



INP / APN NETWORK BULLETIN

International Council of Nurses • Conseil international des infirmières • Consejo internacional de enfermeras
3, place Jean-Mariseau • CH-1201 Geneva

Issue 12 October 2009

**Communications Chair and Editor:
Helen Ward**

Greetings from the Chair:

As the profile of world health continues to change, the role of nursing continues to evolve to meet the changing health needs. This was one of the conclusions at the exciting ICN Congress in Durban, South Africa in July this year. Details of the ICN 24th Quadrennial Congress can be found on the ICN web-site at: www.icn.ch/congress2009/index.htm
This is also true for Advanced Practice/ Nurse Practitioner as this bulletin shows. In Iceland, Taiwan and Canada the nursing profession is trying to find the appropriate answer for the healthcare needs of these societies. Education and legislation being the main topics. It takes time, but finally nurses will succeed in every country.

I wish you much inspiration by reading this bulletin.

Pietrie Roobol, Chair
International NP/APN Network
International Council of Nurses

Featured Countries:

Development of the CNS in Iceland

An internship program to prepare nurses for the role of the advance practice nurse was started at Landspítali University Hospital, Iceland, in October 2008. In order to fulfill requirements for the clinical nurse specialist (CNS) certificate, Icelandic regulation states that nurses must hold a masters degree in nursing and have worked for two years within their field of expertise.

The internship program aims to use the two years practice time to prepare interested nurses for the role of CNS. In the first year of the internship, seven masters prepared nurses were admitted to the program, each from different areas of nursing. Each had a committee appointed to them. The role of the committee members was to assist the internist to develop his/her program for the coming 2 years, support him/her to find relevant educational opportunities in Iceland and abroad and to evaluate the progress bi-annually.

The aim of the first year was to gain clinical expertise and to establish co-workers. The second year will focus on other roles of the CNS such as research, education, leadership and consultation. The second year for the first interns has now started and four nurses have plans for professional three week visits with colleagues in Europe. New interns will be admitted to the program in October 2009.

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This program has made new demands on the existing CNSs as mentors who have called for clarity regarding the role of the CNS. This has brought to the surface the need for a renewed job description for CNSs within the hospital setting.

CNSs in Iceland are preparing a proposal for a new job description. When the CNS role was initially established at the hospital the job description developed by the CNSs themselves relied heavily on theoretical frameworks as there were few role models in Iceland or the Nordic countries. Now there are 22 CNSs at the Landspítali University Hospital and the existing job description is no longer appropriate to their developing role. In a meeting with Madrean Schober June 2009, the CNSs got support to continue this work.

The proposal for a new job description is being formed. The framework for the description is based on the needs of patients as well as the focus of nursing at the hospital. The role of the CNS previously adopted from Hamric and Spross (1989) into the old job description will still be reflected in the new one but in a more open and flexible manner. In the old description the CNS was supposed to master all the roles and show evidence to fulfill them all at the same time. In the proposed new description some of the roles can be prioritized depending on what is going on at the hospital and the society at large. Availability of co-workers for pressing projects can influence priority, needs analysis and, last but not least, the CNS's sense for fruitful projects. The participation in clinical care for the most complex patients will be emphasized as the CNSs' will no longer be experts in the area unless they can make time for patient care. However, they should not expect to be part of regular nursing staffing at any unit.

It is important that they can make time for other roles that support their work in the field of expertise. Critiquing a research article, participating in the conduction of a study or writing an evidence-based journal article can be done in periods as a part of the researcher's role. The role of the educator can in the same manner be fulfilled as needs arise for e.g. patient educational leaflet or mentoring of a new CNS.

Consultation of the CNS within the hospital has been a difficult part to define. Specialists in nursing do not have the written and unwritten traditions of physicians when it comes to consultation. Madrean Schober emphasized that consultation in nursing can take a different form such as discussion groups with nurses on a

particular group of patients rather than an individual patient. Leadership for different projects has been a growing part of the role of most CNSs in the recent years. The CNS group in Iceland feels it is important that CNSs work as leaders is preserved for projects that are within their field of expertise and complimentary to their work.

Audna Agustsdottir, RN, DSN
Project manager for CNS continuing education
Education and Research
Landspítali University Hospital

News from HungKuang University Taiwan

The vice president, students, and faculty joined together in June to celebrate the inauguration of the first master's level nurse practitioner program at HungKuang University, Taichung County, Taiwan. The Graduate School of Nursing has a history of being a pioneer in clinical service, teaching and research has added the nurse practitioner program to its existing portfolio preparing advanced nurses to practice in the roles of nurse administrator, nurse educator, nurse researcher and clinical nurse specialist.

The program was launched as a concentrated summer program with courses in advanced health assessment, role development, pathophysiology, pharmacology and nurse practitioner management. Most of the students are supported by their employers and will continue with clinical preceptor experiences throughout the year.

As health care continues to evolve the graduates will have advanced skill and knowledge to become leaders in the changing health care environment. They will be able to use their critical thinking and problem solving skills to continue to expand the roles they are carving out and to be innovative in developing new roles as the healthcare system demands.

The initial courses are taught in collaboration with an experienced nurse practitioner faculty from the United States. The collaboration affords an enriching experience for both students and faculty to incorporate professional and cultural experiences and gain a broad perspective of new directions for advancing nursing and healthcare.

Shu-Yuan Chao PhD, Dean, Graduate School of Nursing, Barbara Sheer PhD, Visiting Professor

Member Activity:

Primary health care nurse practitioners have been legislated in the province of Ontario in Canada since 1998. The growing pains of this fledgling profession have been substantial and NPs face

numerous barriers. One is a very limited drug and diagnostic test list that is stuck and stalled in legislation. The province funds NP positions which historically have been inconsistently and sometimes inappropriately doled out to agencies that often restrict the NP scope of practice. At the same time 5 million Canadians are estimated to have no access to a family practice.

