership, inspiration and tireless energy have been key factors in the establishment and development of the WFCCN

The collaboration between our organizations must reflect the collegial relationships between nursing and physician partners that exist in the most successful Critical Care Units. Certainly our heritage and past performance support this relationship, and together our organizations must effectively bridge the gaps of distance, resources, language and expertise that compromise the care of many patients. We all live in an interdependent world and more than ever we now have a growing responsibility to foster international collaboration in critical medicine because of the growing international focus of disease. From the initial SARS episode to today's Swine flu, disease knows no boundaries. The importance of strong and continuing collaboration between our two organizations is fundamental to our individual and collective success. Through this collaboration will be able to positively affect critical health care delivery in an important and meaningful way worldwide.

This year marks the WFSICCM's 10th Quadrennial Symposium in Florence, Italy on August 28th to September 1st, 2009. Our Italian hosts have created an excellent program that incorporates WFSICCM and WFCCN activities. I look forward to welcoming you to your 6th Annual Congress and to participating together in a number of interesting and challenging forums. It has been a privilege for me and my WFSICCM Council colleagues to participate in the growth and development of your organization. I look forward to our continued partnership, collaborative projects and successful care initiatives to improve access to and implementation of therapies to critical care patients.

José Besso MD MACP FCCP FCCM
President



José Besso MD MACP FCCP FCCM

WORLDWIDE COLLABORATION

Message from the CHIEF EXECUTIVE OFFICER OF THE INTERNATIONAL COUNCIL OF NURSES

The International Council of Nurses (ICN) is a federation of National Nurses' Associations (NNAs), representing more than 13 million nurses in 133 countries. ICN works to ensure quality nursing care for all, sound health policies globally, the advancement of nursing knowledge, and the presence worldwide of a respected nursing profession and a competent and satisfied nursing workforce.

On behalf of the ICN Board I congratulate WFCN on its leadership in reaching out to nursing colleagues globally and regionally and helping to unite and strengthen nursing and healthcare worldwide.

Economic, structural and technological changes in health care systems around the world have created a challenging environment for nursing practice. The latest technological changes create new opportunities for local, national and international health care delivery. Not only do nurses need to have access to these technologies but they must also hold the necessary knowledge and skills for best use of this equipment.

The aim of advanced practice roles is to improve patient care, and so collaboration between nursing and other health professions is critical. An essential element of quality care is the complementarity of professional skills and professional roles. With the current workforce shortages, making the best use of our existing resources is critical. As health professionals, we should commit ourselves to the development of shared goals and, thus, shared competencies as an essential requirement to delivering high quality care.

Caring for families is a role intrinsic to nursing. I acknowledge the WFCN and critical care nurses everywhere for your commitment to providing and improving quality care for both your patients and their families. Nursing has always been about putting patients and their families first and we congratulate you for your emphasis on this.

I commend the WFCN on its hard work and many achievements over the past 2 years. Please accept ICN's best wishes for continued success in its future endeavours.

David Benton
ICN Chief Executive Officer
President



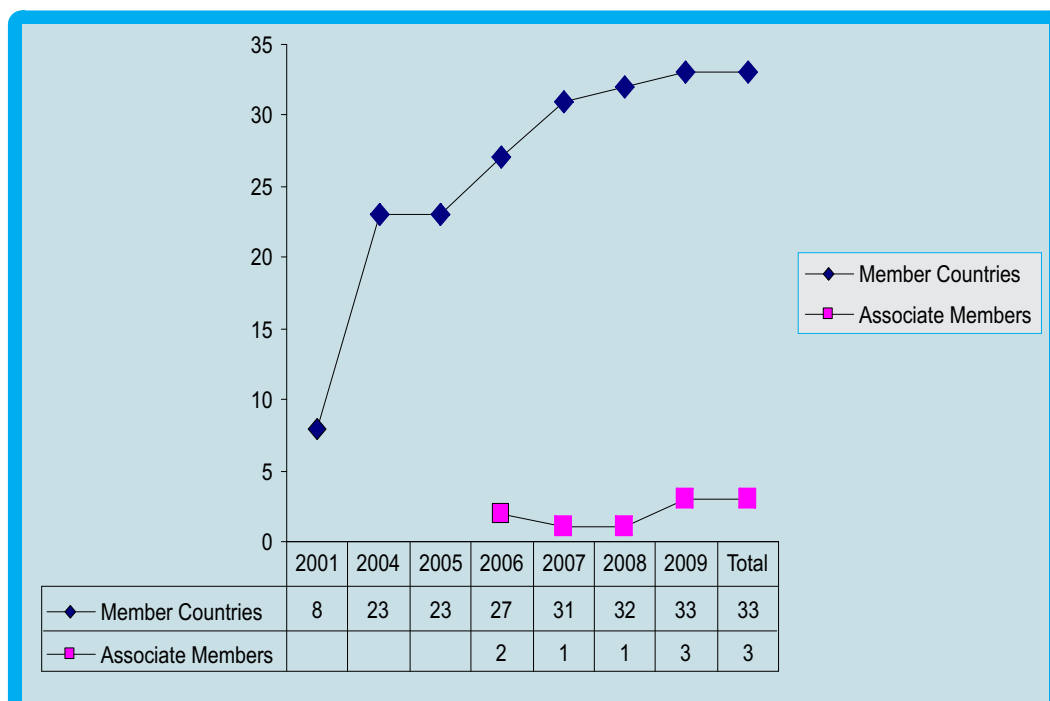
David Benton
ICN Chief Executive Officer

