

EDITORIAL

Hello, and thank you for welcoming me to your journal. You may well be wondering why a cardiac nurse has been appointed as Deputy Editor to the BJARN and what on earth I may be able to offer to the perioperative specialism. My background is in cardiac and coronary care nursing, with 10 years spent in the clinical specialism and a further 10 years spent in teaching critical care with an emphasis on cardiac/coronary care nursing. I am also, however, particularly interested in the promotion of nursing excellence through the sharing of good practices and in the enhancement of the academic profile of nursing. One way in which nursing can do this is through the dissemination of information in publications such as BJARN.

The last two years in the NHS has seen many changes for nursing with the inception of the NHS plan and the implementation of standards, guidelines and targets. The NHS plan outlines enhancements to the professional status of nursing and the expansion of responsibilities for anaesthetic and recovery nurses is implicit. The development of an academic journal for this group of nurses is essential and one with which I am proud to be involved. The development of knowledge, skills and best practice will be augmented by the publication of clinically relevant articles and research. Nurses often have good ideas and are involved in innovative practices and also participate in original research, but nurses are also frequently hesitant or reluctant to publish their activities by putting pen to paper. Melanie and I however, would like to encourage you to do just that! This journal provides an ideal platform for you to share your knowledge with others and to promote the practices with which you are involved. In future issues of this journal, tips and guidance will be given on writing for publication, but in the meantime, why not put pen to paper and send us your articles.

Within the NHS more change is on the way, with the implementation of 'Agenda for Change' and continued implementation of the targets and goals set within the NHS plan. Within the perioperative arena staffing shortages continue despite the continued push to achieve waiting list targets and maintain standards. The review of the role of nurse anaesthetists is eagerly awaited and the enhancement of nurses' roles within specialist and autonomous practices continues. In addition collaborative working practices and blurring of the boundaries between the

professions sets an interesting scene with which to enter the New Year. Anaesthetic and recovery nurses have an enormous role to play in the continued development of the 'New NHS' and BJARN and your professional association provides an opportunity for you to contribute to the discussions on the way forward.

I have known both your Chairman - Pat Smedley and Editor - Melanie Oakley for many years and indeed have been privileged to work with both of them in a variety of capacities. I hope that the relationships which continue to develop can be used to improve your journal and to provide you with a forum to have your say. As for my own role in all this, I will continue with the series of articles expanding the discussion of the role of monitoring in the perioperative area. In this increasingly technological age it is imperative that perioperative practitioners can recognise and respond effectively to the data gleaned from the monitoring equipment in order to ensure the safe and appropriate management of their clients. The concept of 'critical care without walls' which was first outlined in 'Comprehensive Critical Care' (DOH, 2000) does not only apply to intensive care patients. The paper proposes that critical care happens throughout the hospital, and that critically ill patients are frequently cared for outside the 'intensive care' environment. All nurses, and notwithstanding perioperative practitioners need to hone and develop their critical care skills, cardiac monitoring is one such skill with which we need to become familiar.

Future articles include the recognition and management of ventricular arrhythmias and heart blocks. There will also be papers on the derivation and analysis of the 12-lead ECG in the context of perioperative care. In the meantime, please do send us your articles for consideration for the journal. Successful publication not only results in seeing your name in type (no mean feat!), but also pays handsomely in the process (well £50 anyway!).

Kind Regards

Chrissie Spiers



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