

**FIJI NATIONAL UNIVERSITY**  
**DIPOMA IN NURSING PRACTICE**  
**AS A NURSE PRACTITIONER PROGRAMME**

**OVERVIEW:**

**THE ROLE OF THE NURSE PRACTITIONER IN FIJI**

In order to meet the goal of “Health For All”, Fiji has adopted the Primary Health Care approach to the delivery of health care. This approach is designed to make comprehensive health services accessible, affordable and acceptable to all members of Fijian society, including those in the most remote areas. The special health care needs of outlying communities, changing lifestyles, urbanisation, the scattered distribution of the population, and dependence on radio or phone communication systems are critical factors influencing health development in Fiji. Nursing personnel constitute the largest component of Fiji’s professional health workforce and are often the providers of first contact in remote areas. Therefore, in order to provide quality, cost-effective health services to the outlying communities, the Government has developed a programme for the advanced education and deployment of a cadre of Nurse Practitioners.

**DESCRIPTION**

A Nurse Practitioner is an experienced Fiji Registered Nurse and/or Midwife who has, in addition, completed a prescribed period of **Postgraduate Diploma in Nursing Practice as a Nurse Practitioner** which will enable her/him to provide comprehensive primary health care services, both curative and preventative. Nurse Practitioners (NP) are skilled in the diagnosis and management of a wide variety of clinical problems of community members. Health promotion and protection is provided to people of all ages, throughout the life cycle, towards improving the quality of life through the framework of New Horizons in Health.

The NP’s practice includes health assessment; the ordering or performance and interpretation of basic laboratory tests; the diagnosis and management of common primary health care problems; the treatment of emergencies; the referral and/or co-management of complex secondary level care problems; the management and/or co-management of chronic diseases; family and individual counseling; promotion of healthy choices and preventative of illness through health education; and epidemiological surveillance.

**CONCEPTUAL FRAMEWORK**

The changing patterns of disease and illness and the movement towards a more health oriented system of care are reshaping primary care and changing the type of health problems routinely encountered in the primary care clinical and community setting. The focus is shifting to health rather than illness and on the importance of people and their families and of their right to accessible and comprehensive health care and support wherever they live. These changes are reflected in the World Health Organization’s *New Horizons for Health* as well as the Yanuca Island Declaration on Health. The **Postgraduate Diploma in Nursing Practice** programme will

prepare community-based nurse practitioners as primary health care providers to be part of a team whose vision, Healthy Islands, is well stated in the Yanuca Island Declaration:

“Healthy Islands should be places where:

- children are nurtured in body and mind;
- environments invite learning and leisure;
- people work and age with dignity;
- ecological balance is a source of pride.”

Using the framework of New Horizons for Health in the community where he or she lives and works, the nurse practitioner provides primary health care which comprises are preparation for life, protection of life and quality of life in the later years. This is not done in isolation but in conjunction with the community and other actors as part of Fijihealth’s Health Promoting Communities Project (see Figure 1.)

This transition from a focus on health rather than illness has altered the interactional demands of the provider-patient primary care encounter. Active decision making on the part of the patient is now required. Nurses are skilled change agents with competency in the interpersonal care required for this type of encounter. The **Postgraduate Diploma in Nursing Practice** will refine the skills in clinical care while further enhancing those interpersonal skills.

The competencies developed through the **Postgraduate Diploma in Nursing Practice** are specific to each course and are described in the programme and curriculum goals and objectives below. Training Nurse Practitioners offers a practical solution to increase accessibility to quality primary care in communities by accepted providers. Nurse Practitioners have proven cost-effective both in terms of the cost of training and salaries. A further savings is realised as early intervention and prevention keep patients out of hospital.

## **SETTING**

Practice setting for Nurse Practitioners are rural Health Centres. However, the settings will change in response to the dynamic nature of health care and service needs.

## **PHILOSOPHY**

Nursing in advanced practice remains rooted in the philosophy of nursing but, recognizing the dynamic environment of health in Fiji and the Pacific, evolves to meet the needs of society in its progress towards Healthy Islands.

The Fiji society has beliefs, practices, customs and traditions specific to the promotion/support of the wellbeing of the individual or groups of individuals as they progress through the stages of the life cycle. Along with understanding the biological, political, economic and geographic determinants of health and illness, the nurse practitioner is also keenly aware of the psychosocial, religious, family and cultural aspects of illness, health, and healing and uses sensitivity and caring when attempting to promote the physical and psychosocial well-being of individuals and families.