DEVELOPMENT OF MEMBERSHIP TO WFCCN

New Memberships 2007 – 2009

There were five new members accepted at the Full Council Meeting in South Africa and Mexico. Five were accepted as Council Members (Nigeria, Bolivia, Colombia, Argentina and Serbia). This now makes a total of 32 country members for WFCCN. The figure shows a growing trend of WFCCN membership.

Member applications to WFCCN were received from Italy (AISACE) and two individual member applications (Mr Vednidhi Sharma Mudhoo from Mauritius and Professor Sergey Ivanovich Dvonikov from Russia). This makes a total of 33 country member organisations and three associate members for WFCCN.



WFCCN Country Membership and Associate Members by year end 2009

OVERVIEW OF CURRENT MEMBERSHIP 2001 - 2009

WFCN now has 33 country member organisations and three associate members. An overview of member organisations is provided in the table below. This is based on review of past WFCN Council Records. Year and place of country member organisation acceptance are also shown.

2001 Founding Countries	2004 Cambridge	2006 Manila	2007 South Africa	2008 Mexico	2009 Florence
Australia	Mexico	Venezuela	Nigeria	Serbia	Italy
Canada	Netherlands	Peru (1&2)	Bolivia		<i>Mauritius</i> **
Hong Kong	Norway	Croatia	Colombia		<i>Russia</i> **
Denmark	Slovenia	<i>United Arab Emirates</i> **	Argentina		
Korea	America (USA)	<i>Argentina</i> **			
New Zealand	Iceland				
Philippines	South Africa				
United Kingdom	Spain				
	Cyprus				
	Japan				
	China				
	Chile				
	Brazil				
	Taiwan				
	Sweden				

Overview by year of WFCN Country Membership and Associate Members

KEY MEETINGS AND DECISIONS

African Critical Care Nurse Leaders Meeting

The first meeting with African Critical Care Nurses was held on the 15th August 2007, during the proceedings of the 4th WFCCN Congress in Sun City, South Africa. This was participated by twenty six (26) Critical Care Nurse Leaders from seven countries in Africa.

During the meeting the following were achieved.

- ✍ Presentation of the WFCCN by Ma Belle Rogado, as the outgoing Chair
- ✍ A brief overview of the historical development, current achievements and future aspirations of WFCCN was provided by Professor Ged Williams, as the incoming Chair.

African Critical Care Nurses Leaders shared their problems related to clinical practice. Insights were gained in understanding practices in Ruanda, Congo, Tanzania, Kenya, Nigeria, Botswana and South Africa. War, wide-spread poverty and disease add significantly to Africa's problems. Within some countries, nurses are struggling to establish a nursing council. There are different levels of basic nursing training and limited accessibility to clinical facilities which makes further career advancement difficult for many African nurses. Communication such as language and internet accessibility remains a huge barrier.

Now with two African organizations as key contacts for WFCCN, there is opportunity to extend existing networks in the north (NANIN) and south (CCSSA). Professor Ged Williams reiterated “there is hope for Africa as a group of federated countries and we agree to work together in the African way and the African time frame”.



African Critical Care Nurse Leaders meet WFCCN Council Members in a meeting held in Sun City, South Africa, 2007.

SOUTH AMERICA SPEAKING TOUR WITH PRESIDENT OF WFCCN

African Critical Care Nurse Leaders Meeting

In November 2007, Ged Williams –WFCCN President– participated on a speaking tour in South America. In order to make best use of time and resources conferences were carefully coordinated between Chile, Argentina, Uruguay, Bolivia and Colombia. Ged was able to deliver 18 conference papers across 5 countries over 2 weeks and mainly in Spanish. Local critical care nursing leaders and organizations and hospitals utilised the opportunity to engage Ged in meetings and discussions to help inform and plan key ideas and activities relevant to nursing practice and professional development.

1. Chile.

On November 09 – 10, 2007, Ged participated in the '3ra Jornada de Enfermería Intensiva de la Red de Medicina Intensiva', (3rd conference of Intensive Care Nurses of the Network of Intensive Medicine). The conference took place in Auditorion Teleton in Santiago.

2. Argentina

In November 12 and 13, Ged participated as invited speaker in the 1ras Jornadas del Comité de Expertos de Enfermería en Cuidados Críticos de la Federación Argentina de Enfermería y 1ras Jornadas de Enfermería en Cuidados Críticos del Hospital Británico de Buenos Aires (First conference of the committee of expert critical care nurses of the federation of Argentinean Nurses and the First conference the critical care nurses of Hospital Britanica, Buenos Aires, Argentina). The Conference took place at Ravenscroft Conference Room of British Hospital of Buenos Aires, and was organized by the Critical Care Nursing Experts Group and the Teaching and Research Department of British Hospital of Buenos Aires.



