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ABSTRACT

This bibliography brings together much of the literature prepared by individuals, organizations, and agencies on nurse practitioners and the expanded role of the nurse. Section I on expanded role includes citations and abstracts to documents that provide general information about the nurse practitioner's role and specific information on the different types of nurse practitioners and areas of practice. Section II on the education of practitioners includes citations spanning a continuum from informal continuing education programs to formal academic programs. The acceptance of nurse practitioners is the topic in section III, including materials on patient and physician attitudes towards nurse practitioners. The references in section IV on evaluation provide insight into the cost effectiveness of using nurse practitioners, their potential impact on health care delivery, and their level of performance in managing patient care. The last section provides general information about several issues relevant to health care planning. All citations contain source availability information. Most citations are dated between 1970 and 1977. (DS)

Nurse Practitioners and the Expanded Role of the Nurse: A Bibliography

November 1978

U.S. Department of Health, Education, and Welfare
Public Health Service
Health Resources Administration
Bureau of Health Manpower
Division of Nursing
Hyattsville, Maryland 20782

Health Manpower References

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The Nurse Planning Information Series, sponsored by the Division of Nursing in the Bureau of Health Manpower, has been designated as a special series to support health manpower planning and specifically to meet the information needs of the nursing component of the National Health Planning Information Center.

Three other series published by the Center are Health Planning Methods and Technology, Health Planning Information, and Health Planning Bibliography. All of these were designed to respond to information needs of the Bureau of Health Planning.

The documents included in all series are being added to the Center's data files and will be make available from the National Technical Information Service, 5285 Port Royal Road, Springfield, Virginia 22161. A listing of titles of these publications can be obtained from the National Health Planning Information Center.

FOREWORD

This bibliography was compiled in response to the frequent number of inquiries received by the Nursing Component of the National Health Planning Information Center (NHPIC) for reference material on nurse practitioners and the expanded role of the nurse. Abstracts of publications concerning the preparation, role, and practice of nurse practitioners are included. As a useful guide to the literature, it will enhance the reader's awareness of the scope and diversity of the expanded role of nursing practice and its effect on health planning.

This publication is the fifth volume in the Nurse Planning Information Series. The series is composed of several selected monographs and bibliographies relevant to health planning.

The Nursing Component of NHPIC provides health planners with a centralized, comprehensive source of information on nurse manpower planning to facilitate an improved health care delivery system in the United States. The Component acquires, screens, synthesizes, disseminates, and makes available specialized documentary material on nursing, as well as methodological information as on a wide variety of topics relevant to health planning and resources development.

The first four volumes in the series are:

Accountability: Its Meaning and Relevance to the Health Care Field
Nursing Involvement in the Health Planning Process
Problem Oriented Record System: A Literature Review
Patient Classification in Nursing: A Description and Analyses

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Director
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PREFACE

This bibliography is the fifth publication in the National Health Planning Information Center's Nurse Planning Information Series. The introduction provides information on how this bibliography was developed by the Center's Reference Staff, as well as the source of its information and its organization and format.

To prepare for possible future revisions of the bibliography, additional citations relevant to this topic and useful to nurse manpower planners are needed and will be appreciated. Suggested references and donations of documents should be submitted to:

NATIONAL HEALTH PLANNING INFORMATION CENTER
Attn: Nursing Component
P.O. Box 1600
Prince Georges Plaza Branch
Hyattsville, Maryland 20788

CONTENTS

INTRODUCTION

This bibliography brings together much of the literature prepared by individuals, organizations, and agencies on nurse practitioners and the expanded role of the nurse. It includes citations and, if available, abstracts of documents identified by the National Health Planning Information Center from literature searches of the files of the Center, the National Technical Information Service, Medline, and other automated and manual sources of information. Although extensive, this bibliography is not exhaustive with respect to all available information on the topic. In addition, its usefulness may depend on the user's prior knowledge of the subject and need for special types of reference materials.

The following section provides information on the overall organization of the bibliography, the format of the document references, and information on how to obtain copies of the referenced documents.

Format and Organization

All of the references are arranged into five broad categories. These categories are:

- Expanded Role
- Education
- Acceptance
- Evaluation
- Health Care Delivery and Manpower Planning

References are categorized according to major subject content, but many abstracts and articles could have been placed in more than one subject area.

Section I on "Expanded Role" includes citations and abstracts to documents which provide general information about the nurse practitioner's role and specific information on the different types of nurse practitioners and areas of practice. Citations and abstracts in Section II on the "Education" of practitioners span a continuum from informal continuing education programs to formal academic programs. Recommendations on the future education of nurse practitioners are also presented. Section III on the "Acceptance" of nurse practitioners provides reference material on studies about patient and physician attitudes towards nurse practitioners and barriers affecting the nurse practitioner's practice. The collection of documents and articles in the "Evaluation" section (IV) provide insight into the cost effectiveness of using a nurse practitioner, their potential impact on health care delivery, and their level of performance in managing patient care. The last category, "Health Care Delivery and Manpower Planning," provides general information about several issues relevant to health care planning.

In each category, references are arranged alphabetically by the first personal author's name, or if no personal author(s) cited, by corporate author/sponsor's name. In cases where no personal author, corporate author or sponsor are identified the references are alphabetical by document title. All references include the title of the document and its availability source. An annotation or abstract is included only if it already exists on the National Health Planning Information Center's automated searchable information file.

How To Obtain Documents

All citations to documents, whether published or unpublished, contain source availability information. For each reference, this information is noted in the citation after the document title.

The availability source for articles published in journals and other periodicals is the name of the journal noted after the statement "Pub. in..." Issue information (volume, number, etc.) and page numbers are included. To obtain copies of the journal articles cited, consult a local university librarian or contact the librarian in your Regional Medical Library, where many of the journals can be found.

The availability source for non-periodicals is the name of the individual, agency, or organization noted after the statement "Available from...." Contact directly the specified source for additional information, such as price of the document. For information on the price of a document listed as available from the National Technical Information Service (NTIS), write (do not call) to the address listed below. Include the order number of the referenced document as indicated in its citation.

Unless specified, do not contact the National Health Planning Information Center or the Division of Nursing for a copy of the document.

Questions concerning the development of this bibliography should be addressed to:

Division of Nursing
Bureau of Health Manpower
Health Resources Administration, PHS, DHEW
3700 East-West Highway
Hyattsville, Maryland 20782

Additional copies of this bibliography may be obtained from:

National Technical Information Service
5285 Port Royal Road
Springfield, Virginia 22161

Alexander Linda
Hawaii Univ. at Manoa. Dept. of Psychiatry.
Nurse Practitioner and Professional Growth.
Pub. in Nurse Practitioner v1 n6 p32-33 Jul-Aug 76.

Traditions in nursing that may hinder the development of the nurse practitioner's role are discussed. The nurse clinician and the nurse practitioner are said to represent movements toward greater autonomy and greater responsibility, authority, and expertise. The importance of understanding how the nurse practitioner can best develop an increasingly expert and authoritative role without setting that role in an unnecessarily competitive or compromising posture vis-a-vis other health care professionals is noted. The traditional pattern of physician authority and nurse compliance can be modified when decisionmaking responsibility is redistributed by mutual agreement of physicians and nurses. However, the pattern is not modified when responsibility is redistributed by the physician alone and merely accepted by the nurse. The potential for a new and innovative role for nursing can be lost in the latter arrangement. The undesirable effects of the male dominance / female submission aspects of relationships among health care professionals are noted. In discussing the myth of the nurse as victim, it is pointed out that submissive or compliant positions in complementary roles do not constitute victim roles, and that the complementary traditions of nursing should be given credit for contributing significantly to health care. The dangers of attempting to counter the tradition of compliance by striving for omnipotence are discussed. It is noted that professional maturity is promoted by a strong peer group and by collegial affiliation.

American Nurses' Association, Kansas City, Mo.
Clinical Conference Papers.
97p 1973 Available from American Nurses' Association, 2420 Pershing Road, Kansas City, Mo. 64108.

A compilation of papers on clinical nursing practice prepared for the 1973 conference of the American Nurses' Association is presented. The papers are organized into the following categories; (1) community health nursing practice, which covers family health care, a model of nurse - physician interaction, women's rights in an era of changing lifestyles, problems in minority group nursing and minority consumers of health care, appropriateness of nurses regrouping around ethnic and racial concerns, and relationship patterns in the delivery of health care; (2) maternal - child health nursing practice, which discusses the asthmatic child's concept of the respiratory system and asthma, the role of pediatric nurse practitioners in day care, the role of school nurse practitioners, coordination of nursing education in a

community perinatal center, development of maternity services for young women using the maternity nurse practitioner, problem pregnancy counseling, cultural and generational implications of maternal tenderness, coping behaviors during labor, and the younger versus the older adolescent black mother in the nurturing - mothering role; (3) medical - surgical nursing practice, which covers directions for the nurse practitioner; (4) psychiatric - mental health nursing practice; and (5) geriatric nursing practice, which covers reliance on nurses to improve nursing homes, issues concerning aged blacks, influence of financing and reimbursement processes on the practice of geriatric nursing, and role of nursing home activities coordinator.

Anderson Eva Mae, Leonard Barbara J, Yates Judith A
Minnesota Univ., Minneapolis. School of Public Health.
Epigenesis of the Nurse Practitioner Role.
Pub. in American Jnl. of Nursing v74 n10 p1812-1816 Oct 74.

The transition of students at the University of Minnesota from traditional nurse to nurse practitioner role is examined. Three basic programs have been developed at the university to meet identified needs for primary health care services for age-specific groups: (1) continuing education program for adult / geriatric nurse practitioners; (2) postbaccalaureate pediatric nurse associate program; and (3) master's degree program for pediatric nurse associates and adult nurse practitioners. Observations of clinical performance indicate that most master's degree candidates respond to a broader range of psychosocial factors and intervene at a higher level than graduates of the other two programs. It is postulated that this difference is based on educational input. Specific behaviors that nurses must learn in order to cope with the functions required of nurse practitioners are discussed. Particular attention is given to the identity crisis experienced by students who enter the nurse practitioner program at the university. The development of clinical competence and the achievement of independence are viewed as two key elements in the transition from traditional nurse to nurse practitioner role. Another important element is noted as the achievement of professional intimacy.

Anderson J, Marcus A M, Gemeroy H, Perry F, Camfferman A
Expanded Role of the Nurse: Independent Practitioner or Physician's Assistant?
Pub. in Canadian Nurse v71 n9 p34-35 Sep 75.

Anonsen D C
Expanded Role in Nursing.
Pub. in Nursing Papers v6 n2 p50-53 Summer 1974.

Anonymous
Statement of Current Position on the Expanding Role of the Nurse.
Pub. in Nursing Papers v6 n2 p7-9 Summer 1974.

Bates Barbara
Rochester Univ., N.Y. School of Medicine and Dentistry.
Twelve Paradoxes: A Message for Nurse Practitioners.
Pub. in Nursing Outlook v22 n11 p686-688 Nov 74.

Inconsistencies in the preparation of nurse practitioners for ambulatory and hospital-based care are identified. The statement is made that the majority of educational efforts in medical and nursing schools are directed toward hospital care, even though most health care contacts are with ambulatory rather than hospitalized patients. Twelve paradoxes to be considered by nurse practitioners upon entering the nursing field are noted: (1) the extent of knowledge and skills possessed by nurse practitioners that are not shared by the majority of nurses, regardless of degree; (2) the extent of knowledge and skills possessed by nurse practitioners that are not shared by most nursing faculty members and nursing supervisors; (3) the need for continual updating of knowledge and skills; (4) the emphasis of the family nurse practitioner's role on bedside care; (5) the fact that nurse practitioners are often called physician's assistants; (6) the expansion of knowledge and skills by nurse practitioners into the medical field, thereby acquiring some degree of control; (7) the administering of less medication to the patient, since nurse practitioners have learned more medical information and have enhanced their ability to move into a more medical role; (8) the fact that less medication, when combined with more nursing care, is potentially better for the patient; (9) the development of a productive interpersonal relationship between nurse practitioners and patients; (10) the unwillingness of physicians to delegate responsibility to nurse practitioners; (11) the role of nurse practitioners as environmental and political change agents; and (12) the need to become more aware of nursing skills.

Brown B G
Exploration of the "Expanded Role" of the Nurse in a Primary Care Setting.
Pub. in Nursing Papers v6 n2 p41-49 Summer 1974.

Browning Mary H, Lewis Edith P
American Jnl. of Nursing Co., New York. Educational Services Div.
Expanded Role of the Nurse.
325p 1973 Available from American Journal of Nursing Co., Ten Columbus Circle, New York, NY 10019.

Thirty-six articles have been reprinted from periodicals to present an overview of the expanding nursing roles from diverse professional, geographical, and philosophical viewpoints. The first section contains articles dealing with concepts and issues in the current health care crisis. All articles recognize the need for change and manifest a firm commitment to the nursing of whole persons and families, to 'health care' as compared to 'sick care,' and to nursing's professional autonomy. The role of physician's assistants is described with respect to the law and physician's assistants relationships with nurses. The section on educational preparation for expanded roles includes articles on preparing for family health care, episodic and distributive care, baccalaureate preparation for primary care, the primex, the nurse practitioner, and the pediatric nurse associate. Family and community-centered care are the focus of a series of articles on expanded nursing roles: primary care nursing, the primex, the family nurse, nurse practitioners in both rural and urban settings, the nurse - midwife, and the pediatric nurse practitioner. The expanded role of nurse practitioners in a variety of settings includes descriptions of independent nurse practitioners, community nurse practitioners, group practice, the Kaiser - Permanente Experiment in ambulatory care, nurse clinicians in industries, and clinical nurse specialists. Some of the articles are illustrated. An index is not provided.

Bullough Bonnie
California State Univ., Long Beach. Dept. of Nursing.
Law and the Expanding Nursing Role.
Pub. in American Jnl. of Public Health v66 n3 p249-254 Mar 76.

Legal and psychological factors related to the expanded role of nurses are addressed. It is noted that nursing has moved through two major phases in licensure. From 1900 to 1938, the basic acts registering nurses were passed and amended to raise educational standards. Starting in 1938, the goal became mandatory licensure for all who nursed for hire. This move was associated with the stratification of the nursing role to include both practical and registered nurses. A third phase in licensure started in 1971 with the Idaho revision of the nurse practice act; 30 States now have revised their laws to facilitate role expansion for nurses. The role of women's liberation and other societal factors in

the increasing responsibility of nurses is discussed. It is felt that nurse practitioners can deliver high quality care because of their dual focus and their background in biological and behavioral sciences. A rapid increase in the number of expanded role nurses is predicted for acute, primary, and long-term patient care. It is recommended, however, that legislation pertaining to nurse practitioners be amended to make it more workable. Tabular data are provided on State nurse practice acts as of 1975.

Bullough Bonnie
California Univ., Los Angeles. School of Nursing.
Is the Nurse Practitioner Role a Source of Increased Work Satisfaction.
Pub. in Nursing Research v23 n1 p14-19 Jan-Feb 74.

Findings are presented of a questionnaire study of 17 pediatric nurse practitioners, 18 extended role nurses, and 38 other registered nurses to determine job satisfaction. A review of the literature relating to job satisfaction is presented, as are the study hypotheses and methodology. Four measures of work satisfaction were used in the questionnaires. The scale of intrinsic job satisfaction was a five-item scale which allowed respondents to rate their job in terms of its creativity, its importance, its use of their skills, its autonomy, and how interesting it was to them. Three measures of overall job satisfaction also were included; a summary question asking 'Taking all things into consideration, how satisfied with your work are you'; a hypothetical question, 'Suppose you could start all over again, would you choose your present occupation'; and a semantic differential scale which allowed respondents to describe their jobs in terms of selected adjectives or phrases such as 'high pay - low pay' or 'routine - varied.' In addition, a supplemental question was given to the nurse practitioner graduates asking 'Are you more satisfied with your work now than you were before the course.' Findings indicate that the pediatric nurse practitioner rated highest both in intrinsic and in overall job satisfaction. More registered nurses without specialized role training were found to be satisfied with their choice of nursing as a career and would choose it again were they given a chance. Underlying causes for these findings are explored.

Burrett B
Nurse Practitioner.
Pub. in Nursing Mirror v140 n23 p71 19 Jun 75.

Cohen Eva D, Keenan Kathleen, Crootof Linda M, Greenberg Beverly S, Korper Mieko M
Yale Univ., New Haven, Conn. School of Medicine.
An Evaluation of Policy Related Research on New and Expanded Roles of Health Workers. Annotated Bibliography
168p Oct 74 Available NTIS PB-242 283/0

The annotated bibliography includes a selection of evaluations of research on the quality, quantity, and nature of services provided by new types of health personnel, such as nurse practitioners and physician's assistants. Additional topics covered are the acceptance by providers and consumers, as well as the costs and legal issues associated with the training and use of new health practitioners in the health services system. A separate project report provides a summary of the studies by subject areas. (NTIS)

Department of Health, Education, and Welfare, Washington, D.C. Office of the Secretary.
Extending the Scope of Nursing Practice. A Report of the Secretary's Committee to Study Extended Roles for Nurses.
26p Nov 71 Available NTIS HRP-0005304

The impact of extending the role of nurses on the availability of health services is explored. The importance of collaboration between physicians and nurses in the extension of health care services to meet increasing demands is stressed. Elements of nursing practice are delineated, with particular emphasis on those functions performed by nurses without the supervision of a physician. The role of nurses in patient and family counseling is discussed. Obstacles impeding the extension of nursing roles are noted, as well as changes needed to facilitiate such extension. Consideration is given to nursing education, legal aspects of nursing practice, interprofessional relationships between physicians and nurses, and the impact of extended roles for nurses on the delivery of primary, acute, and long-term care. The following recommendations are made: (1) Health education centers should initiate curriculum innovations to enable nurses and other health professionals to achieve a high level of competence. (2) Collaborative programs involving schools of medicine and nursing should be encouraged to demonstrate the effective functional interaction of physicians and nurses. (3) Increased attention should be focused on nursing licensure and certification. (4) Cost-benefit studies should be conducted in a variety of geographic and institutional settings to determine the impact of extended nursing practice on the health care delivery system. Legal parameters of expanded nursing practice are detailed in an appendix. Geographic locations where expanded nursing practice is employed are listed.

Ferguson Marion C
Welsh National School of Medicine, Cardiff. Dept. of Advanced Nursing Studies.
Nursing at the Crossroads. Which Way to Turn. A Look at the Model of a Nurse Practitioner.
Pub. in Jnl. of Advanced Nursing v1 n3 p237-242 May 76.