Regardless of the venue for nursing practice, the rationale for the practice of nursing is to assist the individual/ family, sick or well, in the performance of those activities contributing to health or recovery (or to peaceful death). The nurse practitioner facilitates these by exercising his/her independent, dependent and interdependent roles and functions in the provision of preventive, promotive, curative, rehabilitative and supportive measures.

## **ADMISSION**

This thirteen-month *Postgraduate Diploma in Nursing Practice as a Nurse Practitioner* educational programme is designed for nurses registered both as nurses and midwives. They will have had a minimum of five years clinical experience working in health care delivery, and expressed an interest in the following areas:

1. improving their skills in the provision of basic primary health care and curative services.
2. gaining community assessment, organization and management skills.
3. willingness to maintain clinical expertise and to precept future nurse practitioner students.
4. willingness to serve in health facilities in remote and underserved rural areas.

In order to determine an applicant's suitability and to evaluate his/her qualifications, the following criteria must be met:

1. Evidence of registration with the Fiji Nurses and Midwives Board.
2. Submission of a letter in which the applicant states his/her:
  - a. professional goals
  - b. reasons for applying to this particular programme.
  - c. thoughts about how their practice of nursing will change after completion of the programme.
3. An interview with the selection committee to assess:
  - a. the applicant's competency in basic nursing skills
  - b. the applicant's reliability
  - c. the applicant's interest in primary health care
  - d. the applicant's interactions with patients, communities and other health team members
  - e. the applicant's understanding of and commitment to the Nurse Practitioner role
  - f. the applicant's managerial skills
  - g. the applicant's communication skills

- h. the applicant's willingness to serve as a clinical teacher in outlying areas
- i. the applicant's willingness to undertake a rigorous programme of study

## **PROGRAMME OBJECTIVES**

Upon completion of the one-year *Postgraduate Diploma in Nursing Practice* as a Nurse Practitioner educational programme, the Nurse Practitioner will be able to do the following:

1. Perform a complete screening history and physical examination appropriate to the patient's age and condition.
2. Interview a patient presenting with a specific complaint and assess that patient by eliciting appropriate historical and subjective data; doing an appropriate physical examination; and ordering/performing appropriate diagnostic investigations.
3. Distinguish between normal and abnormal physical findings and identify patient's health problems.
4. Identify and initiate laboratory investigations necessary to the diagnosis of specific primary health care problems.
5. Perform and interpret selected basic laboratory investigations (such as blood grouping, haemoglobins, urine dipsticks; and, if microscopes are available, wet mounts and gram stains) necessary to the diagnosis of specific health problems.
6. Recognize the patient whose illness stems primarily from problems of living and provide appropriate therapeutic communication, counseling and support, referring those with serious psychiatric and emotional symptoms.
7. Diagnose and develop a clinical management plan for the primary health care needs and problems common to Fiji, in patients of all ages.
8. Communicate concisely, in an organized manner, verbally and in writing, the data obtained from health histories and physical examinations.
9. Prescribe medications according to established guidelines.
10. Collaborate with other team members, including community health workers and traditional birth attendants, in providing primary health care to individuals and families and co-manage where appropriate, with physicians, nursing personnel dietitians and others concerned with the welfare of the community.
11. Co-manage with the physician patients with chronic illness.
12. Perform minor surgical procedures within the prescribed guidelines.
13. Identify those medical and surgical conditions requiring physician consultation and/or referral.
14. Recognize the existence of a medical, surgical or obstetrical emergency, provide initial assessment and treatment and appropriately transport the patient as necessary to a referral center, subdivisional hospital or the base hospital.
15. Provide certain basic primary care services to the patient with a dental problem in cases of emergency.
16. Recognize and treat nutritional problems, including failure to thrive and malnutrition.
17. Utilize effective communication skills in interaction with patients and their families.