3. Bolivia

In November 14, WFCCN President participated as an invited speaker in the VI Jornada Nacional de Enfermería en Cuidado Intensivo y II Jornada Internacional de Actualización en la Atención del Paciente Crítico (6th Nacional Intensive Care Nursing Conference and 2nd International Update on the critical patient). The event, organized by the Bolivian Society of Critical Care Nurses Branch Santa Cruz, took place on November 13, 14 y 15 in Santa Cruz, Bolivia.



4. Uruguay

WFCCN President participated in the VIII Pan American and Iberic Congress of Intensive and Critical Care Medicine, organized by Uruguayan Society of Intensive Care Medicine together with the Pan American and Iberic Federation of Societies of Intensive and Critical Care Medicine. The Congress took place from November 17 through 21, 2007 in the city of Punta del Este, Uruguay. Concurrently a meeting of FLECI occurred and many nursing activities and meetings of Latin American critical care nursing leaders.



5. Colombia,

WFCCN President participated on November 22 y 23, 2007, as an invited speaker in the I CONGRESO INTERNACIONAL DE ENFERMERÍA EN CUIDADO CRITICO "Retos y perspectivas siglo XXI", (1st International Conference of critical care nurses, "Challenges and perspectives of the 21st century") organized by the Colombian Association of Critical Care Nurses together with the Academic Group of Critical Care Nursing of Nursing Faculty of the National University of Colombia. This conference combined a great educational event with the launch of the Colombian Association of Critical Care Nurses.



MIDDLE EAST CONNECTION

Salam alaikom (Welcome)

In April 2009 the first Asian–African Conference of the World Federation of Societies of Intensive and Critical Care Medicine (WFSICCM) was held in conjunction with the International Pan Arab Critical Care Medicine Society at the Dubai International Convention & Exhibition Centre, United Arab Emirates.

The conference addressed many significant topics related to critical care, including: Sepsis, Mechanical Ventilation, Nutrition, Neuro Critical Care, Paediatric ICU, Quality Management in ICU, Infection in ICU and Nephro–critical Care.

As a member of the WFSICCM Council I had the honour of being invited to this event as a speaker and participant which allowed networking opportunities with many of our nursing colleagues in the Pan Arab region.

Although there are some cultural and geo–political difference between this part of the world and others, such differences are totally lost when critical care nurses and doctors start discussing their passion and desire for quality care to patients and communities, a single bond we all hold!

The networks with the Pan–Arab and North Africa region are being used to help with our world wide survey and there is a long term desire for a WFCCN congress to be held in the region in the coming years.

To date, none of the Arab states have a critical care nursing organisation, however many individuals are inspired to try and create a network and the Pan Arab Critical Care Medicine Society members are very supportive of their nursing colleagues to participate in their activities and the activities of their national medical societies until such time as the nursing groups can find their own identity should that be their goal.

I am particularly indebted to Geraldine Reyes (see photo), an Intensive Care Unit Nurse Manager in Dubai and one of the conference organisers, for her great leadership and hospitality during the conference.

It is from short encounters like these that many of our great regional networks have flourished... watch this space!

Ged Williams



Geraldine Reyes and Ged Williams, enjoying a dinner cruise with colleagues of the Dubai conference, April 2009.



As we enter our year of 10th anniversary we, EfCCNa members can look back and can be proud of our achievements. There have been held three international congresses for critical care nurses. The largest event by far was the congress held in Florence, Italy in 2008 with a participation of an approx 2200 critical care nurses which makes this the biggest critical care nursing conference ever, held in Europe. At each conference, a survey of different critical care issues has been carried out. Results have been presented internationally at various congresses and published in international peer reviewed journals as well as position statements.

Currently, three further studies using are being undertaken as part of the R&D strategy and include: a Delphi study exploring critical care nursing research priorities, Professional autonomy and associations with nurse–physician collaboration and moral distress in European critical and intensive care nurses– a pilot study and the Europe – Levels of Intensive–Care Nurses' Knowledge Survey (e–LINK) study on critical care nurses' knowledge.

A survey on Education Programmes for Critical Care Nurses in Europe was carried out in 2002. Based on the findings a Position Statement on Post–registration Critical Care Nursing Education was launched in 2004 and is published on EfCCNa website. Continuous work is being carried out to develop a curriculum for a master's degree and develop a new position statement. EfCCNa offers an exchange programme which gives critical care nurses all over Europe a great opportunity to visit ICUs and colleagues in other countries. In 2007, a Position Statement on staffing and patient dependency level was launched and published on the EfCCNa website.

During the past years EfCCNa website has undergone continuous improvements and will continue to do so in near future.

EfCCNa established collaboration with several European Nursing federations representing special areas of nursing. In 2007 EfCCNa became one of the founding members of the European Specialist Nurses Organisation (ESNO) which set a formal structure for collaboration. ESNO is an associate member of the European Federation of Nurses (EFN), the official platform of nurses in Europe working with the EU commission and parliament. EfCCNa has also direct links with the World Federation of Critical Care Nurses (WFCCN) and together they collaborate on the online journal CONNECT– the world of critical care nursing.