In 2006, my NP colleague and I were faced with a difficult situation. An estimated thirty percent of the area population of approximately 120,000 was without access to primary health care and at the same time eight NPs were unemployed. Knowing that NPs working to their full scope of practice have the potential to increase access to health care, we lobbied the provincial government to fund positions. To our delight, we were given funding to set up the first Canadian NP-led clinic.

The Sudbury District Nurse Practitioner Clinics opened the door for registration in August 2007 and has since steadily increase the client base to date to 2500, over half of the target of 4500. Four NPs have grown to six. Clients are assigned to an NP who provides all primary health care within the legislated scope of practice. Physicians are contracted to provide care that NPs are not legislated to provide, such as prescribing. The clinic is currently expanding the inter-professional team to include a part time pharmacist, a social worker, dietician and RN to follow. The clinic space is also expanding with the addition of a satellite site in an outlying district in the region.

The clinic is incorporated as a non-profit organization and is governed by a community Board of Directors. The unique feature is that the majority of Board members are NPs (not employed at the clinic). Thus, while the operational model of the NP Clinic is no different from many others in Canada, the key difference is that it was developed and governed predominantly by NPs. The Board has ensured that the NPs work to their full scope of practice and receive the full salary and benefits offered by the government funding. The result is that we are able to make a real difference in the access to health care services in our area.

Our success has not gone unnoticed. In April of 2008 the provincial government announced the creation of twenty-five more NP Clinics based on our clinic model. They will ensure that underserved communities are able to use their human health care resources to the best advantage through providing NPs with

employment and the opportunity to work to the full scope of practice.

Roberta Heale, RNEC, BScN, MN. Ontario, Canada

Through the eyes of a nursing student: the ICN

I am an Advanced Practice Nursing / Family Nurse Practitioner graduate student in the United States at the University of Memphis (Tennessee). As a student in a graduate nursing course entitled *Global Perspectives on Nursing* I had the opportunity to visit the International Council of Nurses (ICN) Headquarters in Geneva in May 2009 with my classmates and faculty leader, Dr Carollyn Speros. It was a truly eye opening experience for me.

I had studied about the ICN in other courses at the University; I had even made a presentation about the ICN to my fellow classmates prior to our trip. I felt confident that I understood what the ICN was all about. In reality, I had only scratched the surface of what the ICN is and its impact on the global nursing community. My eyes were opened the minute I stepped off the bus and stood in front of the office at 3 Place Jean-Marteau. At first, I was disappointed with what I saw. I had expected a building more in keeping with the World Health Organisation or the UNAids building; a grand monument to nursing. All I saw was an office building. I could see through the glass door, a small reception area with warm colored wood paneled walls. There was no fancy desk or sign, just elevator doors.

Standing outside the door to welcome us was Dr Tesamicael Ghebrehwet. He told us that he had just left the World Health Assembly to meet us. Dr Ghebrehwet ushered us to the elevator and when I got out I found I was standing outside the ICN Headquarters. He unlocked the doors and led us to a room with a circle of chairs. The far wall was lined with windows that had a breath taking view of the city and Lake Geneva.

Once Dr Ghebrehwet had introduced himself he began to describe what the ICN was and how it was structured, the more he talked the more my eyes were opened. I learned about all the things that the ICN is doing to promote nursing globally and that the majority of the ICNs work takes place in the field. I learned that I am connected with ICN through my membership of the American Nurses Association (ANA). The ANA is a member organisation of ICN. I learned about the core values of the ICN and the actions it will take to

protect the integrity of those values, for example, the suspension of South Africa's membership during Apartheid.

My idea of a nurse had been molded by my experience of nursing in an American healthcare facility. When I picture a nurse, I think of women in a nursing uniform working in a hospital. Now when I close my eyes and think of a nurse I also think of men like Dr. Ghebrehiwet, nurses in sub-Saharan Africa using the mobile library, or the nurses in Germany working for recognition as more than just a trade. Most importantly, I learned that the ICN is not some grandiose building with multiple offices and conference suites. The office in Geneva is simply an address; the ICN is much bigger than a building. The work that the ICN does to foster and promote nursing globally shines brighter than any fancy glass building could ever do. The work of the ICN is the grand monument to nursing.

Rachel Jamison, BSN, RN, MSN student,
University of Memphis, USA

6th International INP/APNN conference:

Announcing the 2010 International Council of Nurses International Nurse Practitioner / Advanced Practice Nursing Network Conference.

Advanced nursing practice responding to changing environments: enhancing services and maximising outcomes.

The conference will bring together advanced practice nurses, policy makers, researchers, executives and managers from around the world to discuss, debate and analyze how the nursing profession can respond to changing environments

The **International Council of Nurses (ICN)** is a federation of 133 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.

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to meet the demands placed on the health care system.

Date and Venue: The conference is to be held from 8-11 September 2010 at the Brisbane Convention and Exhibition Centre, South Bank, Brisbane, Australia. Hosted by the Royal College of Nursing, Australia.

Call for Abstracts:

- Call for abstracts announced: 6 April 2009
- Abstract submission web-site opens: 18 May 2009
- Closing date for abstract submission: 30 November 2009
- Notification of acceptance presentation: 21 December 2009
- Presenter confirmation of acceptance: 11 January 2010
- Abstract presenter registration deadline: 29 May 2010

To obtain more information email
2010INP/APNN@rcna.org.au

Upcoming Conferences of interest:

- **2010 ICN INPAPNN conference, Brisbane, Australia**
- **2011 ICN Conference & CNR, Malta**
- **2012 ICN INPAPNN conference, London, England**

Watch this web site for further details and conference links –

www.icn-apnetwork.org