

PAPER PRESENTED
at the
CARIBBEAN STUDIES ASSOCIATION
27 May - 30 May, 1981
ST. THOMAS, VIRGIN ISLANDS

THE FAMILY NURSE PRACTITIONER:
A NEW COLLEAGUE IN PRIMARY HEALTH CARE
FOR THE CARIBBEAN

HELEN McDOWELL, Programme Director,
Family Nurse Practitioner Programme
ST. VINCENT AND THE GRENADINES

THE FAMILY NURSE PRACTITIONER: A NEW COLLEAGUE
IN PRIMARY HEALTH CARE FOR THE CARIBBEAN

The Expanded Role of the professional nurse is meant to imply that she now assumes more responsibility for primary patient care; it involves more independent judgements, additional skills perhaps not previously thought to be in the description of nursing activities. These expanded roles for nurses into areas traditionally dependent on physician supply has been a growing trend. In recent years, educational preparation for nurse practitioners and their utilization in the provision of health care, especially in the area of pediatrics, adult and family health, have increased rapidly. Current emphasis on delivery of preventive health services, which increases the need for nurse practitioners as providers of primary health care, indicates that this trend will continue.

The first programme for nurse practitioners was initiated at the University of Colorado in 1965. Nurses were taught to perform certain functions and manage selected health problems, and did so quite competently.

What is a Family Nurse Practitioner? She is defined as:

A registered nurse midwife who has completed an approved formal nurse practitioner education programme and is prepared to take decision-making responsibilities in promotive, preventive, curative and restorative patient care to patients/clients in the community through all stages of the life cycle. Patient/client assessment, diagnosis and therapeutic measures are carried out in collaboration with appropriate health care providers. The Family Nurse Practitioner is concerned for and aware of the family and significant others and recognizes and fosters the concept that each individual is responsible for his health and should be aware of the positive or negative influence that his health status may have on that of his family and the community.

The Family Nurse Practitioner is accountable for his/her actions and seeks opportunities for continuing education to maintain the knowledge and skills necessary to function competently.

The present Programme for Family Nurse Practitioners in St. Vincent and the Grenadines, stems from several facts, namely:

- Nursing personnel are the most numerous single group of health workers; they form the backbone for Family Health Services in the Community.
- Nurses are presently performing the bulk of primary health care functions in the Community.
- Nurses are often living within the community they serve and thus tend to be more available to individuals and families in that Community.
- The Special Health Ministers' Conference for the Americas in 1972 placed emphasis on the extension of health care coverage and the need to expand Maternal and Child Health Services.
- A multidisciplinary group of health leaders the same year in St. Lucia defined the educational needs of nursing in the Caribbean. They recognized the need to strengthen Maternal and Child Health services and to improve the quality of care in all territories of the Region. This group concluded that advanced or post-basic educational preparation for nurses would be a major means of strengthening these services.

At a special meeting of Caribbean Ministers of Health in Antigua in 1975, the importance of Regional training was stressed, and it was strongly urged that training programmes be conducted in such a way so as to benefit several territories simultaneously rather than one single territory.

There were recommendations that activities should be sited in one of the smaller countries since by doing so, participants would develop realistic capabilities in keeping with the resources and infrastructure of their own countries.

Hence, the participating territories accepted the invitation of the Government of St. Vincent and the Grenadines for the location of its Regional Headquarters for the Programme.

The eight participating territories of the Programme are:-

Antigua, Barbados, Dominica, Grenada, St. Kitts/Nevis, St. Lucia
Montserrat, St. Vincent and the Grenadines.

Funding for the Programme is through the United Nations Fund for Population Activities for three years. The Pan American Health Organization/ World Health Organization has been asked to execute the programme through technical direction.

The administrative framework is organized through a Policy Committee composed of Permanent Secretaries of Health of the eight participating territories of the Project, the University of the West Indies and the Caribbean Community Secretariat's Health Section.

The Advisory Committee is technical in nature and is composed of nursing leaders from the participating territories, the Regional Nursing Body, Caribbean Nurses Organization, Advanced Nursing Unit of the University of the West Indies, and the Nursing Unit of the Caribbean Community Secretariat and faculty.

These two Committees convene once and twice a year respectively and have had tremendous impact on the inception and direction of the Programme.

By establishing a mechanism of continuous involvement on the part of participating Governments, it is anticipated that Regional efforts will be able to sustain the objectives and activities of the Programme until such time as the Region feels it has reached its goal in numbers of Family Nurse Practitioners prepared to meet the health needs of the Eastern Caribbean. The task then of this Programme is to prepare Nurse Midwives for the delivery of Primary Health Care oriented toward the community and ambulatory settings.

The life-cycle approach in developing the curriculum is used. This approach is consistent with other nursing programmes in the Region and upon completion of the ten-month course the graduate of this programme is prepared to -

1. Collect and interpret data which will serve as a foundation for assessing the health status of the individual, the family and the community. She is able to:
 - a) take complete health histories (medical, psycho-social, dental and nutritional)

- b) utilize skills in interviewing to assess the mental and physical health status of all age groups
 - c) perform and record comprehensive physical examinations
 - d) request, perform and interpret selected laboratory tests and other diagnostic procedures
 - e) detect deviations from what is considered the norm.
2. Diagnose and manage selected health problems common to the Caribbean Region according to mutually established medical guidelines and protocols.
 3. Assist families and communities to identify and plan for their own health needs and services.
 4. Identify groups of individuals within a community who are at higher risk for special health problems, through the use of an epidemiological approach to disease prevention and/or control through the use of appropriate referrals, through collaboration with other members of the health team and by making use of existing resources and acceptable technology.
 5. Identify problems, real or potential, in health care services and to participate, through investigations and team collaboration, in resolving them.
 6. Assess and plan for her own needs in continuing education as a professional individual.
 7. Interpret her role and her functions as a Family Nurse Practitioner to other members of the health team and to the Community.