This can all be achieved by EfCCNa´s principles of democracy, equality and respect and it believes that through working together we achieve more.

Rósa Thorsteinsdóttir
President of EfCCNa

REGIONAL UPDATES

Federación Latinoamericana de Enfermería en Cuidado Intensivo (FLECI) Report

Latin American Federation of Intensive Care Nurses was created in 2006 supported by WFCCN. Since its creation FLECI made efforts to strengthen the organization and move forward.

In November 2007 they had the 1st Council Meeting Concurrently with the Pan-American Congress of Intensive Care Medicine organized by the Uruguay Society of Intensive Care Medicine. Delegates and proxies from Peru, Bolivia, Uruguay, Argentina, Chile, Colombia and Spain participated. Colleagues from Ecuador and Cuba were especially welcomed since they were the first FLECI contacts in those countries. WFCCN president also participated in this meeting. Leaders accepted the Peruvian application as a Host Organization for 1st FLECI Congress in 2008.

FLECI continue strengthen the linkages with WFCCN and made an agreement with CONNECT the Official Journal of WFCCN in order to start publication in Spanish, what was achieved by late 2008.

1st FLECI Congress took place in Lima, Peru, from November 29 to 1 December 1, 2008, held by the Peruvian Society of Critical Care Nurse Specialists. Topics on management, education and research were discussed in scientific sessions. Concurrently the 2nd Council Meeting occurred with participation of representatives from the host Country Peru, Bolivia, Colombia, Chile, Uruguay, Argentina and Venezuela.

The achievements of the 1st Congress and 2nd Council meeting were:

- Election of a new Core 2008–2010:
 - President: Rossana Gonzáles de la Cruz (Perú),
 - Secretary: Raíza Rada (Venezuela)
 - Treasure: Alcira Céspedes Gutiérrez (Bolivia)
 - Secretaria de Relaciones Exteriores: Cecilia Henríquez (Chile)
- Ratification to continue and strengthen linkages with WFCCN and CONNECT.
- Decision to strengthen linkages with Brazil and Spain.
- Support a 3rd FLECI Council Meeting and a Pan-American Intensive Care Nurses Congress that will take place in Viña del Mar, Chile by November 2009.

This important FLECI work in the region is made with great personal and collective effort of their leaders. The region is known as a developing one in the world, in this context many times unfavourable nurses work together to move forward. I think FLECI growing presence contributes to the global culture of critical care, and I have no doubt that it is becoming the most important spanish speaking critical care nursing federation world wide.

Laura María Alberto RN; BN
Trade Liaison & Sponsor Representative
World Federation of Critical Care Nurses

Note: This report is developed from an observer perspective of the activities in FLECI Region.



Newly appointed FLECI Core members for the term 2008 - 2010

KEY POSITION STATEMENTS

Update on the Declaration of Manila: Position statement on the rights of the Critically Ill Patient.

The WFCCN developed a position statement on the rights of the critically ill patient. This was based on the principal that we accepted the International Council of Nurses (ICN) statement on Nurses and Human Rights covered the requirements of critically ill patients. This was agreed to at the Manila Council meeting in 2006 and became the Declaration of Manila. This was ratified at the full council meeting in Johannesburg in 2007.

During this time the ICN updated there statement and we have adapted our position statement to include the newest version.

The Declaration of Manila outlines the global rights of the critically ill patient as well as the rights and obligations of the nurses looking after them. It takes into account the different situations in differing countries and areas and so is gives a broad picture. It does not stop individual organisations and countries also having standards which can be more specific than those in the Declaration of Manila.

The updated Declaration of Manila will be published on the WFCCN website and may be used when appropriate.

Ged Williams

PROGRAMS

CONNECT: World of Critical Care Nursing



Connect is an online journal available at www.connectpublishing.com and is available free of charge to any person interested in critical care nursing. It provides a valuable resource for critical care nurses worldwide. All articles, including the archive, are available for free download.

CONNECT has been in operation as the official journal of WFCCN since 2003, and 2009 saw publication of its seventh volume. The journal publishes peer-reviewed papers in four issues per year. It is indexed with CINAHL and EBSCO.

In the last two years, under the leadership of editors Paul Fulbrook (Australia) and Lynne Harrison (UK) CONNECT has restructured its editorial board into regions that reflect the federations and regions that link with WFCCN: Europe, The Americas, Asia Pacific, and Africa. In 2009, CONNECT commenced the process of developing the journal as a bi-lingual publication. One article per issue is now published in full in Spanish and English, and all English articles now have the title and summary translated into Spanish.

The World Federation of Critical Care Nurses has had a presence on the internet since shortly after its inception in 2001. By 2008 it was felt that it was time to upgrade our website. This was with the goals of increasing the usability of the website for all the members, to allow for easier and quicker updating of the information on the website and to be a relevant and useful tool.