18. Provide health promotional teaching and counseling to individual patients, families and community groups.
19. Involve family members in all aspect of patient care and health delivery.
20. Analyze clients (individuals, families, other small groups and communities) as interacting components of larger social, cultural, political, economic, ecological, and health care processes and systems.
21. Apply the processes of nursing, leadership, advocacy, community organization, teaching and learning, problem-solving and basic research and epidemiology to families and communities, as appropriate.
22. Determine community health diagnoses for specific communities on the basis of beginning epidemiological analysis and community assessment.
23. Collaborate with the community to plan and implement community health interventions, on the basis of personal, family, social and other environmental risk factors.
24. Provide nutrition education to individuals, families and communities for the prevention of nutritional disorders and the maintenance of health.
25. Effectively manage a health facility by assuming a leadership role, by analyzing problems and determining alternative solutions, by managing human and technical resources and by initiating and conducting continuing education and on-the-job training programmes.
26. Integrate quality assurance principles into primary health care practice by utilizing appropriate medical records systems, health data monitoring procedures, by evaluating the effectiveness of therapies and community interventions.
27. Demonstrate the professional role characterized by accountability, diagnostic reasoning skills, self-directed learning, collaboration, effective communication skills and leadership in the community.

## **TRAINING/EDUCATION**

The educational preparation of the nurse practitioner is at the advanced level of nurse training.

## **CURRICULUM**

The goal of the *Postgraduate Diploma in Nursing Practice* Programme is to prepare experienced professional nurse for the full range of advanced community primary health care. The curriculum is competency-based and problem oriented with particular emphasis being placed on the diagnosis and management of prevalent health problems in Fiji and on the problems of the most vulnerable population groups. Vast amounts of knowledge and research in the health sciences, as well as rapid socio-economic changes in the Pacific, demands creative problem-solving on the part of professional nurses. Therefore, a problem-solving, research approach to health care is modeled as well as taught.

A multidisciplinary approach to health forms the foundation of the programme. Illness is presented as a multidimensional problem and each presentation or discussion of a disease integrates the non-medical aspects of health and illness. Discussions of diagnostic, interventive and preventive strategies are continually related to traditional values, beliefs and the existing socio-political environment. Students are introduced to established treatment guidelines, or

protocols, for the management of common health conditions. The protocols include health education, prevention and community interventions.

The basic sciences such as human biology, chemistry, physics, microbiology, pharmacology, epidemiology and nutrition are not taught as separate courses, but are integrated throughout the curriculum in order to encourage students to understand and use the basic sciences as they are relevant and useful in the provision of health care.

Educational strategies utilized are those designed to promote self-directed, active and motivated learning and to develop problem-solving, collaboration and diagnostic reasoning skills. These learning outcomes can only be achieved through an educational environment that empowers students by promoting self-confidence, flexibility and adaptability.

Specific educational strategies include structured, active, participatory, small-group learning experiences, peer group learning and problem-based, case-directed learning, using shared experiences of students, clinical cases, discussions, dialogues, and searching questions. Emphasis is placed on out-of-classroom, clinical and community learning activities. In the competency-based curriculum, clinical skills and abilities are measured with criterion-referenced evaluation tools, including skills checklists, clinical performance rating scales and patient simulation problems.

The **programme** consists of **sequential phases**, including a **four to five-month clinical practicum** during phase III. Throughout the programme, every effort is made to integrate theory with clinical practice. During the first phase of the programme, students begin supervised preceptorships; evening and weekend outpatient and casualty on-call duties which continue throughout the programme.

### **Phase I**

The first course, **Advanced Health Assessment**, focuses on the development of high level interviewing, history-taking, physical examination and data analysis skills. It runs through the **Phase I** of the programme. As students practise advanced communication techniques and data gathering skills, they increase their sensitivity to psychosocial, cultural, religious, and spiritual beliefs that impact upon health, illness and the patient-provider relationship. The course encourages the student to view the patient as a member of both a family and a community that is affected by economic and socio-political changes. Prior to entering the second phase of the programme, students must perform and pass a timed, observed adult history and physical examinations. The Paediatric Timed, Observed Physical Examination (TOPE) occurs midway through the second phase.

### **Phase II**

The **second phase** of the programme begins with the second course, **Advanced Clinical Decision-Making in Primary Health Care**, which builds upon previously acquired clinical decision making skills and the theoretical framework of clinical decision-making introduced during the first course, advanced Health Assessment. This second course is scheduled three days per week for a ten-week period. Students continue evening and weekend call duties and also begin one day of supervised clinical practice per week. Signs and symptoms of disease conditions common to Fiji are presented along with appropriate primary health care management approaches. Through problem-based learning, students learn to diagnose and treat these problems. The concept of mind-body connectedness is emphasized early in the course to enable

students to see and investigate the influence of the intellect, spirit, dreams and mental processes on physical well-being.