The course includes the following major content areas:-

- Issues in Nursing with special reference to the Caribbean
- Health Services of St. Vincent and the Grenadines; the structure as well as the priorities
- Communication Skills/Interpersonal Relationships
- Interviewing Techniques/Principles of taking a Health History
- Well Child/Growth and Development/Immunizations
- Sick Child/Pediatrics
- Dental Health Assessment/Oral Dental Problems

- Laboratory Data - Procedures and Interpretation
- Geriatric Assessment/Characteristics and Problems of aged population
- Common Health Problems in the Caribbean/Prevention, Causes, Treatment and Management
- Nutritional Problems and recommendations for control
- Disaster Preparedness and Relief/Emergency Care and Treatment
- Caribbean Family/Health Care and Health Promotion
- Pharmacology in relation to Health Problems in the Caribbean
- Concepts of Epidemiology and Research Methodology
- Maternity Care and Family Planning/Gynecology
- Psychiatry and Community Mental Health
- Community Health in the context of Primary Health Care
- Nursing Management and Administration in Nursing Services
- Concepts of Change and Role Transition

The total number of hours in the curriculum is 932. Approximately 60 per cent of the total number of hours is spent in the clinical settings and 40 per cent is devoted to classroom learning activities.

Teaching methodologies utilized in the course are -

- teaching tool guides such as history and physical forms for individual patient health assessment; family health assessments and community profiles
- group discussion
- case study presentations
- faculty-student precepting
- lectures
- programme instruction
- self study sessions/library research
- clinical observations
- group teaching
- laboratory demonstrations and practice
- home visiting

For clinical experiences, students are divided into groups of three. Each Nurse Practitioner Educator maintains a maximum of three students in each district health centre. In the first and second trimester students rotate through faculty preceptors; by doing so each student is able to take advantage of the varied clinical styles and client population of different districts as well as the expertise of individual faculty nurse preceptors.

During the first trimester the emphasis in the clinical area is on history taking and physical assessment skills; both for the adult and the child. The second trimester emphasizes the treatment and management of Common Health Problems in the Caribbean.

The final trimester and practicum deals with concepts in Community Health Nursing and Public Health. Students initiate and complete family assessment and community profiles. Home visits are carried out and contacts are made at the community level with official and non-official community leaders.

During this same period, students under the guidance of nurse preceptors offer health services in the District Health Centres; patients are assessed through history taking and physical examinations; management and follow up are guided by protocol. This final experience is similar to the day to day decisions and responsibilities that will confront her when she assumes her new role as Family Nurse Practitioner in her own country.

The faculty of the Programme has recommended and the other Technical Advisory Committee Members are in agreement that there be an internship period of six months duration; this phase commences the day the Family Nurse Practitioner begins working in her own territory.

The purposes of this internship phase are:-

- to facilitate the transition from the traditional role of District Nurse Midwife to that of a Family Nurse Practitioner
- to assist the governments in each territory to effectively integrate the Family Nurse Practitioner into the health care system.

During this internship phase, it is necessary for each Nurse Practitioner to work with a selected physician who is willing to act as a clinical preceptor. By preceptor it is meant that the physician is willing and able to spend a designated amount of time or contact hours in the clinical area with the Family Nurse Practitioner each week. This close association will afford the preceptor an opportunity to better understand the role of the Family Nurse Practitioner and at the same time provide ongoing support and assistance.

Contact will be maintained with graduates once they return to their home territories. Faculty visits, during this period, will help to

maintain some continuity as well as to offer support in the actual clinical work setting.

Continuing education is an essential component and will be instituted based upon site visits and comments offered by both practitioner and medical preceptor.

Modifications in programme content is inevitable and encouraged in order to improve the course, the product and ultimately the delivery of primary health care services in the Caribbean.

There are still important issues to be considered however -

All Nurse Practitioner Educators utilized for precepting of students were from outside the immediate Caribbean for the first course. Nurse practitioner faculty from the Caribbean is presently being explored, but until a cadre of nurse practitioner educators is available and sufficient in number, assistance from outside the Caribbean will still be required for the immediate future.

Nursing legislation requires amendment in each participating territory so that the Family Nurse Practitioner, who is a new category of health care personnel, will be able to legally perform and practice those skills for which she has been trained.

Protocols or medical guidelines must be established in each country for the management of Common Health Problems that the Family Nurse Practitioner will inevitably encounter in her new role. This important document will serve as standing orders, so-to-speak, in her practice.

And finally, what is most critical to the success of this beginning practitioner is the collaboration, acceptance and exchange she will have from her nursing colleagues, the medical profession and other members of the health team. Her success in being able to make a meaningful contribution to the delivery of health services in her country will depend in a large part, on the commitment made to integrating her skills and expertise into the health care system.