To achieve this we employed Jamie Fulbrook, a freelance digital designer, and began the process of designing a new website from scratch. We sought feedback from the council members on the content and updating information and after several drafts the new website became available in November 2008.

The new site is very clean and easy to use. It is designed to be available to virtually all computers with an internet connection – it is quick to download and doesn't depend on any particular software to run. This makes it ideal for a website that is read from a large number of different countries.

Other advantages of the new website are that it is going to be much easier for the Core committee to update and change information. The committee are still in the process of learning how to do this so improvements will keep coming. There are now e-mail address's that will contact the committee members directly and so increase chances for keeping in contact. This will be especially useful when individuals on the committee change.

The next major advance will be the introduction of the website in a second language. Shortly the website will be available in Spanish. This has taken a major task in translating the information and documents on the website but will make it easily accessible to a large number of the members.

The new website gives a great platform to build on but it is the information that is available on it that is the most important part. This will be up to all the members to make sure that it is up to date and that the content is what they want. Feedback on the website will be welcome – another feature is the contact page which makes an easy way to send messages to the secretary.

Please visit www.wfccn.org regularly and send in suggestions for improvements.

Gordon Speed



Surviving Sepsis Campaign Guidelines – Nursing Considerations

The Surviving Sepsis Campaign (SSC) Guidelines were first published in 2004 and revised in 2008. The SSC Guidelines were developed using an evidence-based method for assessing evidence and strength of recommendations and were designed to be used by clinicians to improve the outcomes of patients with sepsis and septic shock. Although these SSC Guidelines provide a comprehensive review of the medical management of patients with sepsis and septic shock, they are frequently silent on the nursing care that is essential for optimal outcome of these patients. Consequently, the current project was initiated by Professor Ged Williams in 2008 to overcome this limitation and provide an evidence-based guide for the nursing care of patients with sepsis and septic shock. Importantly, this Nursing Considerations document is not designed to replace or replicate the SSC Guidelines but is designed to compliment the 2008 Guidelines. It is hoped that future revisions of the SSC Guidelines will incorporate evidence related to nursing specific care.

The writing team for the Nursing Considerations document was established with interested members of the World Federation of Critical Care Nurses' Council as well as international experts in sepsis care and has been led by Professor Leanne Aitken. Team members include:

Dr Tom Ahrens, United States of America

Professor Stijn Blot, Belgium

Professor Ruth Kleinpell, United States of America

Ms Sonia Labeau, Belgium

Ms Pang Nguk Lan, Singapore

Dr Andrea Marshall, Australia

Dr Pat Moloney-Harmon, United States of America

Mr Wayne Robson, United Kingdom

Ms Shelly Schmollgruber, South Africa

Mr Gordon Speed, New Zealand

Professor Ged Williams, Australia

Professor Phil Dellinger and Professor Maureen Harvey have offered to provide review of the document when completed.

The structure of the Nursing Considerations document is based on the structure of the SSC Guidelines, with sections outlining care related to initial resuscitation, haemodynamic support and adjunctive therapy, other supportive treatment of severe sepsis and considerations specific to the paediatric population. One additional section that was not in the original SSC Guidelines reviews the evidence related to infection issues; this was seen as an integral component of the nursing care of this group of patients. It is anticipated the Nursing Considerations document will be complete in late 2009 and, when complete, will be submitted to an appropriate critical care journal for potential publication. A session covering the same elements as the Nursing Considerations document is being presented at the World Congress in Florence by a sub-group of the authors involved.

Professor Leanne Aitken

Professor of Critical Care Nursing

Griffith University & Princess Alexandra Hospital



Professor Leanne Aitken

INTERNATIONAL SPONSORSHIP PROGRAM

One of the early goals of the WFCN was to facilitate international study programs for critical care nurses.

In 2006 while in South America, Ged Williams was approached, through an interpreter, by Nubia Agudelo Sedano and Wilson Montanez Cañon. Nubia and Wilson are highly skilled and experienced critical care nurses in Colombia and both wanted to lead the development of critical care nursing in their country and in the region. Both also had a desire to master the English language to assist them in their international communication. After much discussion and consideration a plan was then developed with Nubia and Wilson using a range of partnership organisations and individuals to make something happen.

The “plan” was that they would come to Australia for 6 months, study English as a second language intensively and visit hospitals to learn more about methods and systems of critical care nursing and medicine in a western context.

The team of supporting groups included:

Australian College of Critical Care Nurses: Englished classes and tuition fees

Lions International: airfare contribution

Brigidine Nuns (Catholic Church): Accommodation and living assistance

Personal friends and colleagues: other donations such as train tickets, social events and excursions

Australian Hospitals: Cabrini Hospital, Gold Coast Hospital, Monash Medical Centre, Robina Hospital, St Vincent's Hospital Melbourne,

WFCN: auspice and coordination.

Wilson and Nubia also self-funded much of their time in Australia. Wilson completed his program in the second half of 2007 and Nubia in the second half of 2008.