An historical perspective on the evolution of nursing practice and organization is presented in a discussion concerned with changes in nursing roles as reflections of changes in the sociopolitical environment. It is noted that the nursing profession has stood at crossroads a number of times in its history, particularly so during the earlier part of the 19th century when the need for drastic changes in practice and organization was recognized and met by Florence Nightingale. It is pointed out that the Hippocratic model of Medicine does not distinguish between those who cure and those who care; the malady and the patient are not seen as separate entities. Social and political developments that led to the separation of the curing and caring functions and to the investment of one function with greater value than the other are traced. Since the 19th century, many tasks previously held to be the physician's responsibility have entered the realm of nursing. With the advance of technology, the caring and curing processes have become overlapped and diffuse. It is noted that the advent of the nurse practitioner suggests a return to the Hippocratic model of medicine. This model is considered in light of the nursing profession's redefinition of its role relative to contemporary social needs and health care delivery systems.

Ford L C
Nurse Practitioners: What the Future Holds.
Pub. in American Nurse v6 n11 p4 Nov 74.

Freeeman R
Expanding Role of Nursing.
Pub. in International Nursing Review v19 n4 p351-357 1972.

Freeman R B
Some Observations on the Use of Nurse Practitioners in Community Health Nursing.
Pub. in National League for Nursing Publications (21-1570) p57-64 1975.

Gimble J G
Identifying the Nurse Practitioner.
Pub. in Jnl. of the American Dietitics Association v70 n3 p282-284 Mar 77.

Glass H P, Winkler S J, Degner L F
Statement on the Expanded Role of the Nurse.
Pub. in Nursing Papers v6 n2 p10-14 Summer 1974.

Bartol G M
Styles of Conflict Management Used in Co-Worker Relationships by Nurse Practitioners Employed in Hospitals.
Available from University Microfilms International, 300 North Zeeb Rd., Ann Arbor, MI 48106.

Good Janet L
Mountain Bell, Denver, Colo.
Current Personnel Development and the Nurse Practitioner.
Pub. in Occupational Health Nursing v23 n7 p7-9 Jul 75.

Developments in certification of nurses and in the expansion and updating of nurse practice acts are discussed. The American Nurses' Association (ANA) defines certification as the minimum qualifications required for excellence of practice within a particular specialty recognized by ANA. The five recognized specialty groups are medical-surgical nursing, psych-mental health nursing, maternal-child health nursing, community health nursing, and geriatric nursing. It is noted that, because of the slowness of the ANA to implement its certification program and the icnreasing demands of consumers for proof of competency from health professionals, many nursing subspecialities have implemented their own certification programs and tests. Many practitioner groups have established proficiency programs and tests with separate guidelines. A few States have mandatory continuing education recognition programs. However, the mandates are proving difficult to enforce, because no systems have been established for providing continuing education in remote areas. The differences in concept between the physician's assistant and the exapnded-role registered nurse are pointed out, with emphasis on the latter's independence from the physician. The potentially adverse effects of institutional licensure for nursing are noted. Nurses are urged to approach State legislators concerning revisions in the scope of practice delimited in nurse practice acts.

Hall Virginia C
National Joint Practice Commission, Chicago, Ill.
Statutory Regulation of the Scope of Nursing Practice: A Critical Survey.
51p 1975 Available from National Joint Practice Commission, 875 N. Michigan Ave., Suite 1864, John Hancock Center, Chicago, IL 60611.

The legal limitations and responsibilities of nursing practitioners in expanded roles are explored in a survey of the nurse and medical practice acts in the 50 States and the

District of Columbia. Each State has a nurse practice act and a medical practice act, and since the relevant portions of the statutes of many States are similar, groupings according to type are made. Joint practice is defined as nurses and physicians collaborating as colleagues to provide patient care. This expanded role can decrease the cost of health maintenance and health care without sacrificing quality. The regulation of this practice provides for the protection of the public from practitioners who may act outside their field of competence. The relevant provisions of nurse practice acts are considered according to the definition of the practice of professional nursing, special measures dealing with nurse specialties, the prohibition against the practice of medicine, and the authority given to the State board of nursing. Considerations of the medical practice acts include the exemptions from the act and the authority given to the State board of medicine. The nurse and medical practice acts are examined separately followed by a comparison of acts according to State. References are provided.

Hayes P, Field P A, McClure R E, Niskala H, Stinson S
Expanded Role of the Nurse: A Position Paper.
Pub. in Nursing Papers v6 n2 p34-36 Summer 1974.

Hill M
Nurse Practitioner.
Pub. in Alumnae Magazine v75 n1 p18-21 Jan 76.

Hunnings V
If You've Ever Thought About Being a Nurse-Practitioner... (I'm Finally Fulfilling My Potential).
Pub. in RN v40 n5 p35-38 May 77.

Interview with Dr. Loretta Ford.
Pub. in Nurse Practitioner v1 n1 p9-12 Sep-Oct 75.

Views on the role of nurse practitioner are presented in an interview with the dean of the University of Rochester School of Nursing. The dean codirected the first pediatric nurse practitioner project at the University of Colorado and is credited as being one of the first to give academic recognition to the nurse practitioner role. The genesis of the University of Colorado program is traced briefly, with reference to social forces both within and outside of the nursing profession at the time the program was begun. The founders of the program considered how the nurse's role could be altered to make her accountable to patients rather than to physicians, and sought to extend the nurse's 'sensory input'

by teaching her to gather data with tools and techniques that had previously been considered the property of the physician. The program also sought to involve the nurse in using the data she gathered to educate and counsel parents, children, and families. The dean also comments on the trend in public health nursing toward specialization, viewing the trend as transient. Unanticipated directions in the nurse practitioner movement are noted, and predictions concerning the role of the nurse practitioner are offered. The dean views the nurse practitioner as one who focuses on health as a means to get people where they want to go, rather than an end in itself. The strength of nursing's orientation toward health rather than disease is pointed out.

Judge Diane
Coming Battle Over Nurse Practitioners.
Pub. in Modern Healthcare p29-36 Apr 74.

The role of nurse practitioners in the medical hierarchy is discussed. According to the American Nurses' Association, a nurse practitioner is a licensed professional nurse who provides direct care to individuals, families, and other groups in such settings as homes, institutions, offices, industry, schools, and other community agencies. The skills of nurse practitioners include the ability to assess the physical and psychosocial state of individuals and families by taking histories and conducting physical examinations, evaluating and interpreting data in order to plan and execute appropriate nursing intervention, and serving as the primary contact for families in the health care system. Political factors affecting the role of nurse practitioners in the medical hierarchy are examined. The inclusion of nurse practitioners in the physician's assistant category is addressed, with an emphasis on the differing roles and salaries of physician's assistants and nurse practitioners. Of all types of nurse practitioners, the role of the pediatric nurse practitioner has been in existence the longest. About 1,000 pediatric nurse practitioners were registered with the American Academy of Pediatrics as of July 1973. Pediatric nurse practitioners have formed their own professional organization, the National Association of Pediatric Nurse Associates headquartered in Columbus, Ohio.

Kansas Medical Society
Definitions: Physician's Assistant, Nurse Practitioner, Nurse Clinician, Clinical Specialist.
Pub. in The Jnl. of the Kansas Medical Society v76 n9 p221-222 Sep 75.

Kansas Univ., Kansas City. Medical Center.
Nurse Practitioner.
Pub. in Jnl. of the Kansas Medical Society v75 p173-179 May 74.

The potential role of the nurse practitioner is discussed, and the manner in which the nurse practitioner can contribute to the resolution of health care problems is considered. Examination of health problems between 1940 and 1970 reveals a striking shift from major episodic disease problems to minor medical disease and major and minor psychosocial illness problems over this period. Many physicians have been diverted into secondary and tertiary medical specialty areas, which has resulted in a decrease in the number of physicians available for delivery of primary care services. This process, coupled with other factors, has led to the so-called 'health care crisis,' which is said to exist because society's expectations are misaligned with health care reality and the health service delivery system. Several case studies are reviewed which demonstrate the primary determinants of health, based on the premise that level of health is determined by the interactions between the individual and his environment. It is then observed that while the physician is qualified to manage the medical disease aspects of the cases described, the nurse is perhaps better qualified to deal with the primary care psychosocial aspects. In addition, the nurse's orientation to patient health and well-being directs her toward an active role in health education. A possible health service-sharing relationship between the physician and the nurse practitioner is described and illustrated diagramatically. A training program for nurse practitioners -- offered by the departments of Human Ecology and Nursing Education, with the cooperation of the Department of Obstetrics and Gynecology and the Department of Pediatrics, at the Kansas University Medical Center -- is described briefly.

King K
Expanded Role? Expanded Recognition, Expanded Opportunity.
Pub. in Nursing Papers v6 n2 p54-56 Summer 1974.

Lang F J
How to Become or Not Become a Nurse Practitioner.
Pub. in Colorado Nurse v74 n5 p5-6 May 74.

Leitch Cynthia J, Mitchell Ellen Sullivan
State by State Report -- The Legal Accommodation of Nurses Practicing Expanded Roles.
Pub. in Nurse Practitioner v2 n8 p19-22,30 Nov-Dec 77.

Nurse Practice Acts serve as a condition for licensure and professional regulation. Many States have recently revised these laws in an effort to legally accommodate the expanded role functions of nurses in primary care. Many different approaches have been taken to the problem of rewriting the definition of nursing practice. Some States have changed the definition altogether, others have deleted some prohibitions or compiled new lists of additional acts that a nurse may perform. States have tended to look to professional certification as the criterion for determining which nurses will be licensed to perform in expanded roles. A survey was made of the States which have made changes in laws regulating the practice of nursing. At least 26 States have made such changes and others are planning to. In nearly half of the States categoric definitions of the expanded role are being authorized. Many different terms are being used to describe expanding roles, but Nurse Practitioner and Expanded Role Nurse are most common. In some States specific specialty titles are authorized. There is considerable variation in the requirements expanded role nurses must meet. The scope of practice allowed also varies greatly. Data gathered on third-party payment in the survey was inconclusive. Supporting data on the findings of the survey are tabulated.

Linn L S
Care Vs. Cure: How the Nurse Practitioner Views the Patient.
Pub. in Nursing Outlook v22 n10 p641-644 Oct 74.

Linn Lawrence S
California Univ., Los Angeles. Primex Project.
Expectation vs Realization in the Nurse Practitioner Role.
Pub. in Nursing Outlook v23 n3 p166-171 Mar 75.

The expectations of nurse practitioner graduates from the University of California at Los Angeles are described, and the job evaluations they made during their educational program and preceptorship are noted. Eleven students attended a 4.5-month Primex program. All students were registered nurses employed in an ambulatory health care setting. Three worked in an outpatient clinic of a large health maintenance organization, two in student health centers, two in outpatient clinics of small private hospitals, two in outpatient clinics of large medical centers, one in a neighborhood health center, and one in a private practitioner's office. At the end of the educational program, the students returned to their original work

settings for an 18-month preceptorship. Data on expectations showed that nurses found their work more creative and interesting after the Primex course and that their skills, responsibility, decisionmaking authority, and feelings of importance increased. It was found, however, that all nurses found their work less safe and more stressful. Favorable outcomes of the new role of the nurses in the delivery of ambulatory care were listed as more comprehensive patient care, better relationships with patients, and improved patient education. Supporting tabular data are provided.

Malkemes Lois C
Arkansas Univ., Little Rock. Div. of Family and Community Medicine.
Resocialization: A Model for Nurse Practitioner Preparation.
Pub. in Nursing Outlook v22 n2 p90-94 Feb 74.

A resocialization model for a nurse practitioner program is described. The resocialization process is based on the concept of socialization which is defined as the process of learning social roles. The most significant components of this concept are viewed as process and role. Resocialization is defined as a process of relearning or change. Assumptions underlying the use of a resocialization model are threefold: (1) a beginning point can be established; (2) a defined process can be delineated in relation to critical points within the resocialization process; and (3) an end point can be clearly specified in terms of changes in attitudes, knowledge, and behavior. At the University of Arkansas School of Nursing, the major objective of the nurse practitioner program is to improve health services by enhancing the capabilities of nurses. The program is based upon the resocialization model and has a core content which all students are expected to complete. The use of physician preceptors in the program is discussed. The resocialization model for the program is categorized according to three phases: dependent problemsolving, interdependent problemsolving, and independent problemsolving. Clinical learning experiences in and faculty preparation for the program are examined. The recommendation is made that practitioner programs emphasize nursing practice and its contribution to health services.

Masaganda-Dohm M
New and Emerging Roles in Nursing.
Pub. in ANPHI Papers v9 n1-2 p3-7 Jan-Jun 74.

Hauksch Ingeborg G, Rogers Martha E
Missouri Univ., Columbia. School of Medicine.
Nursing is Coming of Age Through the Practitioner Movement.
Pub. in American Jnl. of Nursing v75 p1834-1843 Oct 75.

Views for and against the concept of the nurse practitioner are presented by a professor and family nurse practitioner in the Department of Community Health and Medical Practice, School of Medicine, University of Missouri, and by a nurse-scientist, who is a professor and former head of the Division of Nursing at New York University. The former views the nurse practitioner as possessing different characteristics, behaving differently, and practicing differently from the traditional nurse. The nurse practitioner applies the nursing process, is accountable to herself and to the consumer of her sevices, behaves as a decision-maker and risk-taker, and delivers care interdependently with other health professionals. The nursing practitioner proponent welcomes this concept of 'action' practice, and examines the advent of the nurse practitioner from the vantage point of certain portents of societal change, including women's liberation, assertiveness, egalitarianism, and 'humanness.' The proponent concludes that the nature of the nurse practitioner may be nursing's means of survival as well as one answer to society's quest for better health care. The opposing viewpoint recognizes the need for both professional and technical nurses as well as the respectability and value of both. It is suggested that, although there are nearly three times as many physicians as there are professionally educated nurses, medicine is striving to diminish nursing's numbers by forcing nurses to practice instead at a 'lower level in medicine,' i.e., the nurse practitioner, physicians' assistant, primary care practitioner, etc. These designations are described as providing 'succor and profit for the nation's shamans.' Ways in which individuals might develop within more traditional nursing roles are suggested, as is the nature of nursing's contribution to improvement of health care.

Haykoski K A
Making of a Nurse Practitioner.
Pub. in Missouri Nurse v43 n3 p9-10 Jun 74.

McCauley M A
Interdependence Marks Practitioner's Future.
Pub. in American Nurse v6 n11 p17 Nov 74.

McCormack Grace B
Visiting Nurse Service of New York, N.Y.
Visiting Nurse Becomes a Nurse Practitioner.
Pub. in Nursing Outlook v22 n2 p119-123 Feb 74.

The experience of a visiting nurse in developing and implementing the role of a nurse practitioner is recounted in an article written by the nurse involved. The nurse, a member of the Visiting Nurse Service (VNS) of New York, was selected to participate in a program which involved 4 months of theory and practice and 8 months under medical preceptorship. The author of the article obtained her preceptorship at a hospital which served the VNS district to which she was assigned. Her duties included attending a weekly geriatric clinic and making rounds once a week with two physicians who were committed to improving care for the elderly and who were aware of the role of the family nurse practitioner. In developing her role as a nurse practitioner, the nurse assumed that her main contributions as a family nurse practitioner would be in three areas. In screening, the nurse practitioner could identify medical problems and initiate entrance into the health care system before a medical emergency arose. Working with the chronically ill, she could monitor patients' physiological responses to disease and treatment, reduce the frequency of clinic visits, and initiate changes in the medical care plan, either independently, or, when necessary, with the physician. After 2 months, the nurse evaluated the effectiveness of her approach. She found that the nurse practitioner role allowed her to involve herself with both cure and care components of patient care. The advantages to the patient are noted. Details of the nurse's function and of the ways in which the clinic physicians felt they could collaborate with the family nurse practitioner are also pointed out.

Medical Group Management Association, Denver, Colo. Library Reference Service.
Nurse Practitioners as Physician Extenders.
6p Nov 76 Available from Medical Group Management Association, Library Reference Service, 4101 E. Louisiana Ave., Denver, CO 80222.

A bibliography of published materials on nurse practitioners in physician extender roles is presented. Approximately 80 journal articles, books, and reports are listed. Publication dates range from June 1972 through October 1976. Included are studies of the use of maternity nurse practitioners, pediatric nurse practitioners, nurse practitioners in clinics and in group practice, family nurse practitioners, and nurse practitioners in a variety of other roles and settings. Articles on the views of physicians, patients, and practitioners concerning the practitioner's role; discussions

of nurse practitioner training and the legal aspects of nursing practice; and other materials are included.

Mereness Dorothy
Pennsylvania Univ., Philadelphia. School of Nursing.
Recent Trends in Expanding Roles of the Nurse.
Pub. in Nursing Outlook v18 n5 p30-33 May 70.

Needed changes in the nursing component of the health care system are addressed, and trends in the expanded role of nurses are examined. The involvement of the American Medical Association in changing the practice of medicine is discussed. The significance of the role of nursing leaders associated with the American Nurses' Association and the National League for Nursing in bringing about change is explored. The functions of physicians and nurses are compared. Important dimensions related to the role of the nurse as a physicians assistant are considered, including legal and professional dimensions and the improvement of health care. The appropriateness of the term 'extended role' in characterizing the work of the nurse who functions as a physician's assistant is analyzed. The statement is made that well-prepared nurse practioners may be capable of assuming a more sophisticated level of service than that visualized for physician's assistants. It is concluded that physicians and nurses can function effectively as associates, with collaboration in decisionmaking and shared responsibility in the formulation of decisions.

Miller M H
Self Perception of Nurse Practitioners: Changes in Stress, Assertiveness, and Sex Role.
Pub. in Nurse Practitioner v2 n5 p26-29 May-Jun 77.

Monnig Regina L
Professional Territoriality: A Study of the Expanded Role of the Nurse.
Pub. in Aviation, Space, and Environmental Medicine v47 n7 p773-776 Jul 76.