Pharmacologic and basic science principles are highlighted. Students utilize established treatment guidelines, clinical textbooks and references, including the *British National Formulary*. Assessments, treatment choices and rationales are continually analyzed and safe prescribing practices are stressed. While competence in clinical service to patients is emphasized in this course, students are also taught essential preventive, promotive and environmental sanitation skills.

During this course and the remaining courses, students will have four days per week of theoretical coursework and one day per week of clinical practice.

The **Maternal-Child and Reproductive Health** course that originally followed **Advanced Clinical Decision-Making in Primary Health Care** has been revised into two separate courses: **Reproductive Health** and **Paediatrics in Primary Care**. These courses are also part of Phase Two. The Paediatric TOPE must be successfully completed before the student can enter the paediatric clinical site.

Both courses are scheduled three days per week with guest lectures taking becoming more involved. This coursework focuses on the provision of promotive, preventive, and curative care of Fijian women, adolescents, children and families. Discussions repeatedly explore cultural, socio-political and environmental factors that influence the health of women, children and families.

The courses give students an opportunity to gain advanced skills in the management of paediatric, gynecological, and obstetric problems common in Fiji (or any other setting) by building upon the knowledge and skills developed in previous coursework as well as their experience in maternal-child health, midwifery, family planning and community health. Students are also given opportunities to discuss and create methods for working collaboratively with community health workers, traditional birth attendants, community organizations and non-governmental organizations.

An **Advanced Community Health Nursing** course is scheduled one day per week, concurrently with the three preceding courses, during **Phase II** of the programme. It is important that community-based learning take place throughout the curriculum to enable students to plan, implement, and evaluate activities in the community from the onset. Course concepts include communication and group processing, conflict resolution, inter-sectoral collaboration, organization, management and health planning, research and epidemiology, and leadership and continuing education.

This course offers students multiple community-based opportunities to integrate clinical assessment and management skills into a family and community-oriented approach to primary health care.

### **Phase III**

During **Phase III** of the programme, students devote four days per week to clinical preceptorships for a period of twenty weeks. Clinical rotations include women's health care, family planning, sexually transmitted diseases and HIV/AIDS, antenatal, labor and delivery, postnatal, newborn and neonatal care; outpatient clinics, including general medicine (including paediatrics), ENT, ophthalmology, cardiology, diabetic clinic, dermatology, A & E, and

infectious diseases; and hospital rounds and in-depth case analyses. During these twenty weeks, students also perform family, environmental and community assessments, provide paediatric well child care, and apply advanced health education and nutritional counseling skills.

One day per week is scheduled for a **Seminar** during which students integrate practice and theory with community-based learning activities, using case conferences, special presentations and group discussions. The seminars are designed to facilitate personal growth and development and participatory evaluation as methods of promoting both self and community empowerment and partnership.

## **EVALUATION OF STUDENTS**

Throughout the programme, student clinical performance is assessed using a variety of performance evaluation tools. Evaluation of student performance is based on continuous assessment of knowledge-base and clinical skills. Students must also pass final written and practical examinations.

During the **first course**, students are evaluated while performing screening health histories, problem-oriented histories and complete physical examinations. Weekly or bi-weekly quizzes (short-answer and multiple choice) are scheduled and students must successfully perform physical examinations of each body system prior to performing a final, time-observed, physical examination (TOPE).

In **Phase II**, faculty evaluate students during actual patient consultations. Written examinations occur at midterm and at end of each course. Quizzes are also used to evaluate theoretical understanding. The Paediatric TOPE offers opportunity to evaluate the clinical decision-making skills of each student.

Members of faculty visit clinical sites in **Phase Three** of the programme and carry out performance evaluations that are graded on a pass/fail basis. Students are also observed and evaluated by their clinical preceptor.

A final written and practical examination is scheduled during the **Third Phase** of the programme. The examination is on a “simulated patient” encounter during which students interview the “patient”, perform a physical examination and present the case. The following day students submit a written case summary (SOAP progress note), a bibliography of pertinent references and each student is then examined orally.

A post-training evaluation is scheduled after completion of the programme, when the students have had opportunities to work in their outlying districts for a period of at least three months. Ideally, a team of evaluators visits the outlying health facilities and evaluates the Nurse Practitioner using health clinic quality assurance guidelines, patient and community surveys, direct observations and analysis of patient records, daily logs and referrals. A facility review is also included.

This visit also offers the opportunity for continuing education as the evaluation of the NPs can be a learning process for updating or refining patient care.