Both are at intermediate English standard and on completion of the program could hold conversation in English with little difficulty. Subsequently Wilson has now published two articles in English and will be presenting at the World Congress on Critical Care in Florence in English. Both are founding members of the Colombian Critical Care Nursing Committee and are active representatives on FLECI and WFCN.

Ged Williams



Nubia and Wilson Back right, with colleagues planning the development of the Colombian Critical Care Nursing Committee, 2007.

PROJECTS – EMERGING

Proposal to World Federation of Critical Care Nurses May 26, 2009

Preamble

Given the current shortage of critical care nurses internationally there is an urgent need to explore strategies that would enable critical care nurses to dialogue and plan together. One such strategy would be the development of an international critical care education interest group as a branch of the WFCCN to provide such a forum. There is a potential for this interest group to participate in the development of international innovative teaching learning strategies, technology development and research partnerships. This forum would provide critical care educators with a strong unified international voice to advance evidence based quality critical care practices.

Background

In Ontario, Canada a critical care educator's interest group was formed 10 years ago and continues to expand and provide a network for learning, sharing and networking. Through face to face and virtual meetings information is shared and partnerships are developed. By developing an international interest group as part of WFCCN, this would enable critical care nurses to participate within the broader international stage.

Plan

Suggest a meeting to serve as a preliminary discussion among members at the WFCCN conference in Florence August 2009. At this meeting a brainstorming session could be held to generate suggestions around membership, vision and mission for this interest group.

Next Steps

1. Proposal to WFCCN committee
2. Book meeting time in Florence
3. Notify members of meeting
4. Facilitate brainstorming session in Florence August 2009.

Sandra Goldsworthy

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Photograph Assistant Professor Sandra Goldsworthy

SURVEY

Worldwide Investigation of Critical Care Nurses Employed in Research The Winner Project

SUMMARY

This study proposal is an international, observational survey to describe

- Demographics, education, experience and role of nurses (or allied healthcare workers) employed in critical care research
- Support and educational needs for above mentioned staff
- Similarities and diversities between geographical regions
- Capacity for increasing international collaborative research in critical care and critical care nursing

AIMS

The primary aims of this study are to:

- Perform a mapping exercise of nurses (or allied healthcare workers) employed in critical care research, including demographics, education, experience and role factors
- Identify support and educational needs for above mentioned staff

The secondary aims of the study are to:

- Identify similarities and diversities between geographical regions
- Explore capacity for increasing international collaborative research in critical care and critical care nursing

A detailed project proposal and sample survey tool will be presented and discussed at the WFCCN Council meeting, Florence, Italy in August 2009 to explore a partnership to promulgate the study world-wide.

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RESEARCH PRIORITIES

Third World Survey of Critical Care Nursing Organisations and their activities

As many members would know WFCCN has led a quadrennial survey of national critical care nursing organisations or key critical care nursing leaders in countries where CCNOs do not exist.

Between 1999 and 2001, it took a team of six 2 years to obtain a profile of 23 countries (1).

In 2004/5 it took 9 months to profile 51 countries (2).

In 2009 it has taken about 6 months to profile 60 countries so far. The current survey will close at the end of September 2009, after the Florence congress, in the hope that we may discover some key CCN leaders at the congress who come from countries that have not been profiled.

Key discoveries in this current study have been input from many new countries: Afghanistan, Sudan, Greenland, Cuba, Vietnam and Russia (who will attend the WFCCN meeting in Florence and who hope to form a critical care nursing organisation – Добро пожаловать, русские друзья – Welcome, Russian friends!).

The survey design is very similar to past surveys. In addition we have added a series of specific questions around the topic of staffing methods to gain a greater appreciation of the standards and methods used to manage staffing arrangements of intensive care units across the world.

It is our hope that in 4 years time we will conduct our 4th world wide critical care survey. If we can profile 70 countries in 2009, we would hope to profile 90 in 2013.

Participating countries as of July 2009 are identified in the attached table.

Lets hope that by the time we get to the 10th world wide study in 2037, when I am 73 years of age and the rest of you are still 21, that the whole critical care world will be surveyed annually, not by country but by critical care unit and that every critical care unit in the world will have equal access to the tools needed to participate immediately and that the survey process will take 2 months in stead of 2 years!! I look forward to participating in that survey with some of your children and grandchildren who will be the emerging critical care leaders in 2037 and publishing together, a cross generational team... watch this space!

The 2009 survey will be published in 2010 – watch the WFCCN website for further information.
Ged Williams

(1) Williams G, Chaboyer W, Thornsteindottir R, Fulbrook P, Shelton C, Chan D, Wojner A. 2001. World Wide Overview of Critical Care Nursing Organisations and their Activities. International Nursing Review. 48, Dec: 208–217.

(2) Williams G, Chaboyer W, Alberto L, Thorsteinsdottir R, Schmollgruber S, Fulbrook P, Chan D, Bost N. 2007. Critical Care Nursing Organisations and Activities – a second worldwide review. International Nursing Review. Vol 54. 151–159.