A random sample of 257 nurses and 230 physicians in Minnesota completed questionnaires designed to test the general hypothesis that differences in attitudes between physicians and nurses concerning professional territoriality are expressed in their attitudes toward the nurse's expanded role. 'Professional territoriality' is a term applied to a set of mechanisms and the forces underlying them that professions use to defend their territory from invasion from those outside it. Autonomy, accountabililty, and identity were chosen as variables for the study. An attitude

questionnaire was developed to measure what nurses in the expanded role actually do and what they should be able to do. Questionnaire items were grouped in categories which elicited demographic and professional data and contained questions concerning the expanded role of the nurse, opinionnaire scales, and a professional inventory. The findings indicate that physicians do not seem to view nurses' role expansion as a threat in the territoriality of the medical profession and that they do not see nurse practitioners as having much professional autonomy or identity. Nurses do not think that nurse practitioners have a great deal of professional autonomy or identity; however, the findings indicate that they believe nurse practitioners should have more of both. Both groups believe that nurses are accountable and should be more so. The study suggested potential sources of conflict between the nursing and medical profession which could be avoided through continued examination of the concept of professional territoriality.

Montag Mildred L
Columbia Univ., New York. Teachers Coll.
Where Is Nursing Going.
9p 1975 Available from National League for Nursing, Inc., Ten Columbus Circle, New York, NY 10019.

Directions in the field of nursing are examined, with particular emphasis on the expanding role of nurse practitioners. The issue of whether the identification or designation of functions for which many nurses are being prepared actually extends nursing practice is discussed. Differences in programs for the preparation of nurse practitioners are noted. It is felt that the terms 'nurse practitioner,' 'nurse specialist,' and 'nurse clinician' receive too much emphasis and that labeling a nurse as professional or technical is a difficult task. The need for determining what types of nurse practitioners are required is stressed. The statement is made that clarity of purpose is lacking in the field of nursing. The development of a philosophical base for nursing is viewed as the only way in which nursing actions can be effectively performed. This philosophical base must be developed and followed by nurses themselves in order to achieve quality in patient care.

Murphy Juanita F
Role Expansion of Role Extension. Some Conceptual Differences.
Pub. in Nursinmg Forum v9 n4 p380-390 1970.

The process of change in the nursing profession is examined in relation to role extension and role expansion. Historical aspects of change processes are reviewed, and it is pointed

out that both role extension and role expansion change processes are evolutionaly in nature in that the body of knowledge and the field of practice in nursing are constantly emerging. In addition, both change processes are directed toward the same goal of meeting society's health care needs. Most of the learning which occurs in the role extension process is considered to be situationally determined, including apprentice training by a role model that is most frequently a physician. Role expansion implies multidirectional change to fill perceived gaps in the health care system and also to project new components or systems of health care. The authority base from which the expanded role of nurses emanates is theoretical and clinical knowledge that incorporates a broad spectrum of health care needs. The concepts of role extension and role expansion are discussed in relation to a model which hypothesizes that the physician is primarily responsible for patient cure while the nurse is primarily responsible for patient care. Propositions based on role theory are offered as guidelines for evaluating the role change process in the nursing profession. It is concluded that the extension or expansion of nurse roles beyond the structure of a hospital environment will result in improved patient care.

National League for Nursing, Inc., New York. Council of Hospital and Related Institutional Nursing Services.
Crisis in Nursing - Changing Roles.
39p 1973 Available from National League for Nursing, Inc., Ten Columbus Circle, New York, N.Y. 10017.

A collection of papers on the changing role of nursing is presented. The papers were presented at the National League for Nursing's Biennial Convention in May 1973. The changing role of nurses is discussed in relation to management, acute care facilities, community health nursing, and educational implications. It is noted that the function of management is to provide direction and leadership, and management pressures facing the operation of a nursing service organization are examined. Technical, human relations, and conceptual aspects of management are also considered. It is pointed out that the computer is used to perform some tasks within a nursing unit such as ordering supplies, scheduling personnel, scheduling procedures and tests, and providing test results. Computerized techniques also aid in personnel management, legal concerns, quality evaluation, training, patient education, and finance. The functions of clinical specialists, nurse practitioners, and nurse clinicians in acute care facilities are addressed in relation to specialization and changing roles. Three potential crises in community health nursing are identified: (1) the lack of a comprehensive care program; (2) the gap between knowledge and its application to consumers of health care programs; and (3)

the fact that nurses often give nursing care by intuition and not health care by process. Educational implications associated with the changing role of nurses are discussed, and recommendations are made for the improvement of nursing education programs.

National League for Nursing, Inc., New York. Dept. of Baccalaureate and Higher Degree Programs.
Challenge to Nursing Education: Clinical Roles of the Professional Nurse.
47p 1970 Available from National League for Nursing, Inc., Ten Columbus Circle, New York, NY 10019.

The expanding role of professional nurses was the topic of a 1970 conference sponsored by the National League for Nursing. In the first presentation, it was argued that the element of quality must be incorporated into effective medical care and disease control programs. A study on the practice of professional nursing was reported in which highly successful, average successful, and less successful baccalaureate nurses were evaluated with regard to role conception and role deprivation. A panel discussion was held to address the practice of nursing from the viewpoint of a practitioner. Each panel member was asked to discuss his educational preparation for a particular position, barriers to the practice of nursing, and how he handled barriers. Innovative patterns of professional nurse utilization in the community were explored, based on the Harvard Community Health Plan. Innovative patterns of professional nurse utilization in the nurse practitioner role were examined. Trends in the expanding role of nurses were reviewed in a final conference presentation.

Norris C M, Jacox A K
Organizing for Independent Nursing Practice.
Available from Appleton-Century-Crofts, Englewood Cliffs, N.J. 07632.

Ozimek Dorothy, Yura Helan
National League for Nursing, Inc., New York. Dept. of Baccalaureate and Higher Degree Programs.
Who Is the Nurse Practitioner.
4p 1975 Available from national League for Nursing, Inc., Ten Columbus Circle, New York, NY 10019.

Definitional problems surrounding the use of the terms 'nurse practitioner,' 'expanded role,' and 'extended role' are addressed. 'Nurse practitioner' refers to one who practices nursing. The title does not designate different or unusual activities for nurses. The terms 'expanded' and 'extended'

are more appropriately used to describe the health and nursing care needs of consumers than to characterize the role of nursing. In nursing there are three types of practitioners prepared in institutions of higher education for the practice of nursing: technical nursing practitioners; generalist professional nursing practitioners, who are prepared in baccalaureate programs; and specialist professional nursing practitioners, who, building on their generalist backgrounds, are prepared in master's degree programs. The role of the generalist and the specialist are discussed briefly, with emphasis on the educational needs of both.

Pesznecker Betty
Life Change: A Challenge for Nurse Practitioners.
Pub. in Nurse Practitioner, v1 n1 p21-25 Sep-Oct 75.

Life change and its implications for the health counseling role of the nurse practitioner are discussed. The literature on life change is reviewed and it is pointed out that research has suggested that the magnitude of life change is significantly related to the time of disease onset; illness tends to occur within the 2-year period following a clustering of life changes. Nurse practitioners are in an excellent position to implement the information gained from life change research. They are often in contact with persons who are about to enter potential crisis periods in the lives (e.g., late adolescence, old age). One tool for quickly assessing the amount of life change experienced by a person is the Social Readjustment Rating Scale. Once the nurse practitioner has established that a person is undergoing a life change crisis, the task becomes one of predicting whether events may bring on an emotional crisis or physical illness. A guide has been developed for this purpose which involves evaluating the person's balancing factors, i.e., coping mechanisms, situational supports, and perception of the events. The nurse practitioner may want to refer to mental health centers those patients who do not view problems realistically or who have few coping mechanisms. The nurse can organize programs centered on helping people manage life change around her usual activities, such as health counseling or health education, or she may want to organize a group that focuses specifically on life change education and management made up of persons undergoing the same types of life change. Several kinds of information to be included in discussions on life change are noted.

Reifsteck S W
Expanding R.N. Roles at the Grass-Roots Level.
Pub.in RN, v38 n5 p91-93,97-98 May 75.

Riley E
Nurse Practitioner.
Pub. in Imprint v22 n2 p20,68 Apr 75.

Risk Margaret M
Toronto Univ. (Ontario). Faculty of Nursing.
Community Clinical Nurse Specialist: A Two-Year Perspective.
Pub. in Nursing Clinics of North America v10 n4 p761-769 Dec 75.

Responsibilities of the clinical nurse specialist in a community are described. The clinical nurse specialist is a person with expertise in a specific clinical area who can use this expertise in the delivery of health care in an independent manner. The functions of clinical nurse specialists in a community are such that they must have a broad base of knowledge in the physical, psychological, and sociological realms of patients and family care. The experience of one clinical nurse specialist in a large metropolitan area is reported. The implementation of specific programs by the clinical nurse specialist is discussed. These programs pertain to the continuity of care following discharge from a hospital, a pediatric liaison service, and working with senior citizens. Accountability and commitment are viewed as two important components of community nursing practice. Limitations associated with the role of clinical nurse specialists are examined. They are categorized as organizational, attitudinal, and legal.

Robinson Alice
Making a Career Choice: Think Twice.
Pub. in Imprint v22 n3 p24-26 Oct 75.

The roles and opportunities of nurse practitioners, acute care specialists, and nursing educators are described. The Federal Government awarded $60 million for recognized nurse practitioner programs in 1975 - 1976, and the number of nurse practitioners is rising dramatically. The opportunities are excellent all over the U.S. -- in ghettos, Indian reservations, the Frontier Nursing Service in Kentucky, the farm country in New England, or mining communities in the West. In some States nurse practitioners may set themselves up in private practice in a community without physician supervision or, instead, they may work in a clinic or outpatient department. The registered nurse may opt to work in acute care and become a clinical nurse specialist, which in future years will probably require a master's degree. The many other professional areas included obstetrics, surgery, school nursing, and teaching. Nursing education, for example, is a growing field which needs both a good theoretical background and experience. Nursing is a

profession which one can always fall back on, but more importantly, it is an adventure.

Rotkovitch Rachel
Long Island Jewish - Hillside Medical Center, New Hyde Park, N.Y.
Quality Patient Care and the Role of the Clinical Nursing Specialist.
189p 1976 Available from John Wiley and Sons, Inc., 605 Third Ave., New York, NY 10016.

Nineteen essays concerned with the roles of clinical nursing specialists, i.e., practitioners who have completed graduate courses of study, in providing quality patient care are presented. Most of the essays are based on the experiences of the nursing staff at Long Island Jewish - Hillside Medical Center, a 900-bed teaching hospital that provides inpatient and ambulatory services. The essays, which were originally prepared for presentation to the New York Commission on Education, are directed to those who prepare clinical nursing specialists; to clinical nursing specialists looking for employment; to directors of nursing wishing to employ nurses with master's preparation; to hospital administrators, and to physicians and other members of health teams who work with clinical nursing specialists in practice settings. Included in the essays are discussions of: the preparation, development, and contributions of the clinical nursing specialist; the role of the clinical nursing specialist as an agent of change; clinical nursing specialists as supervisors and as inservice educators; and quality assurance. Clinical nursing specialists' roles are discussed relative to psychiatry, medical - surgical units, pediatrics, obstetrics, adult cardiology, cardiac surgery, psychiatric treatment of adolescents, aftercare clinics, rehabilitation, the health maintenance organization, and the home health agency.

Shively J. Paul
Role of the Nurse Practitioner.
Pub. in American Jnl. of Obstetrics and Gynecology p502-505 15 Jun 75.

Two hundred private patients in a middle-class, urban medical practice were surveyed concerning their attitudes toward the use of a nurse practitioner. All patients in the sample had received all or part of their care from a nurse practitioner over a 13-month period. It was found that 95.9 percent of the patients believed the examination was thorough. Ninety percent felt confident of the findings; these patients indicated that they believed explanations were extensive and in layman's terms. Some older patients lacked confidence in a woman, regardless of her qualifications. Most patients who

lacked confidence had seen the nurse only once. Forty percent of the respondents said the nurse practitioner spent more time with them than the physician; the patients felt comfortable in taking more time to discuss individual problems in detail. Almost all patients understood that the physician was immediately available to them and to the nurse practitioner, if necessary. The survey showed that very few patients understood the nurse's medical role before their initial contact with her; many later felt they had a sufficient knowledge of her role. Eighty percent were willing to have subsequent visits begin with examinations performed by the nurse. Several guidelines intended to be of help to a nurse practitioner in a private practice are provided.

Smoyak Shirley A
Rutgers - The State Univ., N.J. Coll. of Nursing.
Specialization in Nursing: From Then to Now.
Pub. in Nursing Outlook v24 n11 p676-681 Nov 76.

The role and training of clinical specialists in the provision of nursing care is explored. Historical trends in the development of nursing specialization are reviewed. Specialization is considered to be the inevitable result of advancements in knowledge and public demand for additional services. It is felt that the movement toward clinical specialization has been encouraged by the identification by Peplau in 1965 of eight possible categories for nursing specialization: organs and body systems, client age, degree of illness, length of illness, field of knowledge, subrole, professional goals, and clinical services. According to a report of the National League for Nursing, 65 universities offered master's degree programs in nursing in the 1974 - 1975 school year. Of the 65 universities, 90 percent offered some type of clinical focus in their programs. Academic degrees and credentials are discussed in relation to their usefulness in ranking. The designation of clinical specialist for an expert nurse practitioner is examined. Factors which clinical specialists should consider when integrating their role into the nursing field are noted.

Spitzer Walter O, Gilbert J. Raymond, Kergin Dorothy J
McMaster Univ., Hamilton (Ontario).
Nurse Practitioner in North America: From Concept to Reality.
Pub. in International Jnl. of Dermatology v14 n3 p214-219 Apr 75.

Because of the concern about the shortage of primary care physicians, various programs have been developed that enable nurses to function in an expanded role with ambulatory patients. Most of the programs have either one of two

orientations: a procedural orientation in which the graduate executes certain tasks in predetermined conditions; and clinical judgment orientation, in which the graduate assesses the patient in a way that may not always lead to a precise diagnosis but does lead to a correct action decision. In the latter concept, doctors and nurses become copractitioners, and as such have been accepted in both Canada and the U.S. In Canada three broad categories of practice have been identified: (1) physician surrogate, in which the nurse exercises clinical judgment and is generally accountable to one or more physicians; (2) primary care copractitioner, in which the nurse works as a member of a team with physicians; and (3) physician's assistant, in which clinical judgment is exercised by another health professional (in the U.S. a physician's assistant refers to physician extenders who are not nurses). Educational preparation for nurse practitioners is discussed, particularly the program at McMaster University in Canada. Evaluation of graduates takes the form of long-term surveillance, nurse activity studies, population surveys, and such randomized trials as the 'Burlington trial' and the 'southern Ontario trial.' The evidence from evaluation suggests that the provision of primary care by family nurse practitioners in southern Ontario has been satisfactory to nurses, physicians, and patients, and it is concluded that the quality of care has been maintained at no increased cost. References are provided.

Straub Kathleen Mary
Columbia Univ., New York. Teachers Coll.
Study of Changes in Job Satisfaction of Nurse Practitioners Following an Inservice Education Program.
143p 1964 Available from University Microfilms International, 300 N. Zeeb Road, Ann Arbor, Michigan 48106.

A project is reported that was carried out to determine if there is a significant increase in job satisfaction scores following a cooperatively developed inservice education program for nurses. The sample included 35 nurse practitioners, 26 staff nurses, and nine assistant head nurses. The project was carried out in the medical and surgical units of a large general hospital in a metropolitan area. Project participants were young and unmarried and all but one had graduated from a hospital school of nursing. The majority had not continued their education since graduation and had limited nursing experience. The first major activity of the project was to conduct an inservice education program. Topics for this program included legal responsibilities of nurses, interdepartmental relations with the pharmacy, social service and clinical laboratories, job simplification, Hodgkins disease, and three nursing care conferences. The second major activity of the project was to administer Bullock's questionnaire schedule to nurse practitioners

immediately preceding and following the inservice education program. The questionnaire was comprised of six sections: job satisfaction scale, four social factor scales (appraisal of nurses and nursing, rewards of occupation, work adjustment, and appraisal of leadership), and four objective items. It was concluded that job satisfaction scores of nurse practitioners increased as a result of the cooperatively developed inservice education program. It was recommended that instruments for evaluating job satisfaction be further tested for reliability and validity and that the study be repeated using an experimental method. Appendices contain forms used in and additional information on the inservice education program. A bibliography is provided.

Sultz Harry A, Zielezny Maria, Kinyon Louis
State Univ. of New York at Buffalo. Dept. of Social and Preventive Medicine.
Longitudinal Study of Nurse Practitioners. Phase I.
144p Mar 76 Available from the Superintendent of Documents, Government Printing Office, Washington, DC 20402, Order number 017-041-00111-4.

A study was performed to examine the education of nurses for expanded roles. The results of phase one of the study, a longitudinal effort to obtain baseline data on nurse practitioner educational activities, are presented. Eighty-seven nursing programs awarding a certificate and 46 programs awarding a master's degree were studied. Directors of these programs were requested to complete a questionnaire and distribute a questionnaire to each student who would graduate between May 1974 and June 1975. The overall response rate by program directors to the questionnaire was 99 percent for certificate programs and 98 percent for master's degree programs. The response rate for students was 85 percent in certificate programs and 84 percent in master's degree programs. Extensive tabular data were obtained on the geographic distribution of programs and students, program characteristics, admission characteristics, financial support for programs and student and tuition charges, characteristics of faculty, and features of curriculums (program length and content). The characteristics of nurse practitioner students were evaluated. Appendixes list nurse practitioner certificate and master's degree programs and contain the program and student questionnaires.

Taylor Joan
Colorado Univ., Denver. School of Nursing.
Genesis of the Nurse Practitioner Role.
Pub. in Occupational Health Nursing v23 n8 p15-17 Aug 75.

The role and functions of the nurse practitioner are discussed, and the approach taken by the University of Colorado School of Nursing, Denver, Colo., to educating nurse practitioners is outlined. The term 'nurse practitioner' usually refers to a registered nurse who has completed an additional formal program of study leading to increased knowledge and additional skills in physical assessment. Nurse practitioners obtain health histories and assess the health/illness status of adults and children. Practitioners also give primary care to patients, introducing them into the health care system. Practitioners plan for health maintenance, teach and counsel about health and illness, care for patients with self-limiting diseases or chronic illnesses, and organize and plan programs for illness detection. Nurse practitioners are employed in a variety of settings and are accountable for their actions. In 1965 the University of Colorado graduated the first pediatric nurse practitioner. Programs to prepare school nurse practitioners and adult health nurse practitioners followed in the early 1970's. The programs, offered by the University's continuing education service, admit licensed registered nurses who have graduated from an accredited school of nursing and who are employed in a practice setting. The 16-week course includes 5 weeks of study on campus, 6 weeks of work with a preceptor (physician or nurse practitioner), and a second 5 weeks on campus. Services that occupational health nurse practitioners can provide are noted.

