

THE FAMILY PRACTICE NURSE IN NEWFOUNDLAND

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The expanded role of the nurse is not new to Newfoundland. Nurses in this province, working in public health agencies, health districts and in cottage hospitals, *had been* for many years, and in some places still *are*, working in an expanded role.

Organized district nursing was started in 1920 by the Outport Nursing Committee. The nurses came to the districts prepared as midwives, and no further formal training was provided(1). From 1935-1941, a course was available in Newfoundland for nurses who worked in areas without physicians. The course of instruction consisted of how to do T & A's and dental extractions with anaesthetic, how to run pre-natal and well-baby clinics, and lectures in "General Public Health" and "Midwifery"(2). Until the advent of the Medical Care Plan in 1969, the public health nurses did the initial health screening of patients who received social assistance, assisted in delivering babies, and treated minor ailments under physicians' standing orders. Today, there are still some public health nurses in rural areas who spend a part of their time in curative programs. Nurses in cottage hospitals continue to have a more expansive role than nurses in larger hospitals. The extra preparation required for this expanded role today is obtained on the job, either through self learning or through the help of a physician.

In April 1971, an advisory board was set up to look at the possibility of starting an educational program to formalize what many nurses were already doing. The project was to be a joint program of the Faculty of Medicine and the School of Nursing, Memorial University of Newfoundland. Since the impact of the nurse in an expanded role giving service in a rural area was already known, the project director, Dr. B. Suttie, decided to look at the role in an urban setting, working with a physician who was employed in a fee-for-service practice. The objective of the research project was to measure the impact on patient care, and the transfer of functions (from physician to nurse) by the introduction of a family practice nurse into an urban general practice.

A working party to define the role of the family practice nurse was set up in April 1971. Representatives were included from Memorial University of Newfoundland Faculty of Medicine and School of Nursing, the Association of Registered Nurses of Newfoundland,

Newfoundland Medical Association, College of Family Physicians and the Department of National Health and Welfare. The terms of reference included defining the existing expanded roles of nurses in primary care in Newfoundland, identifying areas of needed activities in health care and specific functions that the nurse could carry out to help meet these needs, and to construct an expanded role for a nurse, attached to an urban or rural general practice. Members of the working party visited many areas in the province and interviewed nurses and doctors with the intent to review the present needs and to receive suggestions as to the role of the nurse in primary care in the future. During the course of time spent surveying literature and making site visits, it became increasingly apparent that any course started should have portability between provinces. This would mean that it would be built of recognized components. It was also suggested that many of the courses would eventually become electives offered in the School of Nursing. Too many short courses, recognized only in the province where they are given, were being offered. Although these courses had some components in common, the content and the length of the course varied from program to program. The working party also shared the belief that social sciences should be included in the curriculum.

A second working party was established to build a curriculum, using as the basis, the role defined by the first committee. This nurse would learn to take a medical and social history, do an integrated physical examination, diagnose and treat (including medication) some common illnesses such as upper respiratory infections and common rashes, and monitor chronic illnesses such as diabetes and hypertension, and change treatments within predetermined limits. Thus the role would include preventive and curative aspects. The curriculum designed by members of the Faculty of Medicine and School of Nursing included psychology, sociology, therapeutics, nutrition, communication skills, as well as the necessary skills required to do physical examinations and treat illness. The working party preparing the curriculum believed the emphasis should be on learning the normal. The report of this Committee was completed in November 1972 and approved by the Advisory Board of the Family Practice Nurse Project.

The first students, from rural areas were admitted to the course in September 1973 by the request of the Newfoundland Government. This is a pilot program, allowing the project members to see if the curriculum meets the specifications of the defined role. It is not part of the research project.

During the year 1973, an evaluation committee of eight people,

from the College of Family Physicians, Memorial University of Newfoundland Faculty of Education, Community Medicine and School of Commerce, has been preparing the tools for the evaluation of the urban family practice nurse. The research strategies include a cost analysis, a study to determine the adequacy of patient care, the amount of function transfer, and patient satisfaction. The instruments to be used are household survey questionnaires, day sheet diaries in the study practices, duplicate prescription forms, indicator condition criteria, expenditure and revenue in the study practices, modified MCP billing form, mortality, and a questionnaire for practice personnel.

Memorial University of Newfoundland School of Nursing believes there is a place for the nurse in an expanded role in Canada. We believe the education for this nurse should be portable and be build from identifiable components that can be integrated as electives into a baccalaureate program for nursing. Thus we are jointly involved in a research project with the Faculty of Medicine to measure the impact of the Family Practice Nurse on patient care in an urban fee-for-service general practice.

References

1. Lady Harris, "Outport Nursing", *The Newfoundland Quarterly*, XXI (July, 1921).
2. Interview with Miss Jean Lewis, Director of Public Health Nursing, Province of Newfoundland, 1972.