RESEARCH PRIORITIES

Countries responding to the study – 64 (August 2009)

Africa	The Americas	Asia/Pacific	Europe	Europe	Other
Mauritius	United States of America	Taiwan	Estonia	Switzerland	United Arab Emirates
South Africa	Canada	Macau	Croatia	French Belgium	Kingdom of Saudi Arabia
Nigeria	Cuba	Hong Kong	Denmark	Afghanistan	Oman
Malawi	Brazil	Philippines	Greece	Austria	Jordan
Kenya	Mexico	India	Russia	Italy	
Swaziland	Peru	Bangladesh	Turkey	The Netherlands	
Sudan	Chile	New Zealand	Serbia	Slovenia	
	Bolivia	South Korea	Sweden	Greenland	
	Costa Rica	Australia	United Kingdom	Finland	
	Venezuela	Japan	Iceland	Spain	
	Argentina	China	Federal Republic of Germany	Ireland	
	Colombia	Vietnam	Belgium	Switzerland	
	Uruguay		Norway	Israel	
			Hungary	France	

RESEARCH PRIORITIES

List of participating countries in the WFCN world wide survey as at 20 July 2009.

There are two colours, in blue. those that have a known Critical Care Nursing Organisation and yellow. Those without that responded via a CCN/other leader.

Known Critical Care Nursing Organisation		CCN or other leader
Uruguay	Slovenia	Vietnam
Peru	Italy	Sudan
Chile	Japan	Costa Rica
Bolivia	Australia	Russia
Venezuela	Korea	Kenya
Argentina	New Zealand	Malawi
Colombia	Austria	Kingdom of Saudi Arabia
Brazil	Belgium	Greenland
Norway	South Africa	United Arab Emirates
France	Germany	Afghanistan
Cuba	Philippines	Bangladesh
Israel	Iceland	India
The Netherlands	Switzerland – (paeds)	Swaziland
Hungary	Sweden	Macau
Nigeria	Serbia	Mauritius
United Kingdom	Turkey	
China	Canada	
Ireland	USA	
Spain	Hong Kong	
Finland	Denmark	
	Taiwan	
	Belgium (French area)	

PUBLICATIONS

Articles, Books and Editors

A list of publications is provided below that have direct relevance to the activities of the WFCCN.

Articles

Ikematsu Y, Williams G. 2008. A multinational survey on critical care nursing certification. *CONNECT: The World of Critical Care Nursing*; 6(4): 73–6

Williams G, Chaboyer W, Alberto L, Thorsteinsdottir R, Schmollgruber S, Fulbrook P, Chan D, Bost N. 2007. Critical Care Nursing Organisations and Activities: a second worldwide review. *International Nursing Review*. Vol 54. 151–159.

Books

Williams G and Canon W. 2009. International Perspectives, in Ganz N et al. *Nursing Leadership: Publication of Sigma Theta Tau Institute*, Publication due late 2009.

Williams G. Nursing Workload Management in Intensive Care, in Gullo, Besso, Lumb, Williams (Eds) *World Wide Perspectives in Basics of Intensive and Critical Care Environment. WFSICCM Book: The Essential*. Publication due Florence, Italy 2009.

Williams G, Fulbrook P, Karaba H, Alexandrov A, Canon W, Salisu–Kabara H, Chan D. Intensive and Critical Care Nursing Perspectives; in Gullo, Besso, Lumb, Williams (Eds) *World Wide Perspectives in Basics of Intensive and Critical Care Environment. WFSICCM Book : The Essential*. Publication due Florence, Italy 2009.

Editors

Gullo A, Lumb P, Besso J, Williams G. eds. 2009. *Intensive and Critical Care Medicine*. Springer–Verlag, Milan, Italy.

CONFERENCE REPORT

4th WFCCN Congress, South Africa

In August 2007, the 4th WFCCN congress was held in Sun City, Pilanesberg, South Africa in association with the Critical Care Society of Southern Africa (CCSSA), the South African Burns Society, and the Trauma Society of Southern Africa.

The conference theme was 'Critical Care Critical Times' and was attended by over nine hundred delegates. In total there were over seventy scientific presentations. Of which, WFCCN Council Members made contributions of four (4) plenary sessions and twelve (12) scientific presentations and discussions. Scientific abstracts arising from these proceedings were published by CONNECT: The World of Critical Care Nursing.

Social activities were plentiful and provided opportunity for networking and meeting old friends, and making new friends. For WFCCN Council members this also was an opportunity of experiencing our Ubuntu (African Spirit). This included a night at the local Shabeen, tasting African cuisine under open fires burning long into the night and game drives, for those who found time to explore the terrain in search of the Big Five. May our African spirit live long in your hearts until we meet again!

Shelley Schmollgruber



Colleagues from Nigeria (NANIN) receive their WFCCN plaque of recognition at a gala dinner in South Africa, 2007

The World Federation of Critical Care Nurses (WFCCN) and The Mexican Association of Emergency Nurses, (AMEU) hosted the 5th World Congress, from November 12th thru November 14th, 2008 in Mexico City at the "Rafael Solana" Auditorium with the participation of representatives from Asia, Africa, Europe, North America, and South America.