Weston Jerry L
Bureau of Health Services Research, Rockville, Md. Social Analysis Branch.
Whither the 'Nurse' in Nurse Practitioner.
Pub. in Nursing Outlook v23 n3 p148-152 Mar 75.

Patient care provided by nurse practitioners, physicians, and physician's assistants is assessed. Particular attention is given to whether there is a difference between the care provided by nurse practitioners and physicians's assistants. The development of nurse practitioner programs is reviewed, and model physicians's assistant programs are noted. The functions of both nurse practitioner and physician's assistant programs are viewed as the training of personnel other than physicians to perform some procedures previously conducted only by physicians in the practice of medicine. Three significant issues are raised in the delivery of patient care by nurse practitioners: (1) whether the nurse practitioner combines her skills as a well - prepared nurse

with additionally acquired medical skills to provide better care for patients and their families; (2) whether there is an improvement in the outcome of patient care when a nurse practitioner providers health and medical care; and (3) the need for educating nurse practitioners in view of the alternative route of physician's assistant preparation for students primarily interested in ambulatory medical care. National studies on nurse practitioner education and practice are cited.

White Martha Sturm
California Univ., San Francisco. School of Nursing.
Psychological Characteristics of the Nurse Practitioner.
Pub. in Nursing Outlook v23 n3 p160-166 Mar 75.

Conceptual and methodological issues in research concerned with the psychological traits of nurses preparing for practitioner roles are discussed. A brief review is presented of research underway at the University of California at San Francisco and elsewhere. Research questions are noted, and problems in determining what traits, abilities, or experiences are associated with success and satisfaction in the practitioner role are discussed. Methodological issues are noted briefly, and approaches to establishing criteria for the successful nurse practitioner are reviewed. It is concluded that ongoing research on the selection and characteristics of practitioners is both controversial and important. However, there is a need for more theoretical and descriptive research to examine how applicants for different types of programs vary and how age, experience, and background affect the outcome of training. A multicriteria approach to measuring success and effectiveness, taking into account both competence and commitment, is recommended. It is observed that research findings on nurse practitioners can be applied in gaining a greater understanding of the lives of adult women and how they are affected by social change.

Yeomans R E
Randomized Observations for Functional Analysis of Nurses in Expanded and Traditional Roles.
Pub. in Military Medicine v142 n3 p195-201 Mar 77.

Young Katherine Jean, Kinlein M. Lucille
Washington Univ., Seattle. Dept. of Sociology.
Independent Nurse Practitioner -- Concept of Practice.
Pub. in Nurse Practitioner v2 n2 p10-12 Nov-Dec 76.

The concept of nursing on which a Maryland nurse practitioner bases her independent practice within the community is

discussed. The practitioner holds bachelor of science and master of science degrees in nursing education. She has developed her independent practice without the support of a physician sponsor. The practitioner's relationship to her clients is described as similar to that established by a family physician or a family lawyer; she is the family nurse. The need for nurses considering independent practice to have a clear concept of nursing and to be able to articulate that concept is pointed out. The concept of nursing held by the Maryland practitioner is expressed in terms of health rather than illness and separates the nursing from the medical frames of reference. The practitioner notes that her clients have told her that they felt a need for nursing, as opposed to medical, care. Case illustrations of the kinds of services performed by the practitioner for her clients show how she avoids practicing medicine while using the same knowledge that physicians use.

Anderson Eva, Cooley Elaine, Sparrow Alma
Minnesota Univ., Minneapolis. School of Public Health.
Role and Preparation of the Adult / Geriatric Nurse Associate.
Pub. in Minnesota Medicine v56 n10 p69-72 Oct 73.

A pilot educational program was initiated in 1972 by the University of Minnesota's School of Public Health to prepare registered nurses for functioning as adult and geriatric nurse associates. The program's primary emphasis was on the preparation of nurses to function in an expanded role in the delivery of health care to the adult and geriatric population. The goal was to increase the availability of preventive and health promotion services, particularly in rural areas. The 5-month program consisted of 110 hours of classroom instruction and 460 hours of clinical practice experience. Nine students participating in the program were selected on the basis of maturity, problem-solving ability, and evidence of independent decisionmaking in their work experience. An evaluation was made of the program in terms of medical knowledge, task performance, and attitudes. The results of conducting the program at one rural and one urban site revealed that role expansion for registered nurses includes the addition of skills in data collection (history and physical examination) and problem identification. It was determined that the acquisition of these additional skills will permit a higher level of decisionmaking in appropriate nursing intervention.

Bartel Colleen K
Keebler Co., Denver, Colo.
Nurse Practitioner in Industry.
Pub. in Occupational Health Nursing v23 n8 p7-14 Aug 75.

An occupational health nurse's experience in the Adult Health Practitioner Program at the Colorado University School of Nursing and Medicine is recounted, and the ways in which the nurse applied her new skills as an industrial nurse practitioner are discussed. Admission to the program requires a written commitment by the nurse's employer to allow the nurse to function in the practitioner role and to participate in supervised clinical learning experiences as necessary. In the first 5 weeks of the program, classroom and clinical sessions emphasize the problem-oriented method of charting. The students then return to their jobs, where they practice their new skills under the supervision of physician preceptors. In the second 5 weeks of the program, the students gain additional experience as practitioners in health facilities in the Denver area. The nurses are given the opportunity to perform on closed-circuit television and to evaluate their own and other students' abilities as practitioners. The nurses' employers are invited to a session in which the abilities and expectations of the

practitioners are made clear. The nurse's experience in returning to her job as an industrial nurse practitioner is described, including the reactions of her employer and of the employees. Cases in which the practitioner's new diagnostic skills and improved ability to communicate with the company physician proved useful are described. The practitioner's implementation of three disease detection programs is noted.

Cheyovich Therese K, Gortner Susan R, Lewis Charles E
Veterans Administration Outpatient Clinic, Los Angeles, Calif.
Nurse Practitioner in an Adult Outpatient Clinic.
103p Jan 76 Available from the Superintendent of Documents, Government Printing Office, Washington, DC 20402, Order number 017-041-00113-1.

The scope of practice for nurse practitioners in an ambulatory care facility serving a large number of patients is investigated. The project was conducted as the result of an interagency agreement between DHEW and the Veterans' Administration Outpatient Clinic in Los Angeles, California. The objective of the project, initiated in 1971, was to develop a model of responsibility for care that would be patient - centered and reflect interprofessional dimensions of responsibility. Two nurses were selected to become the nurse practitioners for the project. Both had graduate degrees and extensive community health field experience. The willingness of several Veterans' Administration physicians to serve as preceptors to the nurse practitioners was a key factor in their training and contributed to the later understanding and appreciation of the expanded role of nurses. Ten of 29 medical staff served as preceptors to the nurse practitioners over the 3-year span of the project. There was no attempt in the project to examine outcomes of care or quality of care, even though the study design was initially set up to allow comparisons between experimental (nurse - managed) and control (physician - managed) patients. Nurse management in the project was characterized by (1) an informal agreement with the patient, (2) frequent monitoring of the patient's health state and feedback to him, (3) health education and counseling, and (4) coordination of clinic services appropriate to the patient's requirements. The nurse practitioners' sense of responsibility for their patient caseloads was considerable. An appendix contains the study forms and materials.

Coulehan John L, Sheedy Susan
Public Health Service Indian Hospital, Fort Defiance, Ariz.
Role, Training, and One-Year's Experience of a Medical Nurse Practitioner.
Pub. in Health Services Reports v88 n9 p827-833 Nov 73.

The training and performance of a medical nurse practitioner (MNP) at a primary care facility serving a low income housing project are reviewed. The facility provides episodic medical care, supervision of patients with chronic illnesses, multiphasic screening, counseling, health education, and social and psychological services for approximately 1,900 families (5,000 persons). The 6-month MNP training program, conducted by the physician and other professional staff at the facility, involved didactic, clinical, and conference learning experiences. The performance of the first graduate of the training program was evaluated as based on information from encounter forms completed for all patient visits in 1971 and a review of the charts of 100 persons who received health assessments. During 1971, the physician and the MNP managed 3,094 medical care visits made by adults. The MNP, who handled 40 percent of all visits, managed 43 percent of the health assessments, 30 percent of the return visits, 37 percent of the episodic visits, and 71 percent of the screening. Of all visits managed by the MNP, 22 percent were for well adult services, compared with 8 percent for the physician. One-quarter of the MNP's patient contacts were for assessment and screening, while only one-sixth of the physician's practice involved patient evaluation. The largest component of the MNP's practice was episodic acute illness, which accounted for one-half of the visits handled by both professionals. The findings suggest that promotion of preventive care for adults is a feasible part of the expanded nurse role. The relative importance of acute illness in the MNP's practice indicates that persons who came to know the MNP through 'healthy' contacts came to rely on her when they felt ill. The review of the MNP's activities shows that she carried out the functions for which she was trained. The MNP and the physician formed a medical care unit within the larger health care team. Most patients received care from both professionals over time, and most became accustomed to having certain situations handled by one rather than by the other. Supporting data and graphs are included.

McCormick T R
Medical Nurse Practitoner in the Skilled Care Facility.
Pub. in Hospitals, Jnl. of the American Hospital Association v50 n19 p176, 180-181 1 Oct 76.

McCormick Timothy R
Park Ridge Nursing Home, Rochester, N.Y.
Medical Nurse Practitioner in the Skilled Care Facility.
Pub. in Jnl. of the American Hospital Association v50 n19 p176,180-181 1976.

To insure continuity of care at a 120-bed skilled nursing facility (SNF) opened by the Park Ridge Hospital in Rochester, N.Y., in 1972, a medical nurse practitioner (MNP) was assigned to work with the SNF physician group. The MNP is supervised by the part-time medical director of the facility, but she is directly responsible to physicians for patient care. Prior to a physician's arrival, she sees all new patients and completes an initial workup which includes a preadmission evaluation and a history and physical examination. She also evaluates the results of laboratory studies and records her recommendations for a plan of care. The attending physician discusses the findings of the MNP with her and either concurs with them or makes appropriate changes and follows up on any significant findings. The function of the MNP is to enhance physician activity and not to substitute for the physician. She responds to emergency calls with the duty physician and makes daily rounds on all group patients. Major accomplishments of the MNP program include continuity of high quality care for both patients and physicians, fulfillment of statutory requirements for the facility, better use of facility resources, and an overall improvement in the quality of nursing care.

Parsons Robin
Nurse Practitioner as Medical Assistant.
Pub. in The Lamp v32 n11 p15,17,19-24 Nov 75.

The emergence of an expanded medical role for nurses in community settings in Australia, Canada, and the United States is discussed. It is noted that the generalist community health nurse in Australia has yet to be officially assigned those traditional medical functions that characterize the medical assistant's role as viewed by the World Health Organization or by the Canadian committee on nurse practitioners. It is suggested that one of the central issues in the medical assistant / nurse practitioner matter is the question of whether the nurse who becomes a medical assistant ceases to be a nurse. The question is either academic or a crisis of nursing conscience, depending on one's professional philosophy. One view is that the nurse practitioner movement legitimizes the medical assistant role in a way the physician's assistant movement cannot. The expanded medical role, with its emphasis on primary assessment of clients' physical and psychosocial needs, is viewed as providing nurses with an opportunity to practice nursing in its fullest sense. It is suggested that there is

no valid reason why nonnurse medical assistants should be educated for a role that is essentially an extension of one traditionally performed by the nurse. It is also observed that there is no reason why nurses functioning in an expanded medical role need to be called anything other than nurses. A review of major developments in educational programs for nurse practitioners in Canada, the United States, and Australia is included.

Vraspir Eva Anderson, Cooley Elaine, Williams George
Adult / Geriatric Nurse Practitioners in Minnesota.
Pub. in Minnesota Medicine v59 n3 p203-205 Mar 76.

Data collected on graduates of the continuing education Adult / Geriatric Nurse Practitioner Certificate Program of the University of Minnesota are reported. The program, which is offered in communities where there is interest and need, trains nurse practitioners to function as colleagues of the physician in delivery of primary health care. Fifty-two persons completed the 5-month course of study between June 1, 1972 and December 1974. A table provides data on the class locations and the number of graduates at each site. A composite picture of a typical graduate would be a 36-year-old nurse who is married with two children and has 10 years of experience. The majority of the nurses are employed at hospitals and public health nursing agencies and with private physicians. Of the 52 graduates, 43 are employed full-time, 6 part-time, and 3 are unemployed. Median salary is $12,000. Sixty-eight percent of the graduates practice in rural and outstate urban areas. The graduates are involved in caring for the adult and geriatric segment of the population 67.4 percent of their time and for children 9 percent of their time. Difficulties which hinder implementation of the new role of the nurse practitioner are noted.

Brody Stanley J, Cole Linda, Storey Patrick B, Wink Nancy J
Pennsylvania Univ., Philadelphia. Dept. of Community Medicine.
Geriatric Nurse Practitioner: A New Medical Resource in the Skilled Nursing Home.
Pub. in Jnl. of Chronic Diseases v29 n8 p537-543 Aug 76.

The use of geriatric nurse practitioner at the Penn Urban Health Services Center of the University of Pennsylvania is described. Responsibilities of nurse practitioners are delineated. The role of geriatric nurse practitioners at the Pennsylvania center was defined to include the provision of daily health care to geriatric residents of a proprietary nursing home. This involved an assessment of patient needs, planning of treatment, and treatment and evaluation. The study period covered 9 months from July 1974 to March 1975. During this period, five physicians delivered routine services and two physicians and three nurse practitioners delivered services based on the part-time physician and full-time nurse practitioner approach. The needs of 118 patients were assessed through chart audit. Indications for medical aspects of care were divided into diagnosis and treatment categories. The evaluation of medical care, based on chart reporting, was improved by the use of a physician and nurse practitioner team when compared to the delivery of care by physicians only. Implications of the results are discussed in relation to the employment of nurse practitioners in skilled nursing homes.

Brover Terri Francis, Bedgio Donna, Baker Brydie Jo, Tharp Terril Stone
Miami Univ., Fla. Geriatric Nurse Practitioner Program.
Geriatric Nurse Practitioner: An Expanded Role for the Care of the Older Adult.
Pub. in Jnl. of Gerontological Nursing v2 n4 p17-20 Jul-Aug 76.

The University of Miami (Fla.) School of Nursing Geriatric Nurse Practitioner (GNP) Project is described as a possible solution to problems of inaccessibility, high cost, and inadequate distribution of health care providers for the elderly. Begun in 1975, the GNP project is a 10-month continuing education program funded through the Human Resources Division of DHEW. Faculty includes master's level nurses, two physicians from the School of Medicine, a part-time psychologist for program evaluation, and members from the disciplines of social work, psychology, anthropology, and sociology. There are 1,400 contact hours of supervised time in the 3 semesters, the first 2 of which have a heavy concentration of didactic material. During the third semester, when students spend 4 days a week in clinical practice, most students receive governmental stipends. The

curriculum is based on an adaptation nursing model, which integrates the theoretical and clinical components and provides a framework for unifying biological, psychological, and sociological theories of aging. Content of the three semesters is described. Continuity of clinical experience and evaluation is accomplished by appointing a nurse practitioner or physician as the primary preceptor for each student. Practice settings are in nursing homes, health maintenance organizations, geriatric clinics, senior citizen day care centers, and residential retirement villages. A program of evaluation assesses student progress and overall curriculum design.

Heppler Jacqueline
Colorado Univ. Medical Center, Denver. Geriatric Nurse Practitioner Program.
Gerontological Nurse Practitioner: Change Agents in the Health Care Delivery Systems for the Aged.
Pub. in Jnl. of Gerontological Nursing v2 n3 p38-40 May-Jun 76.

The objectives and curriculum of a continuing education program at the University of Colorado School of Nursing designed to prepare gerontological nurse practitioners are described. The program focuses on improving a nurse's capacity to provide services for the elderly in the areas of enrollment, health maintenance, long-term management of chronic disease, and sick care. The program's philosophy reflects the belief that aging, although accompanied by many chronic diseases, is not an illness but rather a normal process of living. The program consists of two 5-week sessions. Between sessions, the participant returns to her sponsoring agency or institution to work with a preceptor. The program is open to all registered professional nurses with prior experience in working with the elderly. After completing the 380 hours of didactic sessions and planned clinical experience, each participant is followed by program staff for 1 year before being evaluated in accordance with course objectives. Evaluation techniques include pretests and posttests, observation by faculty and peers, and measurement of changes in participants' attitudes toward expanded roles.

Kane Robert, Pepper Ginette A, Teteberg Barbara
Utah Univ., Salt Lake City. Dept. of Community and Family Medicine.
Geriatric Nurse Practitioner in Nursing Homes.
Pub. in American American Jnl. of Nursing v76 n1 p62-64 Jan 76.

A demonstration project concerned with new uses of personnel

in intermediate care facilities is described. Developed by the Department of Family and Community Medicine of the University of Utah Medical Center, the project featured the delivery of a major portion of primary patient care by a nurse practitioner. The project team consisted of a nurse practitioner and a social worker; and supported by a physician and a clinical pharmacist. In one-third of the 13 nursing homes involved, the social worker made visits and the usual medical services were continued. In another third of the homes, the nurse practitioner made visits and delivered primary care under the supervision of the physician. In the remaining third of the homes, the entire team of four made visits. The nurse practitioner functioned as both a primary care practitioner and an educator. She was responsible for compiling and maintaining problem-oriented medical records and for sustaining the problem-oriented process in the nursing homes. Using a set of progress 'benchmarks,' nursing home staff members notified the visiting nurse practitioner when a significant change in a patient's condition took place. Within a general protocol, the nurse practitioner managed selected medical problems. The nurse practitioner also used a variety of teaching tools to instruct nursing home staff in the problem-oriented method. In addition, the nurse practitioner provided for continuity of care when a patient changed settings or was referred to other practitioners.

Lowenthal Gilbert, Breitenbucher Robert
Minnesota Univ., Minneapolis. Medical School.
Geriatric Nurse Practitioner's Value in a Nursing Home.
Pub. in Geriatrics v30 n11 p87-91 Nov 75.

