News from the ICN International Nurse Practitioner / Advanced Practice Nursing Network

INP / APN NETWORK BULLETIN

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Greetings from the Chair:

Welcome to our April bulletin for 2013. Melbourne, my home town, will be hosting the ICN 25th Quadrennial Congress on 18-23 May. The INP/APN Network will be meeting during the event on Tuesday May 21 from 14:30 to 15:50 hours so please keep an eye on the conference programme available at www.icn2013.ch/en/ for details of this meeting. These meetings provide a wonderful opportunity for gaining an understanding of key education, practice and regulatory developments as well as gaining an understanding of the priorities for our Network subgroups. I look forward to meeting some of you here in Melbourne.

Please visit our website which is constantly being updated with work undertaken by our subgroups http://icn-apnetwork.org/. The education subgroup is collating profiles from countries. If you would like to contribute a profile from your country then please contact the Chair of the Education subgroup Ruth Kleinpell.

Our 8th INP/APN Network conference in Helsinki, Finland is fast approaching with abstract submission opening June 3. Further information is available in this bulletin.

Preparation for hosting our 9th Network conference is well underway with expression of interest documentation now available on our website.

Our fundraising and conference subgroups have some vacant positions. If you would like to be more actively involved in the Network subgroups then please read the subgroup membership guidelines (http://icn-apnetwork.org/) and contact the chair of the subgroup for further details. If you have some news or would like to share a topic or ask a question then we provide a forum where our members can register and log-in to share information with our international members (www.icn.ch/forum/).

I look forward to meeting old and new friends in my home town in May.

Warm regards.

Anna Green, Chair
International NP/APN Network
International Council of Nurses

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Featured Countries

(Medical Clinic in Himachal Pradesh)

India

Author: Mark Fox, MSN, FNP-BC

Prevalence of Anemia and Chronic Disease in a Remote High Himalayan Tribal Group

The Kinnaura people live in remote high altitude Himalayan valleys of Northern India. They number 84,298 (Census of India, 2011), residing in scattered villages built on steep mountainsides and in narrow gorges. While these people are hard-working and hardy, surviving difficult winters with heavy snowfall, many of them suffer from untreated chronic health conditions due to a severe lack of available medical care.

In 2012, the author assembled American health professionals and local Kinnaura staff to work as part of an Indian non-profit organization. Our team provided seven mobile medical clinics in six remote villages in the region of Kinnaur between April and August 2012. All six of the villages were situated between 9,000 to 11,500 feet above sea level.

During the mobile clinics we focused on the detection of anemia among the high altitude residents and we also provided free general medical care and eye refraction services. Villagers voluntarily attended the mobile clinics and were screened for anemia, unless they refused the blood test. Hemoglobin levels were adjusted for altitude, smoking, and pregnancy factors using a web chart available on Emory University's webpage (Sullivan, n.d.). After adjusting hemoglobin levels, the prevalence of anemia among the Kinnaura was found to be between 42% and 67% depending on their village. Although the vast majority of residents reported eating some meat, their diets were mostly vegetarian. Treatment for anemia in these villagers included albendazole (unless contraindicated) and a combination supplement containing iron, vitamin B12, and folic acid.

The team also discovered that the vast majority of Kinnaura villagers who attended the clinic were suffering from chronic pain or chronic diseases and most of the villagers were not otherwise seeking medical care for chronic conditions. Common chronic medical conditions the medical team encountered included osteoarthritis, hypertension, gastric reflux disease, peptic ulcer disease with H. Pylori infection, chronic obstructive pulmonary disease, myopia, pterygium, pinguecula, cataracts, and skin inflammatory disorders.

In conclusion, the initial year of work among Himalayan tribal villagers revealed that anemia and multiple chronic health conditions were commonly seen but frequently untreated in this population. The group's next step is to set up a full-time medical clinic in this region to provide villagers with increased access to quality health care so that these and other medical problems can be adequately addressed.

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Sullivan, K. (n.d.) Determining an Individual's Anemia Status based on Hemoglobin levels. Retrieved February 15, 2013 from www.sph.emory.edu/~cdckms/hbadj2.html

Author's note: Mark Fox is a Family Nurse Practitioner from the USA who resides in the Himalayas of Northern India. You may contact him by email at cedarfox@gmail.com

Ireland

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Advanced Nursing/Midwifery Practice in Ireland

Advanced nursing practice in Ireland as a clinical career pathway for registered nurses was formalised under a recommendation of the Commission on Nursing Report (1998). Following the release of this report, the statutory body of the National Council for the Professional Development of Nursing and Midwifery (NCNM) was established with responsibility for setting the parameters of educational preparation and accreditation. Established as a statutory body, the NCNM, having learned from experiences of other countries, provided a national regulatory framework to guide Advanced Nurse Practitioner (ANP) and Advanced Midwife Practitioner (AMP) development in Ireland. This included developing clear guidelines for ANP and AMP development in Ireland. The guidelines provided a definition, core competencies, framework and mechanism for job specification and post approval. The ANP/AMP title is protected in Ireland and ANP/AMPs are now required by law to be registered by the Nursing and Midwifery Board of Ireland who regulate the professions in Ireland.

In Ireland "Advanced Nursing and Midwifery Practice is carried out by autonomous, experienced practitioners who are competent, accountable and responsible for their own practice" (NCNM, 2001; ABA, 2010). There are four core roles recognized within this definition of advanced nursing practice.