The 5th Congress of WFCCN presented recent update in critical care & emergency nursing care that provided comprehensive information in the management of common adult & pediatric patients. There were exchanges in experiences from nurses representing various parts of the world. New insights into the principles of critical and emergency care practice, education and management were highlighted to provide nurses with quality and safe nursing principles.

The congress provided 25 plenary sessions, 2 symposia and 2 round table discussions attended by more than 300 nurses from 15 countries. The scientific sessions focused on topics humanizing the intensive care practice, end-of-life care, managing the critically ill obstetrics patients, work-related violence, health and safety in the work place, surviving sepsis, quality improvements, rapid response teams, infection control, conflict management, acute coronary syndrome and pain management.

During the fellowship night, the speakers were treated to an authentic Mexican show in "Ballet Folklorico de Mexico de Amalia Hernandez" which featured dances during the religious celebrations, hybrid Indospanish aboriginal dances and dances during the revolution of Mexico.

The 5th Congress of WFCCN provided a combination of informative scientific discussions and a chance to witness Mexican culture and hospitality.

Ma Belle Rogado



WFCCN Council members attending the 5th WFCCN Congress in Mexico City, 2008

The 6th WFCCN Congress to be held in Florence, Italy is a joint initiative incorporating the 10th World Congress of the WFSICCM and the 63rd conference of SIAARTI (The Italian critical care medicine society) and a meeting of WFPICS.

The focus of the scientific programme will be the “state of the art” of the many fields of critical care practice as well as new insights into basic science, clinical research, therapeutic interventions and patient and family care. Many distinguished presenters from nearly 50 countries, have accepted the invitation to speak at this Congress ensuring that the meeting will be a major scientific event in the critical care world. Papers will be presented in the form of sessions, symposia, panel discussions, round tables, lectures, workshops and, of course, selected oral communications and poster presentations. At the time of writing the following statistics were known:

- Invited speakers: total= 626, nursing= 43
- Oral presentations: total= 185, nursing= 71
- Posters: total=528, nursing= 60
- Delegates: total= 2000, nursing= about 400
- Trade: 50 companies

During the congress WFCCN will host a number of important meetings:

Full WFCCN Council meeting X 2 days
CONNECT Journal editors and advisory board members
Surviving Sepsis Guidelines working group
WFCCN, Nurse Educators Network
Joint meeting of the WFCCN and EFCCNA Councils
Joint meeting of the WFCCN and WFSICCM Councils

The Florence congress promises to be a significant event in the life of WFCCN and will help to re-unit many of our leaders and colleagues in a week of professional exchange, fruitful planning and decision making, hard work and good fun.

Ged Williams

FUTURE CONFERENCES

Application Guide: Hosting the WFCCN Congress

Written (and powerpoint) proposals are sought from WFCCN Member Societies wishing to host the World Congress of the World Federation of Critical Care Nurses (WFCCN).

Applications must use these guidelines to inform their bid and use the following headings and prompts as a guide to the proposal. The WFCCN Council will use the following headings to judge the successful Host for the World Congress of the WFCCN.

- Member Society: Name, address, contact details
- Other Partner Organizations: Provide details of other organizations involved and their involvement?
- Member Society Experience: History of successfully coordinating and presenting national and international conferences. (Also provide details of any unsuccessful experiences and why they have occurred)
- Committee Members: Names, positions, experience and attributes of the organizing committee members.
- Timing: what year, dates, season have you chosen, why? What flexibility do you have to select different dates?
- Location: Describe the tourist, aesthetic, natural, historical and professional significance of the location.
- Venue(s): Provide information regarding the venue, size, flexibilities, ease of access, transportation, benefits, concerns, ability to meet all activities of the congress. (venue brochures/website would be most helpful)
- Accommodation: What is the range and number of accommodation venues available in the vicinity of the venue(s), provide details.
- Transportation: explain type, access, cost, security and plans made to assist participants with transportation from ports and between accommodation and conference venues?
- Security: Identify any security risks to participants and arrangements made to limit these.
- Scientific Program: What are the themes and focus topics of the scientific program. Outline program structure: plenary, concurrent, poster, other sessions. What technology services are available, eg. power point, video, roving microphone, etc.
- Social Program: Proposed social program for participants and their partners?
- Language: Will concurrent translation be required/available for conference and meetings – if so, which languages and which parts of the program/meetings
- Marketing Plan: Provide the marketing plan for the conference.
- Trade Sponsorship: Provide the sponsorship plan and identify any confirmed or probable sponsors and their likely contribution.
- Budget: A detailed budget outlining projected costs, incomes and expected surplus/profit.
- WFCCN Involvement/contribution – what expectations and contribution does the organizing committee have of WFCCN, its Council and Members societies?
- WFCCN Council supports – please outline in detail the level of support the organizing committee will provide to WFCCN Council members involved in the conference and meeting program: travel, accommodation, registration.
- Distribution of surplus/profit – please outline how the surplus and profit will be distributed and any donation or other contribution that WFCCN ought to expect.
- Other: This is a competitive process. Bidding societies are encouraged to provide any other information, detail or material that will strengthen their bid.

NOTES

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