Because nursing home patients are usually underserved by physicians, this study was undertaken to determine how effectively a geriatric nurse practitioner could identify medical and nursing problems. In this study, problems were quantified and the physical examination skills of an experienced geriatric nurse practitioner were compared with those of three moonlighting resident physicians who provided care to a matched group of patients. Records of two groups of 100 patients were monitored for 1 year. To assess the accuracy of the recorded results of the physical examinations, an independent physician reviewed the charts and performed a complete physical examination on 20 patients from each group. The geriatric nurse practitioner identified a number of medical and nursing problems, but the independent physician discovered some she had not recorded. The resident physicians left a greater number of problems unrecorded. The nurse practitioner made more patient visits, recorded more completed physical examinations, and, together with her supervising physician, used emergency services more often and made more referrals to specialty clinics than the resident

physicians. The conclusion is that a geriatric nurse practitioner can increase the effectiveness of a physician caring for nursing home patients and is capable of identifying a range of problems, performing physical examinations, and participating in the management of medical as well as nursing problems. Tables present the characteristics of the two groups of patients, the problem classification, problem identification, problems not recorded, and processing and outcome of patients.

Trail I D
Geriatric Nurse Practitioner in the Community Mental Health Center.
Available from EDRS, P.O. Box 190, Arlington, VA 22210.

Andrus Len Hughes, Fenley Mary
California Univ., Davis. Dept. of Family Practice.
Assistants to Primary Physicians in California.
Pub. in the Western Jnl. of Medicine v122 p80-86 Jan 75.

Professional roles of nurse practitioners and physicians' assistants in the delivery of primary health care in California are examined. The Family Nurse Practitioner Program in the Department of Family Practice at the University of California (Davis) is noted as a leader in the development and preparation of nurse practitioners. The program includes one year of didactic instruction and clinical practice, followed by a six-month internship. The legal constraints concerning mid-level practitioners are assessed, based on the physician's assistant law and the Experimental Manpower Act enacted in California. It is felt that more comprehensive laws are needed to permit optimal utilization of nurse practitioners and physicians' assistants. National standards for mid-level practitioners and the certification of national programs for such practitioners are discussed. It is concluded that national agencies for the approval of teaching programs and testing of individual graduates will play an increasing role in accreditation and certification procedures. Consideration is given to patient acceptance of nurse practitioners and physicians' assistants, their changing roles, communication and supervision, and methods for paying mid-level practitioners. It is felt that professional role difficulties are being resolved and that a more equitable and patient-oriented primary physician's assistant system is evolving.

Black D P, Riddle R J, Sampson E
Pilot Project: The Family Practice Nurse in a Newfoundland Rural Area.
Pub. in Canadian Medical Association Jnl. v114 n10 p945-947 22 May 76.

Browne Helen E, Isaacs Gertrude
Frontier Nursing Service, Hyden, Ky.
Frontier Nursing Service: The Primary Care Nurse in the Community Hospital.
Pub. in American Jnl. of Obstetrics and Gynecology v124 n1 p14-17 Jan 76.

The responsibilities of the primary care nurse in Kentucky's Frontier Nursing Service (FNS) are reviewed, with particular attention to the nurse serving in the community hospital. When the FNS was set up, the nurse - midwife was chosen as the most appropriately trained health care provider to meet the needs in rural areas. The nurse - midwifery training

program was broadened in 1970 to include family nursing. The roles of primary care nurses in FNS hospitals vary. The nurse may hospitalize patients in the absence of the physician, perform admission physical examinations, follow patient care management, write routine admission orders, review patient care plans as part of a physician - nurse team, and manage all normal obstetric patients and normal newborn infants. A 20-year summary compares FNS Midwifery Service vital statistics with those of Kentucky. In the ambulatory clinics at the FNS, the primary care nurse is the front line worker. Approximately 60 percent of the ambulatory visits were made by primary care nurses in 8 satellite clinics in fiscal year 1974. The majority of the patients were in the 'no abnormality' category. When the patient's problems are not readily managed with medical protocol, the patients are referred to the hospital or another member of the health care team. Radio and telephone communications are always available. A major benefit of the FNS primary care system is the way it helps to strengthen or maintain family ties and assists individual family members in assuming greater responsibility for each other.

Daly G M
Nurse Who Makes House Calls: The Community Agency Family Nurse Practitioner.
Pub. in Nursing v7 n3 p70-72 Mar 77.

Estes Nada J, Hanson Kathye J
Alcoholism in the Family: Perspectives for the Nurse Practitioner.
Pub. in Nurse Practitioner v1 n3 p125-131 Jan-Feb 76.

Since there are 50 million American lives being influenced by alcoholism, the nurse practioner must be aware of the resources for alcoholism available in her community, including Alcoholics Anonymous, Al-Anon, and Alateen. In addition, community alcohol centers are becoming more commonplace and offer outpatient counseling and classes. Sometimes, of course, the alcoholic must be referred to inpatient alcohol treatment programs if the problem is severe. A table gives the nurse practitioner physical and behavioral clues to look for in assessing whether or not a person may be an alcoholic. The effects of alcoholism on the family of an alcoholic are depicted, and references are included that describe the impact of alcoholism. A table shows problems commonly encountered once the patient reaches sobriety. As the alcoholic member seeks reinstatement into the family, he or she must learn to function as a member of the family unit again and to develop relationships based on trust. Communication difficulties may have arisen and the nonalcoholic spouse will be likely to have lingering

resentments about past events, as well as to experience bouts of depression about family relationships. The alcoholic will also experience moods of sensitivity and perhaps extreme discomfort while sober. Fears about renewed drinking will be on everyone's mind for some time to come.

Farrand Linda L, Cobb Marguerite
Perceptions of Activities Performed in Ambulatory Care Settings.
Pub. in Nurse Practitioner v1 n2 p69-72 Nov-Dec 75.

The perceptions of family nurse practitioners (FNP's) toward activities which they performed in ambulatory care settings were evaluated, and an effort was made to determine if there was a difference in the activities performed by FNP's in rural versus urban areas. A questionnaire was mailed to 28 FNP's in primary care settings. Information was requested on 13 variables which could have influenced their responses. Activities were categorized as those directly related to patient care and clinically related activities. Patient care activities included health care screening and assessment, planning for needed care, implementation of care with a client, implementation of care with a health team, and evaluation of care. Clinically related activities involved clinic management, telephone usage, inservice development, and community involvement. Responses were received by 26 of the 28 FNP's, but only 22 questionnaires were usable. Location of practice (rural versus urban areas) significantly influenced the perceptions of FNP's. Data from the direct patient care part of the questionnaire indicated that FNP's perceived themselves as spending most of their time with the assessment and management of single problems encountered by clients. Data from the clinical section of the questionnaire revealed that FNP's perceived spending most of their time in the clinically related activities of caring for client complaints or needs by telephone. Tabular data illustrate the findings.

Flynn Beverly C, Ross Shirley A
Regenstrief Inst. for Health Care, Indianapolis, Ind.
Satisfactions and Roles of Family Nurse Practitioners in Practice.
31p Nov 75 Available NTIS HRP-0006970

Indiana PRIMEX, being a research and development program, has been involved in the study of all graduates of the program for the purposes of providing well documented information which may be used for policymaking about innovations in nursing today. There are currently three classes of graduates from this Family Nurse Practitioner (FNP) Program. Based on information from mailed questionnaires to the 56 FNP

graduates, a wide range of information was collected documenting the job satisfactions and roles of the FNPs in practice. Results of this study indicated the FNPs were generally satisfied in their employment, with some variations of the effects their jobs had on other parts of their lives. The majority of FNPs were employed in a wide range of settings serving varying populations; covered by their own or their employer's malpractice insurance; responsible for their own patient caseloads; collaborating with physicians regularly; and performing and handling a wide range of tasks and patient care problems with varying levels of autonomy. The minority of FNPs took call and had staffing privileges in hospitals. The employment of FNPs was also found to create a number of changes within the practice settings studied. (APHA)

Greenberg Robert A, Loda Frank A, Pickard Glenn, Collins Phoebe, Compton Betty S
North Carolina Univ. at Chapel Hill.
Primary Child Health Care by Family Nurse Practitioners.
Pub. in Pediatrics v53 n6 p900-906 Jun 74.

The delivery of child health care by family nurse practitioners (FNP's) in a rural clinic was analyzed. Family nurse practitioners served 990 families with 1,300 children at a clinic located in Prospect Hill, N.C. The clinic was 30 miles away from a hospital. During a 12-month program, FNP's were trained in the delivery of primary care for all family members. About 75 percent of the pediatric cases seen by the FNP's involved respiratory infection, well child care, psychogenic problems, allergic conditions, and injuries. They were able to manage approximately 70 percent of all cases without physician consultation. Respiratory infections, well child care, and gastrointestinal problems were managed with a combined consultation rate of 14.3 percent. Physicians were primarily responsible for the management of 3 percent of all cases handled at the clinic. A review of patient records indicated that 93 percent of all cases managed by the FNP's were done so effectively. The importance of the supportive role of physicians at the clinic is emphasized. It is concluded that the use of FNP's is feasible and that further study should be conducted.

Hoole A J, Greenberg R A, Pickard C G
Patient Care Guidelines for Family Nurse Practitioners.
Available from Little, Brown, and Co., 34 Beacon St., Boston, MA 02106.

Isaacs Gertrude
Frontier Nursing Service, Hyden, Ky.
Frontier Nursing Service: Family Nursing in Rural Areas.
Pub. in Clinical Obstetrics and Gynecology v15 n2 p394-407 Jun 72.

The operation of the Frontier Nursing Service (FNS) in southeastern Kentucky is described, and the role of family nurse practitioners in the delivery of rural health care is explored. The family nurse practitioner is the nucleus of health services provided by the FNS. The nurse midwife is the major provider of primary health care. Her base of operation is the residential community clinic. Six FNS clinics or nursing outposts are located within an hour's travel time of a hospital and health center. The center has more extensive diagnostic and treatment facilities than the clinics, and a resident physician is available at all times. Changes resulting from the system established by the FNS are examined, with emphasis on role relationships between nurses and physicians and patient care. The success of the FNS is, to a large extent, attributed to citizen participation. Its family nurse training program is described. Medical diagnosis and health assessment; prenatal, postpartal, child care, and family planning; and advanced midwifery and outpost nursing are the key elements of the 1-year program.

Kelly J D
Structural Characteristics of Practice Settings: The Influence on Role Behavior of Family Nurse Practitioners.
Available from University Microfilms International, 300 North Zeeb Rd., Ann Arbor, MI 48106.

Kepferle Loyd, Edinberg Barbara, Biggs Bee
Mountain States Health Corp., Reno, Nev.
New Role for the Geriatric Nurse Practitioner in Rural Skilled Nursing Facilities.
Pub. in Jnl. of Gerontological Nursing v2 n4 p49-51 Jul-Aug 76.

A project of the Mountain States Health Corporation to provide quality care in long-term care facilities is described. The project incorporates a team approach to the education of nursing home personnel and the employment of a geriatric nurse practitioner as a member of the health care team. Problems associated with providing quality nursing home care in rural areas are noted as the management and organization of long-term care services. The project is to be carried out over a period of 3 years, serving skilled nursing facilities in rural areas of Idaho, Montana, Nevada, and Wyoming. The health care team is to be composed of three members: geriatric nurse practitioner, administrator,

accountant, and physician. Major emphasis is to be placed on the development of programs to improve patient care, the introduction of innovative roles for health professionals, the development of education and training programs designed to improve the quality of patient care, a review of the literature and the preparation of a descriptive narrative and statistical data on patient care and management services in skilled nursing facilities, the improvement of patient care, the development of educational programs for administrative staff, the enhancement of medical record systems and practices, assistance to appropriate facility personnel in the provision of therapy, and an evaluation of the effectiveness of the project. Particular attention is to be given to the role of the geriatric nurse practitioner. The implications of the project for urban areas are discussed.

Kirk Richard F, Alter Joseph D, Browne Helen E, Davis Judith
Colorado Univ., Denver. School of Medicine.
Family Nurse Practitioners in Eastern Kentucky.
Pub. in Medical Care v9 n2 p160-168 Mar-Apr 71.

The activities and functions of a group of family nurse practitioners in the rural Appalachian area of Eastern Kentucky are documented to determine which functions they perform beyond those which nurses traditionally perform. The nurses studied were members of the Frontier Nursing Service (FNS) of Leslie County, Kentucky, where there are only three physicians for 10,100 people. The Frontier Nursing Service operates a 26-bed hospital staffed by nurses, with two physicians employed to provide both [redacted]ent and outpatient care. Six outposts provide primary [redacted] care by registered nurses to the surrounding areas. Requirements for entering the FNS consist of an RN degree, ability to assume responsibility, and a concern for patient care. About 60 percent of the nurses have taken courses in nurse - midwifery. Nurses in the Service have learned to define patient conditions and then decide whether to treat directly or refer to a physician. A questionnaire given to 15 FNS nurses showed that most learned basic pharmacology and physical examination procedures in nursing school; they also learned indications and contraindications of medication and to give and refill prescriptions under physician supervision. At the FNS, the nurses have learned to take more responsibility and to make judgments concerning initiation or discontinuation of medication. The nurses of the FNS assume the responsibility for providing primary care for a majority of people in their service area.

Martin L L
"I Like Being an FNP."
Pub. in American Jnl. of Nursing v75 n5 p826-828 May 75.

Miller W E, Pryor V H
Nurse Practitioner in a Private Family Practice.
Pub. in Jnl. of Family Practice v2 n6 p472 Dec 75.

Murara J E
Nurse as Family Practitioner.
Pub. in American Jnl. of Nursing v74 n2 p254-257 Feb 74.

Murray Raymond H, Ross Shirley A
Regenstrief Inst. for Health Care, Indianapolis, Ind.
Training the Family Nurse Practitioner.
Pub. in Hospitals, Jnl. of the American Hospital Association v47 n21 p93,94,96,98 1 Nov 73.

The physician's assistant and nurse practitioner are being considered as valid approaches to the solution of the health manpower problem shortage. The Indiana University School of Medicine initiated a physician's assistant training program in 1972, and the Indiana University School of Nursing joined to sponsor a family nurse practitioner (FNP) program in the same year. This article explores the controversy behind the use of the nurse practitioner. How closely will the physician supervise the nurse practitioner, especially in remote regions, is one question frequently asked. Even though there is a great need for FNP's, the size of the actual market for graduates is uncertain. New physician's assistant graduates generally receive significantly higher starting salaries than do FNP's. Ultimately the problem of accreditation will be required to ensure a common level of knowledge and skill, but it is premature to attempt to do this at the present time of experimentation and innovation in the training of the FNP. Some nursing leaders oppose the FNP and may not permit them to function effectively within the hospital. The preparation of registered nurses as FNP's will be effective only if this program is accepted by health providers and the public, and if Federal financial support for the training program is forthcoming.

Oseasohn Robert, Schweback Martha, Eberle Betty, Reid Richard A
McGill Univ., Montreal (Quebec). Dept. of Epidemiology and Health.
Primary Care by a Nurse Practitioner in a Rural Clinic.
Pub. in the American Jnl. of Nursing v75 n2 p267-271 Feb 75.

The use of a nurse practitioner (NP) to provide health care to a rural New Mexico community with no physician is described. A staff nurse from the local hospital with varied experience as a school nurse, office nurse, and hospital nurse was hired as part of a health delivery project of the

University of New Mexico. Her preparation for providing primary care began with a review of the tasks she would be expected to perform -- health check-ups for all ages, birth control services, antepartal and postpartal care, maintenance of the chronically ill, and care in case of acute illness or accident. Needs that could not be met locally were to be referred to urban medical centers. Additional information and skills needed were determined and a six-month training program was devised. As the training program evolved, a record system was designed to facilitate patient care and to permit subsequent assessment of the system of care. The clinic in Estancia was designed to be staffed only by the NP and a laboratory-aide receptionist who ran the office and performed laboratory procedures. Physicians supervised the medical care by the NP through written instruction and telephone. These supervisory physicians visited the clinic once a week to see patients referred by the NP. Analysis of the program revealed that the NP spent 33 percent of her time in direct patient contact and 20 percent in record keeping. A sample of records indicates that the nurse took 571 of 606 actions specifically requested by the physicians and took occasional unauthorized actions, usually in areas where protocol called for physician consultation.

Parkes M E
Extending the Role of the Nurse into Family Practice.
Pub. in Australian Family Physician v5 n10 p1411-1417 Nov 76.

Pearson L B
Contact Dermatitis as a Clinical Entity for the Nurse Practitioner.
Pub. in Nurse Practitioner v2 n4 p27-28 Mar-Apr 77.

Perez Eugene Reyes, Reid Robert A
Medical Coll. of Virginia, Richmond.
Family Nurse Practitioner in Virginia.
Pub. in Virginia Medical Monthly v101 p750-755 Sep 74.

The deficit of physicians in rural, isolated, and poverty areas has resulted in the use of nurse practitioners in health care delivery. A family nurse practitioner is a registered nurse who has completed a formal training program and been licensed by the State. After completing the 5-month program at the University of Virginia, a graduate must be employed for a 6-month period by a physician preceptor before receiving certification. Nurse practitioners engage in adult, family, pediatric, or anesthetic nurse practice. Duties include collecting medical histories, recommending treatment plan to the physician after diagnosis, implementing a treatment plan under direction of the physician, and

initiating emergency treatment if the physician is not available. They monitor development in normal children and provide preventive care; monitor the progress of pregnancy and provide counseling in family planning; and manage, in concert with a physician, chronic disease in the adult. Many patients who otherwise would have to be hospitalized now can depend on the nurse to take laboratory tests and send them to the hospital for analysis. Patients find it convenient to consult the nurse practitioner in many situations, thereby freeing the physician to work in areas where his expertise is vital. By September 1974, there were 21 graduates from the University of Virginia training program, and the Virginia Regional Medical Program was seeking to expand the program.

Pilotto Laura
Frontier Nursing Service, Wendover, Ky.
Internship Assessment or, How to Succeed on the District.
Pub. in Frontier Nursing Service Quarterly Bulletin v51 n4 p15-23 Spring 1976.

The experiences of a family nurse practitioner (FNP) intern who provides primary nursing care in a rural area are described. Often the contacts with patients grow from professional relationships into personal ones, and the nurse makes many friends. A nurse feels that the health of whole families is her responsibility; she has the opportunity to practice preventive and maintenance care, as well as to be available to listen to people. The Beech Fork Center clinic and the FNP's home are located in the middle of the community. Fortunately, the hospital is close by, and the FNP can call a doctor for consultation at any time. One problem is that the nurse seldom has a day off, for patients can find the FNP at any time of the day or night. However, the FNP feels that she is a part of the community, and that is one of the attractive aspects of being a rural FNP. Other problems include the amount of paperwork required and the collection of bills, which is an unpleasant chore. It is felt that the internship period was not adequate or long enough. This FNP had only 3 days in which to learn everything, including how to drive a jeep. She also felt that the evaluation method of the intern FNP's performance was too rigorous to be useful; a sample of the impossible performances expected of the FNP is exhibited.