Autonomy in Clinical Practice

ANP/AMPs are acountable and responsible for advanced decision making regarding their caseload. They need to have attained and displayed advanced skill in comprehensive health assessment, diagnosis, treatment and management of a patient caseload. Practice is usually in collaboration with the multidisciplinary team with the level of clinical decision-making being a determinant of the advanced level of practice. ANP/AMPs' practice must be informed by nursing/midwifery knowledge.

Pioneering Professional & Clinical Leadership

ANP/AMPs are viewed as pioneers and clinical leaders. They initiate, develop and provide health care services in response to a health care need. ANP/AMPs are expected to have a vision for expanding nursing/midwifery practice beyond current scope. They are also expected to be involved in the education of nurses and other health professionals, including teaching in the classroom, role-modeling and mentoring.

Expert Practitioner

ANP/AMPs are expected to demonstrate 'exemplary' theoretical and practical knowledge as well as 'exemplary' critical thinking skills. The minimum educational requirements for an ANP/AMP in Ireland is a Masters degree, with a clinical focus that is relevant to the ANP/AMPs practice area. Any education taken should include a major clinical component at an advanced practice level. ANP/AMPs also need to have a minimum of 7 years post registration experience with a minimum of 5 years in their practice area before they can register to practice in Ireland.

Researcher

ANP/AMPs are required to initiate and co-ordinate research and audit. They are also required to integrate research into an evidence-based clinical practice. Research conducted or co-ordinated by ANP/AMPs should contribute to patient care/ health policy. ANP/AMPs need to demonstrate accountability through ongoing evaluation of their practice.

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United States

Author: Larry Vitale, RN, MPA, MPH(c), Public Health Nurse, United States

The Current Status of Global Polio Eradication

Advanced practice nurses working in a number of global settings need current information on effective vaccines for poliomyelitis eradication. Approved more than 50 years ago, the Salk inactivated polio vaccine (IPV) and the Sabin live oral polio vaccine (OPV) led quickly to the elimination of polio in many developed countries and these accomplishments stirred planning for total eradication of poliomyelitis. With such vaccines in hand, it did seem possible that polio could ultimately be eradicated globally.

Taking the lead in 1985, the Pan American Health Organization set out to end polio in the Americas within five years. The last wild-type polio case occurred in 1991. The World Health Organization (1988) committed to the goal of global eradication of polio by the year 2000. The eradication effort made rapid progress within 12 years and the number of worldwide polio cases were reduced from an estimated 350,000 (in 1988) to less than 3,000 in the year 2000, a reduction according to the Sixth Report of the Independent Monitoring Board of the Global Polio Eradication Initiative (2012) of more than 99%. Reaching the final 1% of cases has remained very difficult since 2000.

In 2000, understanding of poliovirus epidemiology fundamentally changed when a circulating vaccine-derived polio virus (cVDPV) strain was discovered to be the source of a polio outbreak in the Dominican Republic (DR). The DR outbreak verified that attenuated OPV virus could establish ongoing circulation in a poorly immunized population and mutate sufficiently to regain its neuro-virulent characteristics (Kew et al. 2005). OPV is now seen not only as a tool *against* polio, but a newly discovered *source* of poliomyelitis causing virus. It is clear that to eradicate polio, OPV will itself eventually have to be eliminated complicating the final stages of polio eradication enormously.

The latest Global Polio Eradication Initiative strategic plan includes details of how OPV will be eliminated; first by the trivalent OPV being replaced by a bivalent vaccine (bOPV), then use of IPV eventually replacing OPV altogether (WHO 2013). Last year there were only 223 wild poliovirus cases in three polio endemic countries (Afghanistan, Nigeria and Pakistan) and two countries with imported cases (Chad and Niger). There were also 68 cVDPV polio cases in 8 countries last year. But since there could be between 100 – 10,000 polio infections for every single poliomyelitis case with the vast majority of infections being subclinical, it is of critical importance for advanced practice nurses and other healthcare providers in all countries to continue immunization efforts against polio (Nathanson & Kew 2010). Advanced practice nurses can use their country's recommended vaccines and vaccination schedules to participate in critically important surveillance efforts for diagnosing acute flaccid paralysis. Hopefully, these efforts will contribute to the eventual eradication of this devastating chronic illness.

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For more information:

Global Polio Eradication Initiative: www.polioeradication.org/

Poliomyelitis surveillance standard: www.who.int/immunization_monitoring/diseases/poliomyelitis_surveillance/en/index.html

Polio vaccination: www.cdc.gov/vaccines/vpd-vac/polio/

Upcoming ICN INP/APNN Conferences

The 8th ICN INP/APNN conference will be hosted by the Finnish Nurses Association 18-20 August in Helsinki, Finland. Welcome!

The Helsinki conference aims to highlight the role of advanced practice nurses in promoting health care access and achieving intended outcomes. The focus will be on the impact of APN roles on patient and health care outcomes including at the society and global level. Questions related to patients' equality, advanced career possibilities, evidence based practices, and prerequisites for practice will be of interest.

The Call for Abstracts will be given out in April 2013. Abstract submission will open 3 June 2013.

See further details www.nurses.fi

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Announcements:

Would you like to communicate with NPs and APNs from around the world? Why not join the INP/APNN discussion forum, hosted by ICN. It's free, fun and interactive. Go to the following link, register and join a topic that interests you or create a new topic. www.icn.ch/forum/viewforum.php?f=47&sid=7d51a21fe5b9ca7220e1b23ff9279e4f

The **International Council of Nurses (ICN)** is a federation of more than 130 national nurses associations representing the millions of nurses worldwide. Operated by nurses and leading nursing internationally, ICN works to ensure quality nursing care for all and sound health policies globally.