Stone Elizabeth R
Vanderbilt Univ., Nashville, Tenn. School of Nursing.
Family Nurse Clinician's Practice in a University General Medical Clinic.
Pub. in Jnl. of the Tennessee Medical Association v68 n8 p619-620 Aug 75.

The practice experience of a family nurse clinician working in the general medical clinic at Vanderbilt University Hospital, Nashville, Tenn., is described. Of 19,350 patient visits made to the clinic between September 1973 and August 1974, 1,424 involved the clinician. After 18 months in the clinic, the clinician's practice consists of approximately 400 patients ranging in age from 15 to 98 years and representing a variety of medical problems, the most common of which are hypertension and gastrointestinal complaints. Clinic patients are seen by appointment only. The patients seen by the clinician are not specifically screened to her because of the nature of their problems, but rather are assigned on a rotation system involving the clinician and three physicians. The need for the physicians to check the clinician's actions is determined primarily by the severity or complexity of the patient's illness. It is noted that considerable overlap exists in the skills that the physicians and the nurse clinician can offer their patients. The clinician also answers phone calls from patients, makes home visits, educates patients in such tasks as blood pressure determination and insulin injection, and serves as a clinical educator for nursing and medical students. The 12-month training program for clinicians is viewed as too short, and a longer (18-month to 24-month) program is suggested.

D. Pediatric

American Nurses' Association
Scope of Practice for the Pediatric Nurse Practitioner. Available from the American Nurses' Association, 2420 Pershing Rd., Kansas City, MO 64108.

American Nurses' Association, Kansas City, Mo.
ANA (American Nurses' Association) Clinical Sessions. 237p 1973 Available from Appleton-Century-Crofts, 292 Madison Avenue, New York, NY 10017.

The papers in this volume treat various aspects of five nursing specialties: community health nursing, geriatric nursing, maternal and child health nursing, medical - surgical nursing, and phychiatric and mental health nursing. The papers grouped in the community health nursing category focus on a wide range of areas, e.g., school health nursing in the 1970's, a program for unwed teenage mothers, drug problems, legislation on health maintenance organizations, the nursing division of the Harvard Community Health Plan, a nursing agency's experience with prepaid group practice, and the effect of health legislation of home health services. The contributions relevant to geriatric nursing deal specifically with the terminally ill aged, incontinence, onsite nursing services, and related topics. Included in the section on maternal and health nursing are presentations on the pediatric nurse practitioner in rural health, the roles of nurses and physicians in providing newborn intensive care, and nursing intervention in maladaptive mothering patterns. Among the topics covered in other sections are cardiovascular care, home dialysis, sickle cell disease, facelift patients, preabortion emotional counseling, directed rational self-counseling, and the role of the psychiatric nurse coordinator in a general hospital.

American Nurses' Association, Kansas City, Mo.
Pediatric Nurse Practitioners: Their Practice Today. 61p 1975 Available from the American Nurses' Association, 2420 Pershing Rd., Kansas City, Missouri 64108, $1.50.

Findings are reported of a nationwide sample survey of pediatric nurse practitioners undertaken in May 1974 by the American Nurses' Association to determine the characteristics, employment setting, educational preparation, functions, and working conditions of pediatric nurse practitioners. A sample of 473 names was selected from a list of approximately 2,300 pediatric nurse practitioners. The response rate for the mail survey was 63.5 percent. Among the major findings of the survey are the following: (1) 63.4 percent of respondents hold at least a baccalaureate degree as their highest earned credential; (2) 79.4 percent received educational preparation to function as a pediatric

nurse practitioner in short-term continuing education programs; (3) of the 85 percent of respondents actively employed in nursing, 84.5 percent work full-time, 14.3 percent part-time on a regular basis, and 1.3 percent part-time on an irregular basis; (4) more than half of the respondents work in hospital clinics and public health or community agencies dealing with high risk populations; (5) 19 percent work in physicians' offices; (6) 15 percent of the active practitioners have developed or are developing a system to measure their impact on the health care of children; (7) the majority are generally engaged in teaching and counseling, information seeking, physical assessment, and treatment activities; (8) the median annual salary of full-time practitioners is $12,195. A brief literature review, description of study methodology, supporting data, and a bibliography are included. A copy of the survey instrument is not provided.

Anonymous
Role of the Pediatric Nurse Associate.
Pub. in Hospital Topics v54 n3 p38-39 May-Jun 76.

Bellaire J, Dungey I
Paediatric Nurse Practitioners.
Pub. in Australasian Nurses' Jnl. v3 n10 p5, 28 Apr 75.

Birenbaum A
Making of a Professional Identity: The Pediatric Nurse Practitioner.
Available from the Dept. of Sociology and Anthropology, Western Kentucky Univ., Bowling Green KY 42101.

Birenbaum Arnold
Albert Einstein Coll. of Medicine, Bronx, N.Y. Dept. of Community Health.
Pediatric Nurse Practitioner and Preventive Community Mental Health.
Pub. in Jnl. of Practical Nursing and Mental Health Services v12 n5 p14-19 Sep-Oct 74.

The training and utilization of pediatric nurse practitioners (PNP's) in an innovative outpatient pediatric unit affiliated with a teaching hospital are described. The major goal of the unit is to train PNP's to assume independent roles, with support provided by members of the health care team. Not only do the PNP's replace physicians as the primary providers of health care but they also provide better service than that often available througt pediatric departments of ambulatory care clinics. In dealing with chronically ill children, the

objective of the PNP program is to reduce hospitalization and its impact on the psychosocial development of children. In the case of healthy children, most common illnesses are managed by PNP's. A 4-month academic program for PNP's is outlined. Five ways in which PNP's function in the area of preventive community mental health are detailed: (1) parental compliance; (2) psychological preparation for medical procedures; (3) parental anxieties about their children; (4) parents who need psychiatric consultation or therapy; and (5) child abuse and neglect. It is concluded that the practice of PNP's as primary health care providers enables parents and children to receive better health care and also provides a model for other health care practitioners of the need to be aware of the psychosocial context in which health care is delivered.

Blackman S E
Institutionalization of a New Health Role: An Examination of the Role and Functioning of the Pediatric Nurse Practitioner.
Available from University Microfilms International, 300 North Zeeb Rd., Ann Arbor, MI 48106.

Bowles L, Diehl A M
Pediatric Nurse Associate. A New Dimension in Pediatric Cardiology.
Pub. in Jnl. of the Kansas Medical Society v76 n1 p11-12 16 Jan 75.

Brown M S
Pediatric Nurse Practitioner. A Primary Manager of Well-Child Care.
Pub. in Nursing v6 n7 p70-72 Jul 76.

Bullough Bonnie, Geme Joseph St, Neumann Charlotte G
California Univ., Los Angeles.
Pediatric Nurse Practitioners -- Issues in Training.
Pub. in Health Services Reports v88 n8 p767-771 Oct 73.

A training course for pediatric nurse practitioners was developed by health care agencies in Los Angeles, Calif. The course was initiated in May, 1971 and 17 nurses enrolled; 16 completed the course. Student progress in the course was measured by a written pretest and posttest covering eighty items pertaining to common questions of pediatric diagnosis and management. An evaluation was made of the 1-month course in physical diagnosis. Data were obtained from student questionnaires administered before and after the course and from observations by faculty. It was determined that the 1-month course was too intensive. The 6-month internship

following the course appeared to be satisfactory to both students and preceptors, although 9 of the 16 students expressed some dissatisfaction with supervision received in their home agencies. Physicians and nurse supervisors were asked to indicate the level of medical supervision that they believed was appropriate for nurse practitioners. The majority felt that a physician should be in the same building when patients were being seen by nurse practitioners so that he could be consulted when necessary. Nurse practitioners also stated that a physician consultant should be readily available. To evaluate any change in the work roles of nurse practitioners, a scale of independent action in medical management was used. This scale showed that nurse practitioners were moving toward more independence but that they were cautious about the level of responsibility they were willing to assume.

Conrad J
High School Nurse as a Pediatric Nurse Practitioner.
Pub. in Pediatric Nursing v1 n6 p15-17 Nov-Dec 75.

Cortez Arturo, Mendoza Manuel, Muniz Gilbert
Driscoll Foundation Children's Hospital, Corpus Christi, Tex.
Children's Heart Program of South Texas.
Utilization of Nurses in Expanded Roles to Deliver Pediatric Cardiology Health Care.
Pub. in Pediatric Nursing v1 n3 p22-29,32 May-Jun 75.

The training and use of registered nurses to provide pediatric cardiology services at the Children's Heart Program, Driscoll Foundation Children's Hospital, Corpus Christi, Tex., and in satellite clinics throughout south Texas are described. Pediatric cardiology associates receive 8 months of exposure to theory and clinical practice in history-taking, physical examinations, obtaining and interpreting electrocardiograms, and interpreting X-rays. During their training, the associates work with patients in the satellite clinics. Upon completion of the associate program, the nurses attend a 4-month pediatric nurse practitioner training course at the University of Texas Medical Branch in Galveston, Tex. The activities of the program's four associates and one trainee are described. Data on the performance of the associates at the Driscoll clinic and at the satellite facilities are presented. The use of specially trained nurses has enhanced the ability of the program's pediatric cardiologist to overcome the geographical, cultural, and economic problems involved in delivering services to south Texas residents. Response from parents of children examined by the associates has been favorable. Charts, graphs, and details of the training curriculum are included.

Cowan Diana Brinton, Bouchard Joan C, Suarez Margarita M
Child Health Screening for the Nurse Practitioner.
Pub. in Nurse Practitioner v1 n3 p109-120 Jan-Feb 76.

The appropriateness of child health screening as a function of the nurse practitioner is examined. Screening is defined as the acquisition of preliminary information which may be significant to the health, education, or well-being of an individual. The importance of obtaining such information by the nurse practitioner in an economical manner is stressed. As the first step in health care, screening serves to identify those who may be at risk and does not involve a diagnosis. Three reasons for screening are identified: (1) early recognition of potential risks or disease conditions in the physical or psychosocial status and/or educational and environmental milieu of the individual; (2) provision of a systematic framework and baseline for defining an individual's total health care needs; and (3) provision of a way for the nurse practitioner to establish priorities in terms of time, money, and resources by defining individuals at risk who need further evaluation and intervention. Criteria for evaluating the need to screen a particular problem are given. Consideration is given to the selection of appropriate screening tools and to the analysis and use of screening results. Developmental, psychosocial, family and environmental, and special screening tools are listed in tabular form.

De Van Hesse H, Ireland J D, McWilliams D M
Health Care of Children. The Potential Role of the Paediatric Nurse Associate.
Pub. in South African Medical Jnl. v48 n41 p1752-1758 24 Aug. 74.

deCastro Fernando J, Rolfe Ursula T, Drew Janice Kocur
Saint Louis Univ., Mo. Dept. of Pediatrics.
Pediatric Nurse Practitioner: Guidelines for Practice. Edition Number Two.
211p 1976 Available from C.V. Mosby Co., 11830 Westline Industrial Dr., St. Louis, MO 63141.

The second edition of a text on pediatrics for pediatric nurse practitioners includes new chapters on working with parents, neonatology, hematology, and parasitology, as well as an expanded discussion of school-related health concerns. The text is designed to expose nurses to the clinical aspects of ambulatory pediatric care and to provide recent pediatric nurse practitioner graduates with a reference as they reorient their activities to conform to the more independent role of the pediatric nurse practitioner. Introductory discussions touch on the expanding role of the nurse, working

with parents to promote the well-being of children, and traditional programs of health care for children. A section on health appraisal includes discussions of growth and development, nutrition, developmental appraisal, the patient history, the physical examination, screening tests, laboratory screening tests, immunizations, and health supervision. Chapters on specific clinical problems in children discuss emergencies, neonatal diseases, the skin, the nervous system, the cardiovascular system, the respiratory system, the digestive system, the endocrine system, the musculoskeletal system, hematologic disorders, infectious diseases, parasitic diseases, and pharmacology. Other chapters cover psychodynamics in childhood, the child in the family and in school, the adolescent, and care of the chronically ill child.

Fine L L
Pediatric Practice of the Child Health Associate.
Pub. in American Journal of Diseases in Children v131 n6 p634-637 Jun 77.

Ford L C
One Nurses's View of Pediatric Nurse Practitioners.
Pub. in Pediatrics v54 n5 p534-537 Nov 74.

Griffin John W, Conkin Juanita, Lang Julie
Texas Univ. Southwestern Medical School at Dallas. Dept. of Environmental and Community Health.
Pediatric Nurse Practitioner as Provider of Well Child Care in a Rural Area of Texas.
Pub. in Texas Medicine v72 n11 p85-87 Nov 76.

The functions and effectiveness of a pediatric nurse practitioner providing well child care to indigent families in a rural area of Texas are discussed. In 1973, PEDIA, a child health program funded by the Office of Early Childhood Development in the Texas Department of Community Affairs, began to offer services on a subcontract basis to the prenatal clinic at Navarro County Memorial Hospital. The program provides a pediatric nurse practitioner and a licensed vocational nurse to the clinic. Their responsibilities include showing educational films, explaining proper nutrition, and giving group and individual counseling. Initial contact for well baby / well child care is made at the prenatal clinic. The PEDIA staff also sees the mothers in the hospital, where they make appointments for the well baby clinics. The clinic is held daily in various locations. The children are seen every 2 weeks until they are 2 months old, once a month until they reach 1 year, and slightly less frequently until they reach age 6. The

pediatric nurse practitioner performs routine physical examinations, while the licensed vocational nurse obtains histories and the child's temperature, height, weight, head circumference, and blood pressure. An assessment of the first 2 years of operation has been positive: both the local medical community and the families served have received the program well. Tabular data are included.

King C
PNP Movement Enters Graduate School.
Pub. in Jnl. of Nursing Education v15 n4 p27-32 Jul 76.

King C, Barnett S, Duncan B
PNP in a University Hospital Pediatric Group Practice.
Pub. in Pediatric Nursing v3 n1 p29-30, 32-33 Jan-Feb 77.

Leonard Phyllis, Cowan Diana Brinton, Mattingly Patrick H
Washington Univ., Seattle.
POR as a Means of Collaboration Between the Pediatric Nurse Practitioner and Other Health Team Members.
Pub. in Nursing Clinics of North America v9 n2 Jun 74.

The use of the problem oriented medical record (POR) in the ambulatory pediatric setting is seen as a means for promoting communication, collaboration, and continuing education for health care professionals. The POR demands the involvement of the pediatric nurse practitioner and other team members in determining what information should be obtained for the data base and who should obtain it. This system reflects collaboration in the identification of goals by providing a common ground for health professionals to record their involvement with the patient. This enables each professional to perform the portion of care he believes he is best capable of. This collaboration, in itself, is an educational process for all team members. Because the POR shows what each team member is assessing and doing, conferences related to individual patients become more efficient, problems can be quickly identified, and progress can be noted. One of the POR's greatest benefits is how readily it lends itself to an audit of patient care. It validates the level at which a practitioner functions; this is paticularly important for nurses who are expanding their roles. The role of the pediatric nurse practitioner, usually the primary care agent or the team leader, is particularly important in implementation of the POR.

Levy J S, Lovejoy G S
Management of Pharyngitis by Pediatric Nurse Practitioners. A One-Year Study of 1,922 Patients.
Pub. in Clinical Pediatrics v15 n5 p415-418 May 76.

McAtee Patricia A, Silver Henry K
Colorado Univ., Denver. Dept. of Pediatrics.
Nurse Practitioners for Children -- Past and Future.
Pub. in Pediatrics v54 n5 p578-582 Nov 74.

The status and education of pediatric nurse practitioners are examined, and recommendations to increase the utilization of nurse practitioners are offered. Among the functions of pediatric nurse practitioners are obtaining histories, performing complete extensive physical examinations, carrying out immunization and other preventive services, determining developmental status, performing laboratory tests, caring for newborn infants and evaluating speech, hearing, and vision. Studies have shown that these practitioners can care for approximately three-fourths of all children coming to ambulatory settings and provide almost total care to all well children. School nurse practitioners perform routine health assessments and evaluate and coordinate the assessment of perceptual disorders, psychoeducation problems, and behavior disturbances. They often provide services not available from other sources. It is predicted that more meaningful and extensive incorporation of the teaching of nurse practitioner concepts, training, and goals into undergraduate teaching programs of schools of nursing should occur in the next decade. Extensive modifications of curriculums will be necessary. Among the recommendations offered are that baccalaureate schools of nursing provide a year of supervised clinical orientation and practical experiences, and that consideration be given to the use of 'assistant nurse practitioners' in areas where fully trained practitioners are not available.

O'Brien Margaret, Manly Margery, Heagarty Margaret C
New York City Dept. of Health.
Expanding the Public Health Nurse's Role in Child Care.
Pub. in Nursing Outlook v23 n6 p369-373 Jun 75.

The New York City Health Department and Cornell University Medical Center have developed a 1-year program to prepare public health nurses to serve as pediatric nurse associates (PNA's) as a means of improving the city's child care program. Jointly planned and supervised, the program closely follows the guidelines established by the American Nurses' Association and the American Academy of Pediatrics for preparation of PNA's in an expanded role in clinics, private physician's offices, or independent practices. Candidates

are selected by the university using the National League of Nursing (NLN) prebaccalaureate examination. The health department pays the nurse's full salary and a Federal grant covers the university's cost. The class of 15 students is divided into 4 groups, each of which has a medical center pediatrician preceptor. Three nursing instructors divide their time among the four groups. During the first 4 months each student works in a child health station seeing patients, eliciting histories, and performing physical exams. The preceptor then repeats each exam and verifies or corrects the findings. During the next 8 months the intern spends 3 days a week working with a health department physician, 1 day a week on case followup, and 1 day a week in classes and seminars. Pretest scores on the NLN test in nursing of children averaged 38.6; after 4 months the average was 82.55. The PNA gives total child care and parent counseling to preschool children, and the success of the program with this group has prompted the health department to expand the program to the school health program.

Ostrea Enrique M, Schuman Harriot
Wayne State Univ., Detroit, Mich. Dept. of Pediatrics.
Role of the Pediatric Nurse Practitioner in a Neonatal Unit.
Pubn. in Jnl. of Pediatrics v86 n4 p628-631 Apr 75.

The quality, effectiveness, and accuracy of the work of a pediatric nurse practitioner (PNP) placed in charge of selected patients at Hutzel Hospital in Detroit, Mich., were evaluated. The PNP selected for the position attended a 16-week PNP training program and participated in a 3-month supervised trial period. She was then placed in charge of patients who had no private pediatrician. Her duties included chart rounds, infant rounds, medical consultation, initial physical examinations, and miscellaneous activities, such as teaching nursing and medical students and attending rounds or conferences. In the period between July 1, 1972 and June 30, 1973 the PNP performed 1,312 initial newborn examinations and spent approximately 510 hours with the mothers. Her work was evaluated by review of nursery charts, questionnaires distributed to pediatric residents working in the nursery during the study period, and telephone interviews with a randomly selected sample of mothers. The results show that the PNP, if adequately trained, has skills comparable to those of a physician in examination of the infant and in identification of problems; that the PNP is in a better position to identify and refer problems earlier; that some of the PNP's work has reduced the 'routine' work of the pediatrician; and that the PNP is especially helpful in providing communication and instruction to the mother. Among the problems initially encountered were slow acceptance by nursery nurses of the PNP, and the concerns of some residents about the PNP's competence. However, the residents did wish

to continue the use of the PNP after the trial period. Supporting tabular data are included.

Rhodda W
From Air Force to Rural Maine: A PNA's Personal Experience.
Pub. in Pediatric Nursing v2 n4 p22-24 Jul-Aug 76.

Russo Raymond H, Gururaj Vymutt J, Bunye Alicia S, Kim Yong H, Ner Sania
Kings County Hospital Center, Brooklyn, N.Y.
Triage Abilities of Nurse Practitioner vs Pediatrician.
Pub. in American Jnl. of the Diseases of Children v129 p673-675 Jun 75.

The ability of pediatric nurse practitioners (PNP's) to perform medical triage functions in a large pediatric ambulatory service was compared with the ability of a group of pediatricians at Kings County Hospital Center in Brooklyn, N.Y. The performance of six functions by PNP's and pediatricians was evaluated: (1) identification of a child's basic problem(s); (2) classification of children according to the severity of illness; (3) initiation of therapy if required; (4) ordering diagnostic laboratory and roentgenographic studies; (5) ordering body temperature measurement if necessary; and (6) making an appropriate disposition. Six PNP's and six pediatricians participated in the study. The patient group for the study consisted of 113 children, ranging in age from 5 weeks to 12 years. Of the six categories in which performance was evaluated, significant discrepancies were noted between PNP and pediatrician performance in identifying patient problems, classifying the severity of illness, and ordering body temperature measurement. The discrepancy rate in the other three categories was under 15 percent. PNP's were more consistent in recording patient problems than pediatricians. It was found that the ability of PNP's to identify the severity of a child's illness was at least equal to the ability of pediatricians. Pediatricians were correct more often than PNP's in the ordering of body temperature measurement and other diagnostic procedures. The results of this study suggest that physician time may be conserved to perform triage in large pediatric outpatient services.

Seacat Milvoy, Schlachter Louise
Beth Israel Medical Center, New York.
Expanded Nursing Role in Prenatal and Infant Care.
Pub. in American Jnl. of Nursing v68 n4 p822-824 Apr 68.

The expansion of nursing functions for middle-income patients and their personal obstetricians and pediatricians is

addressed. A four-year study was conducted by the Montefiore Hospital Medical Group in the Bronx, New York to explore an expanded role for the public health nurse in prenatal and infant supervision. The study population involved members of the prepaid Health Insurance Plan of Greater New York and consisted primarily of young, well-educated women whose incomes were in the middle range. As these women registered for obstetric care, they were randomly assigned to a study or control group and were followed through their obstetrical experience until their infants were one year old. Patients chose to receive their care from one of four obstetricians and from one of seven pediatricians. In addition, study patients had the services of a public health nurse for themselves, their infants, and other children. Of 192 registrants in the study group and 280 control patients, 77 percent carried their pregnancies to term and delivered live babies. The public health nurse participated in four aspects of care during each patient visit: identification of problems, evaluation of those problems, direct nursing care, and health education. It was found that patients used the nurse's services for a full range of physical and psychological problems and that an expanded role for a public health nurse in both obstetrics and pediatrics was acceptable. Most study patients felt that seeing both the physician and the nurse was preferable to seeing only the physician more often. The relationship between the physician and nurse is discussed along with the attitude of the nurse toward her expanded role.

Sebestyen D
Dallas Day Care Program. Nurse Practioner Dedicated to Helping [illegible]dren (Deanna Sebestyen).
Pub. in [illegible]rican Nurse v8 n10 p11,15 15 Jul 76.

Silver Henry K
Colorado Univ. Medical Center, Denver.
Nurse Practitioner, Child Health Associate, and Primary-Care Medical Practitioner.
Pub. in WHO Public Health Papers n60 p55-61 Jun 73.

Programs developed at the University of Colorado for the preparation of nurse practitioners, child health associates, school nurse practitioners, and primary care medical practitioners are detailed. Graduate nurses in the pediatric nurse practitioner program receive 4 months of training. Functions learned in the course of training are medical history taking, the performance of complete physical examinations, the interpretation of laboratory tests and procedures, and the development of modification of plans for immunizations and preventive health measures. The nurse practitioners also provide newborn infant care and manage the

health care of well children. Students entering the child health associate program must have 2 years of education in a college or university. The program entails a 3-year course in pediatrics. After the completion of 5 years of training, child health associates are qualified to work with physicians and are capable of caring for approximately 90 percent of patients who go to the offices of pediatricians. The school nurse practitioner program is designed to improve the ability of school nurses to provide health care for school - age children. Graduate nurses in this program undergo a 4-month course, with emphasis on skills that will be valuable in the school environment. Their functions are similar to those of pediatric nurse practitioners. The primary medical practitioner program at the university is in the planning stage.

Slovis T L, Comerci G D
Neonatal Nurse Practitioner.
Pub. in American Jnl. of Diseases in Children v128 n3 p310-314 Sep 74.

Spees Evelyn, Dran Helen, Fox Vardith, Kafka H. L
Making of a PNA (Pediatric Nurse Associate).
Pub. in Pediatric Nursing v1 n2 p7-15 Mar-Apr 75.

A 33-week course to train pediatric nurse associates (PNA's) was developed at Olive View Medical Center in California. Because of difficult conditions created by an earthquake, the training format used at other teaching centers and hospitals could not be used; a teaching schedule modified from that suggested for a general hospital was eventually adopted. The Olive View program consisted of a 240-hour didactic component followed by 27 weeks of preceptorship in pediatric outpatient clinics supervised by center pediatricians. The admission requirements and background of the 6 nurses admitted and of their teachers are outlined. Details about the preceptorship, in which students rotated through well-baby clinics, general pediatric clinics, and specialty clinics are also provided. Evaluations indicated that the nurses performed equally well. Tables show the results of the evaluations which included a comparison to graduates of another school. Physicians eventually showed little reservation about accepting the PNA role. Patients appeared to accept the PNA, as evidenced by requests to see a particular PNA and by improved patient compliance. The discussion concludes that better retention occurs when students obtain clinical experience in conjunction with didactic sessions. A program which considers the background and experience of the student and which concentrates primarily on clinical evaluation of patients is suggested. The community health clinic, rather than a university-based

clinic, is advocated as a training setting.

Storms P D
Just What Do You Do as a Pediatric Nurse Practioner?
Pub. in Pediatric Nursing v2 n3 p42-43 May-Jun 76.

Strozier Virginia, Williams David
Florida Univ., Gainesville.
Evolution of a Role: Pediatric Nurse Clinician.
Pub. in Supervisor Nurse v6 n2 p28,31,35-37 Feb 75.

The implementation of pediatric nurse clinicians in the inpatient pediatric unit of the Shands Teaching Hospital in Florida is described. This unit serves 16 major medical and surgical services and has an average census of 60 infants and children. Three baccalaureate graduates were hired by the hospital and were titled pediatric nurse clinicians to distinguish them from registered nurses on the pediatric unit. The nurse clinicians greet patients and their families upon arrival to the pediatric unit, orient families to the pediatric unit, obtain complete nursing histories, write nursing objectives and orders for care, evaluate care and write daily progress notes, are knowledgeable in medical plans of care and interpret such plans to the nursing staff, make daily rounds with physicians, prepare patients and families for stressful events if necessary, provide preoperative teaching if indicated, coordinate inhospital patient services, provide discharge teaching, provide for followup nursing care, and write nursing discharge summaries. Three additional duties were later assigned to the nurse clinicians: give preoperative medications and accompany patients to surgery, accompany patients during traumatic procedures, and communicate on a regular basis with family members. The acceptance of the pediatric nurse practitioner by the nursing staff was a gradual process. Changes observed on the pediatric unit include the organization, direction, and evaluation of individual patient care on a daily basis; in addition, clinician conferences provide learning opportunities for staff.

Thorp Rebekah Jo
Use of the Pediatric Nurse Practitioner in Comprehensive Health Care.
Pub. in Pediatric Nursing v1 n13 p33-35 May-Jun 75.

The role of the pediatric nurse practitioner at the Vicksburg Children and Youth Clinic, Vicksburg, Miss., is described. The clinic, located in an area of widespread poverty, high morbidity, and high incidence of untreated disease, offers health care services free of charge to qualified recipients.

When necessary, free transportation to and from the clinic is provided. The clinic staff includes a full-time pediatrician, a head nurse, the practitioner, a social worker, and part-time cardiologist, pedodontists, audiologist, and speech therapists. Consultant services in psychology and nutrition are also available. The pediatric nurse practitioner conducts a medical evaluation, or health assessment, for each child and decides whether referral to another staff member is warranted. If medical problems are identified, the practitioner contacts the physician, and together they decide upon a treatment approach. Where appropriate, the practitioner schedules a social service evaluation of the family, hearing or vision treatment, or dental appointments. The practitioner also accompanies the pediatrician on daily rounds at the local State hospital and plans discharge services for hospitalized children. The practitioner has broadened the type of care that can be delivered in a public health setting such as the Vicksburg clinic.

Van Gelder D W
Office Practice as the Training Base for Pediatric Nurse Associates.
Pub. in Jnl. of the Louisiana State Medical Society v128 n4 p105-108 Apr 76.

Venes J L, Rodgers B
Yale-New Haven Hospital Spina Bifida Center: Introduction of the Pediatric Nurse Practitoner in a Program of Comprehensive Management.
Pub. in Connecticut Medicine v39 n12 p801-802 Dec 75.

William M K, Maloney L R
IAM (Immunization Action Month); Major Role for the PNP/A.
Pub. in Pediatric Nursing v1 n4 p20-22 Jul-Aug 75.

Wingert Patricia
Guilford County Health Dept., Greensboro, N.C.
Pediatric Nurse Specialist in the Community.
Pub. in Nursing Outlook p28-31 Dec 69.

The expanded role of pediatric nurse specialists and their functions are described. The need for family-centered rather than child-centered care for children is emphasized. It is felt that nurses have the potential for providing quality child health care, primarily because of their psychological closeness in providing physical and emotional support. In Los Angeles, Calif., nurses are responsible for a specfied patient load and see the same children on a regular basis.

Their functions include physical examiniations, immunizations, and counseling. The nurses receive 10 weeks of inservice education that incorporates physical appraisals, growth and development, nutrition, interviewing, and counseling techniques. In the pediatric practitioner program at the University of Colorado, Boulder, Colo., the primary function of nurses is well-child care. It is felt that the knowledge of pediatric nurse specialists can be employed to evaluate physical, developmental, social, and emotional health and to promote or to change patterns of adaption. The high level of skill possessed by pediatric nurse specialist in decisionmaking is discussed. Their functioning in the Children and Youth Project of the Guilford County Health Department in Greensboro, North Carolina, is detailed. A complete history is obtained for children and youth in order to ascertain all factors influencing growth. In addition to physical examinations and history taking, the pediatric nurse specialists involved in the project function as consultants, counselors, and educators.

E. Other

Abdellah Faye G
Office of the Assistant Secretary for Health, Rockville, Md.
School Nurse Practitioner -- An Expanded Role for Nurses.
Pub. in Jnl. of the American Coll. Health Association v21 n5 p423-432 Jun 73.

The expanding role of nurses is discussed, with primary emphasis on school nurse practitioners. It is felt that programs for the preparation of school nurse practitioners should be encouraged. The program at the University of Colorado is cited as an example of an effective approach to the education of school nurse practitioners. Factors impacting the delivery of health care are noted as increased technology, increased costs, health manpower shortages, the fragmented delivery of health care, the lack of an organized health delivery system, the lack of sensitivity to social needs, the lack of ongoing health program evaluation, the lack of consumer involvement in health planning, and the need for regulating the health care industry. The changing role of nurses is examined. Recommendations contained in a DHEW report on extended roles for nurses are identified according to four areas: (1) interprofessional relationships of physicians and nurses; (2) legal considerations; (3) education; and (4) the impact of the expanded scope of nursing on health care delivery. An approach to extending the scope of nursing practice, in the form of 'networking' nurse manpower models, is detailed. Consideration is given to pediatric and family nurse practitioners and to the uniform evaluation of physician extender manpower on a national basis.

Agree. Betty C
Beginning an Independent Nursing Practice.
Pub. in American Jnl. of Nursing v74 n4 p636-642 Apr 74.

Considerations involved in setting up and operating an independent group or individual nursing practice are explored. The article opens with discussions of the organizational approaches taken in a number of actual practices, with attention paid to such factors as the setting of fees, start-up costs, and operating costs. Problems that have been encountered by independent practitioners, such as publicizing the services and dealing with public resistance, are noted. It is pointed out that tax benefits that accrue from private practices should be explored, and that deductions -- rentals, expenditures, the use of the telephone -- should be carefully considered. Most of the practitioners interviewed for the article had been carrying the maximum personal malpractice insurance prior to setting up the practice; those nurses who undertook corporate status were required to secure corporate malpractice insurance. Among the reasons offered by the nurses for entering independent

practice were frustration with not being able to practice the full scope of skills and a related determination to achieve greater professional and personal fulfillment. They also expressed a sense of frustration with a system which is inadequate for both consumers and providers. They recommend that nurses considering private practice should carefully assess the community and their financial obligations, and that they start on a level which can be maintained for a long period, regardless of income. Photographs accompany the text.

American Academy of Nursing, Kansas City, Mo.
Primary Care by Nurses: Sphere of Responsibility and Accountability.
79p 1977 Available from American Academy of Nursing, 2420 Pershing Rd., Kansas City, MO 64108.

The role of nurses in the delivery of primary health care was discussed. Primary health care needs were explored, and historical trends in primary health care were reviewed. The nature and scope of nursing practice were examined. Areas of control and accountability in the delivery of primary health care services were discussed. Particular attention was given to factors that inhibit change, differing practice boundaries of nurses, and nurse involvement in primary care. The ability of nurses to meet primary health care needs was addressed. Educational preparation for nurses at three levels was considered: baccalaureate, master's degree, and doctoral programs. Limits to the scope of nursing practice were identified as fear of accountability, educational and political factors, and legal and economic limits. The knowledge base required for general and specialized primary care practice and the jurisdiction of nursing, control, and accountability in the delivery of primary health care services were evaluated. A critique follows each paper presented at the meeting.

Archer Sarah Ellen, Fleshman Ruth P
California Univ., San Francisco. School of Nursing.
Community Health Nursing: A Typology of Practice.
Pub. in Nursing Outlook v23 n6 p358-364 Jun 75.

Five functional categories of community nurse practitioners are defined. Nurses attending the 1973 annual meeting of the American Public Health Association were asked to participate in the study of community health nursing. Approximately 40 nurses completed a questionnaire. A more extensive questionnaire was then developed and pretested. It was mailed to community nurse practitioners in 1974, and 81 nurses returned the questionnaire for a response rate of 74 percent. No followup mailing to nonrespondents was performed. All but one of the 81 respondents were females

whose educational preparation varied widely. The nurses were asked to rank their top 5 reasons for selecting the community nurse practitioner role from 14 alternatives. These rankings correlated with the type of educational preparation. The correlation between community nurse practitioner reasons for selecting their role and their type of preparation was evaluated. It was found that baccalaureate and master's degree nurses and nurses with certificates showed consistent agreement. Nurses with master's degrees and certified community practitioners indicated more concern with the development of clearcut competencies than baccalaureate graduates. The primary source of financial support for the respondents came from health care agencies (hospitals, health departments, other health agencies, and universities). Five functional categories for the community nurse practitioners were derived from the questionnaire data: diagnostic specialty, primary care, population group, place or spatial unit, and those involved with systems.

Archer Sarah Ellen
California Univ., San Francisco. School of Nursing.
Community Nurse Practitioners: Another Assessment.
Pub. in Nursing Outlook v24 n8 p499-503 Aug 76.

A typology of nursing practice is presented, based on a longitudinal study of nurses who identified themselves as community nurse practitioners (CNP's). The sample consisted of 86 respondents to a questionnaire, all but one of whom were women. Master's degrees were held by 71 percent, doctorates by 6 percent, and baccalaureate degrees by 16 percent. Ages ranged from the early twenties to early sixties, with an average age of 37 years. Nursing experience ranged from 2 to 36 years, with median length at 14.5 years. Respondents were asked to list their activities under one of five functional categories. Activities that did not fit into a category were specified, and as a result, six categories were used to analyze the responses: community nursing plus diagnostic-disease-medical specialty; community nursing plus primary care; community nursing plus population group; community nursing plus place or spatial unit; community nursing plus middle management and teaching; and administration and system maintenance. The first four categories are part of direct client services; the fifth is an semidirect client service; the sixth is an indirect client service. Most respondents indicated activities in two or three of these types of service. An apparent trend to top-heavy organizations was noted in the increasingly large number of positions in semidirect and indirect services. Approximately 40 percent of the respondents listed activities in indirect client services (administration). The interdependence of the three types of service is stressed. The typology is presented in a matrix of client services and

characteristics of function (primary activity, clientele, focus, decisionmaking, sites.)

Archer Sarah Ellen, Fleshman Ruth
California Univ., San Francisco. School of Nursing.
Community Health Nursing: Patterns and Practice.
450p 1975 Available from Duxbury Press, 6 Boundlook Ct., N. Scituate, Mass. 02060, $12.50.

Patterns and practices in community health nursing are reviewed. Community nurses operate in a wide variety of settings and roles, including free clincs, health maintenance organizations, health planning agencies, neighborhood health centers, and private practice. Community nurses follow clients during hospitalization and after discharge, and they bring their special perspective into hospitals as liaison nurses or discharge planners. Family planning services and abortion counseling have drawn maternity nursing into the community environment, while senior citizen centers provide the setting for the geriatric nursing specialty. Ambulatory clinics often use specialists in cardiopulmonary nursing to help clients adapt hospital procedures to the home care situation. Psychiatric nurses have moved out of mental hospitals into the burgeoning community mental health field. The book on community health nursing, designed for students and graduate nurses in the field, is organized as follows: (1) conceptual frame of reference for community nursing (introduction to community nursing, selected concepts for community nurses, and application of a theoretical framework to nursing practice); (2) tools for community nursing (research, epidemiology, health education, health insurance, politics and economics, and case studies); (3) community nurses at work (nurse practitioners, racially oppressed communities, community mental health, nursing services in the home, role of the community nurse in school systems, and community health nurses in administration and in health planning for communities); and (4) problems in community health nursing and certification, licensure, and accreditation requirements.

Arie Tom
Goodmayes Hospital, Ilford (England).
Day Care in Geriatric Psychiatry.
Pub. in Gerontologia Clinica v17 n1 p31-39 1975.

The role of day care in geriatric psychiatry and the issue surrounding this type of care are explored. The results of a study of patients attending an English psychiatric day hospital and the experience of another English hospital in the process of developing day facilities suggest that the primary function of day care in geriatric psychiatry is as a

long-term supportive facility for patients with long-term chronic psychiatric disabilities. Both demented patients and patients with 'personality problems' in old age are likely to become long-term attenders, although for different reasons. There are two main categories of elderly psychiatric patients for whom day care is helpful: those with organic psychosyndromes, who can be kept going outside the hospital provided there is someone to look after them when relatives or friends are not available; and those with predominantly functional disorders, who become long-term attenders because of personality factors which are involved both in the genesis of their illnesses and in their lifestyle. One of the limitations of day care in geriatric psychiatry is that many patients who might need it most become confused with the change in surroundings. Another important consideration is transportation, and it is suggested that some of the attendant problems can best be met by a specific transport service. Subjects for further investigation are noted, and references are provided.

Beasley W. Rogers, Murray Henry W
State Univ. of New York Downstate Medical Center, Brooklyn.
Postpartal Family Planning Clinic.
Family Planning in a Rural Nurse-Midwifery Program.
Pub. in Family Planning Perspectives v5 n2 p117-123 Spring 1973.

The provision of contraception services to women in three rural Kentucky counties by nurse midwives trained as family planning specialists was analyzed. The Frontier Nursing Service (FNS) first reported the results of a statistical analysis of its activities in 1967. In a subsequent analysis covering the period between 1960 and 1970, data were obtained for 930 pill and intrauterine device (IUD) users for whom complete records were available. A total of 1,015 women received contraception services during the period. Approximately half of the 930 women were in their early childbearing years; the median age was 25.6 years. Almost half of these women remained active in the FNS program at the end of the 10-year period. Of those women who began on the pill, 39 percent continued on some contraceptive method in the program. Of those who began with the IUD, 55 percent continued family planning in 1970, but had terminated use of the IUD for the usual medical reasons. Fewer women stopped using the pill for medical reasons. A followup anlaysis of the FNS program through 1971 demonstrated that the trend toward acceptance and utilization of contraception continued. Nurse midwives made a significant contribution to the delivery of family planninger services. The most important element in the FNS program was the decentralization made possible by highly trained nurse midwives or family nurses. Supporting data on the results of the analysis are provided.

Boardman V
Preparation of the Primary Care Nurse.
Pub. in National League for Nursing Publications (21-1570) p65-70 1975.

Boland M H
Independent Practice Via Pontoon Boat.
Pub. in American Jnl. of Nursing v76 n8 p1294-1295 Aug 76.

Brown J L
New Breed of Independent Caring. A Report on Independent Nursing as Practiced in Four Areas of Sprawling Texas.
Pub. in Texas Nursing v48 n7 p6-7 Aug 74.

Brown M S., O'Meara C, Krowley S
Maternal-Child Nurse Practitioner.
Pub. in American Jnl. of Nursing v75 n8 p1298-1299 Aug 75.

Brunetto Eleanor, Birk Peter
Primary Care Nurse - The Generalist in a Structured Health Care Team.
Pub. in the American Jnl. of Public Health v62 n6 p785-794 Jun 72.

A model multidisciplinary unit providing primary health care services and currently operating in a community health center in Albany, N.Y. is described, with particular emphasis on the role of the primary care nurse within the primary care team. The primary care nurses are registered nurses specially trained to share with primary care physicians health trusteeship for adults and children in ambulatory settings. They maintain health, define problems, evaluate needs, implement and coordinate health action, educate patients and co-workers and assess outcomes. Working in association with physicians and other multidisciplinary team members, they function as family health care generalists and team leaders. They perform many of the tasks traditionally carried out only by physicians, social workers, and nutritionists. Relating to their patients on an ongoing one-to-one basis, the primary care nurse assumes major responsibility for providing or securing all required primary health services. Their functions can be classified as independent, interdependent, and dependent. The initial training program was designed with a four and a half month session of formal classroom instruction supplemented by clinical practice and guided study or reading, plus six months of on-the-job training in actual patient care. Due to subjective evaluation and trainees' suggestions, the program was expanded to two semesters involving approximately 17 credit hours each.

Implications of such programs are discussed, particularly in the areas of nursing education and medical education.

Cady Louise
Richmond Memorial Hospital, Va. School of Nursing.
Extending the Role of Public Health Nurses.
Pub. in Nursing Outlook v22 n10 p636-640 Oct 74.

A committee was established by the Virginia State Health Department to broaden the scope of practice for public health nurses in local health departments. It was comprised of State nurse consultants in such specialties as maternal and child health, family planning, pediatrics, tuberculosis, mental health, handicapped children, long-term illness, and occupational health. The task of the committee was to formulate a plan of instruction for an inservice program to prepare nurses for an extended role. The functions of an extended role public health nurse were delineated. Questionnaires were mailed to 140 nurses to determine how many performed advanced procedures. A telephone survey of nursing supervisors was also conducted. This survey showed that a nursing guide prepared by the State health department was used for the orientation of public health nursing staff and as a reference, for clinic procedures and review, and for programming and program evaluation. Advanced skills common to various specialties were identified. A syllabus of inservice instruction was prepared, based on four specific content areas: nursing intervention, nursing assessment, treatment, and clinic management. Regional educational coordinators responsible for inservice education in Virginia were given the task of planning and implementing the syllabus. The amount of time necessary to attain competence in a given content area differed according to the approach adopted by regional coordinators in setting up and conducting an inservice education program.

Capell Peter T, Case David B
Washington Univ., Seattle. Dept. of Medicine.
Ambulatory Care Manual for Nurse Practitioners.
333p 1976 Available from J.B. Lippincott Co., 227 S. 6th St., Philadelphia, PA 19105.

A guide based on the experience of two physicians as faculty in nurse practitioner training programs is presented for the use of teachers, students, and practitioners involved in ambulatory care. Although the manual is primarily oriented to the outpatient medical care of adults and adolescents, there is some overlap with the pediatric age group and pediatric dose schedules and special comments have therefore been included. Six essential topics -- history, physical examination, laboratory data, treatment, complications, and

followup -- are discussed for each health problem or presenting symptom. The specific subjects covered include general evaluation of the patient (approach, history taking, physical examination, organization of the medical record, abbreviations, and prescription writing); review of major disease mechanisms and interpretation of clinical symptoms; interpretation of vital signs; respiratory and abdominal illnesses; genitourinary illnesses; gynecologic problems; metabolic disorders, neurologic disorders; psychosocial problems and mental illness; muscular, skeletal, and joint problems; and dermatology. Each chapter ends with a series of case studies presented for self-assessment. Photographs, diagrams, and references are included throughout the text.

Cardenas Barbara D
Saskatchewan Univ., Saskatoon. Nurse Practitioner Education Program.
Independent Nurse Practitioner: Alive and Well and Living in Rural Saskatchewan.
Pub. in Nursing Clinics of North America v10 n4 p711-719 Dec 75.

A pilot project in which four nurses with special preparation were placed in rural communities in southern Saskatchewan for a 2-year period to function as health workers of first contact in the absence of a resident physician is described. The background of the project, which was funded by the provincial government, is reviewed, and the selection and preparation of the nurses are described. Three of the four participants had baccalaureate degrees, and all had relevant experience. The nurses completed a 6-month training program emphasizing skills in assessment, physical examination, treatment, and referral. The nurse practitioners operated clinics in small, isolated communities. Nonresident physicians served as consultants. The program was to be evaluated in terms of community acceptance, utilization and cost of the nurse practitioners' services, and quality of care. Although the evaluation had not been completed at the time the article was written, the practitioners already had shown independence in carrying out their roles in the communities, influenced by the communities' felt needs and the attitudes of other health professionals. Details of the methods used to evaluate the program are provided.

Christoferson B A, Piercey M L
Role of the Nurse Practitioner in Early Management of Thermal Burns.
Pub. in Nurse Practitioner v2 n1 p20-22 Sep-Oct 76.

Colls Jean
Want to Specialize. Consider Becoming a Women's Health-Care Nurse Practitioner.
Pub. in Nursing 77 v7 n1 p72-74 Jan 77.

There are a growing number of women's health care nurse practitioners, most of whom practice in clinics. These nurses provide primary care to well women, including such services as physical assessment, psychosocial assessment and intervention, minor gynecological disorder treatment, cancer screening, and family planning counseling. The Harbor General Hospital - UCLA School of Medicine Women's Health Care Training Program in California offers training that includes 14 weeks of classroom instruction and clinical practice followed by an 8.5-month preceptorship. The DHEW-funded program is open to registered nurses, preferably with some experience in obstetrics and gynecology. A supplemental 6-week program is available to nurse practitioners specializing in prenatal or gynecological care. In the 14-week core program students learn about health maintenance services and recognition of the abnormal from nurse practitioners and medical school faculty members. Participants are required to give total care to at least 100 patients. An internship, usually lasting 3 weeks, and 28 hours of human relations study are included. Salaries for women's health care nurse practitioners range from approximately $900 per month to $1,253 in some southern California settings. Studies have indicated that patient acceptance of these nurses is strong. Sources for more information about training programs are noted.

Davidson Nancy
Definition of an Expanded Role: The Nurse Midwife.
Pub. in Nurse Practitioner v1 n1 p26-28 Sep-Oct 75.

The education and functions of the nurse midwife are examined, after a discussion of the American College of Nurse Midwives' (the official certifying organization in the United States) definition. Three routes into nurse midwifery (e.g., for nurses with educational background from a diploma program, there are two programs available, one in New York and the other in Kentucky) are noted. The functions of the nurse midwife vary with educational background and professional and personal goals. Among the roles assumed by the nurse are that of educator, of patients and of nursing students. Educationally related efforts may include continuing education and responsibility for classes or talks with parents and parents-to-be. The role of practitioner is viewed as the primary one in meeting personal objectives and in improving delivery of health care to mothers and infants. The County Health Improvement Project in rural Mississippi is cited as an example of the way in which the nurse midwife

functions in a setting where comprehensive care is provided (i.e., the women are cared for throughout pregnancy, delivery, and the postpartum and interconceptions periods). The potential for the nurse midwife to detect the abnormal during pregnancy or childbearing years, to request consultation, and, if necessary, to refer the patient is stressed. The paper concludes by noting that recognition by professional title is necessary in order to facilitate legislation sanctioning third-party payment.

Dungy Claibourne I
California Univ., Irvine. Dept. of Pediatrics.
Child Health Associate. The New Image in the Nursery.
Pub. in American Jnl. of Public Health v65 n11 p1179-1183 Nov 75.

A study of mothers' attitudes toward child health associate (CHA) interns in a hospital nursery setting is reported. The University of Colorado Medical Center uses CHA's to provide medical care to low-risk newborn infants. The CHA's are students enrolled in the University's Child Health Associate Program who have completed at least 2 years of college. The program is an intensive 3-year course that prepares nonphysicians to provide quality medical care to patients in the pediatric age group. Of the 85 questionnaires distributed to mothers whose infants were admitted to the medical center's rooming-in unit during a 7-week period, 70 were completed and returned. Eighty percent of the respondents felt that the CHA's, working with physicians, improved the care that their children received. Ninety-four percent felt that the quality of care provided by the CHA was very satisfactory. None reported the care to be unsatisfactory. Sixty mothers indicated a desire to have their future children cared for by a CHA. All respondents reacted favorably to their contact with the CHA assigned to the rooming-in unit, and all expressed satisfaction with the information they received from the CHA's about common newborn problems. The mothers' comments regarding the CHA's were favorable and stressed the high level of care that both they and their newborns received. Implications of the findings are discussed. A copy of the survey instrument is provided.

Dungy Claibourne I
Colorado Univ., Denver. Dept. of Pediatrics.
Child Health Associate in a Rural Setting.
Pub. in Jnl. of the National Medical Association v66 n1 p32-34 Jan 74.

The employment of child health associates at the Sangre de Cristo Comprehensive Health Clinic in a rural area of south central Colorado is reported. The training program for child

health associates includes 2 years of basic science and clinical experience at the University of Colorado Medical Center in Denver and a 12-month rotating internship in Colorado and neighboring States. After completion of the program, associates are able to obtain a detailed medical history and perform a comprehensive physical examination, and can provide diagnostic, preventive, and therapeutic services for more than 80 percent of the patients seen in an ambulatory pediatric setting. Health care provided by child health associates at the Sangre de Cristo Comprehensive Health Clinic reflects the skills of all the program's graduates. Due to the resistance of Spanish-Americans to gynecological services performed by men, associates are training to perform pelvic examinations and Pap smears. Satellite health stations focusing on well-child care have been established in parts of the two-county area which lack direct physician coverage. They are staffed by child health associates, licensed practical nurses, and home health workers. The number of patients seen varies from 10 per day to 30 per day. Pathological conditions commonly diagnosed by child health associates are noted. It is concluded that the rural-based clinic provides high quality health care to its pediatric population through the employment of child health associates, and that the program presents a valid method of distributing health care to underserved populations.

Fine Louis L, Bellaire Judith M
Colorado Univ., Denver. Dept. of Pediatrics.
Obsolete Professional Revisited.
Pub. in Pediatric Nursing p25,26,29 Jan-Feb 75.

The role of the school nurse has become that of a health administrator rather than a provider of health care or a health educator. For the school nurse to reestablish her prominence as a member of the health care team, she must competently provide those health services needed by school-aged children. Since the school setting is the one place where children and adolescents regularly assemble, the school nurse is in a position to deliver primary health care for medical, emotional, and learning problems, and to provide appropriate preventive health education. Expansion of the school nurse's role is limited by several factors: restrictive administrative and statutory regulations; disagreements between the principal, teachers, and nurses regarding the school nurse's role; and the failure of the school nurse to actively state what she can do and to demonstrate her competence. The School Nurse Practitioner Program developed by the University of Colorado Schools of Nursing and Medicine is described. It consists of a 4-month postgraduate program which prepares the school nurse to become proficient in: (1) the recognition and management of common physical health problems; (2) the detection of

perceptual handicaps and neurological disorders; and (3) the identification and remediation of behavioral and emotional problems which may interfere with the student's ability to learn.

Fine Louis L, Moore Virginia
Colorado Univ., Denver. Medical Center.
Successful New Primary Health Care Provider in the Newborn Nursery.
Pub. in Clinical Pediatrics v14 n9 p845-848 Sep 75.

The effectiveness of child health associates (CHAs) as providers of primary health care in the eight-bed rooming-in nursery unit of the University of Colorado Medical Center is evaluated. The study assesses four different CHA interns in the low-risk nursery setting over four consecutive months. Although responsible to the supervising pediatric resident and nursery attending physician, the interns were directly responsible for reviewing prenatal histories, performing complete physical examinations, identifying newborn problems, assessing the psychosocial status of families, providing instruction to mothers on care of the newborn, arranging for appropriate family or patient referrals, and planning well-child care followup. Three methods were used to assess the interns' performance of these activities: (1) a review of patient contact records for each of the 225 newborn infants and their mothers admitted to the unit; (2) a review of activity logs kept by each intern for seven consecutive days; and (3) a questionnaire administered to all mothers attending the hospital's prenatal clinic to test their understanding of newborn care before and after their clinic experience. The review of patient contact records indicates that the interns possess considerable diagnostic skills. Psychosocial problems were recognized in 84 of the 225 mothers in the rooming-in unit, and a variety of common newborn conditions were diagnosed for the infants in the unit. The four interns differed by less than 20 percent in time spent performing various activities. They devoted 42 percent of their time to delivering direct care to newborns, 15 percent to conferring with and delivering services to mothers, 24 percent to performing administrative duties, and 11 percent to attending rounds and conferences. Rooming-in mothers had fewer incorrect answers on their 'care of the newborn' tests at discharge than did mothers in a comparable nursery. The CHA interns were cited by rooming-in mothers as the educational source for 80 percent of the answers which were correct on the discharge test but incorrect on the preadmission test. Ninety-four percent of mothers interviewed expressed satisfaction with care delivered by the CHA's. Supporting data are included.

Flowers Juanzetta, Higgins Shirley, Shingleton Hugh M, Peters Millie, Holcombe Judy
Alabama Univ. in Birmingham.
Ob-Gyn Nurse Practitioner Program.
Pub. in Jnl. of Obstetric, Gynecologic and Neonatal Nursing v5 n2 p49-53 Mar-Apr 76.

An Alabama program designed to prepare nurse practitioners to function in all aspects of obstetrics and gynecology (Ob-Gyn) has been well received by both the medical community and the patient population. The program began as a pilot project sponsored by the School of Nursing of the University of Alabama (Birmingham) and the Department of Obstetrics and Gynecology of the School of Medicine. The program was continued and at the time of writing had graduated 32 students, most of whom were employed as Ob-Gyn practitioners in family planning clinics in private physician's offices. The students spend 16 weeks in Birmingham: 5 weeks of lectures, conferences, and exams, plus 11 weeks of clinical experience. The students then spend 8 weeks in their local communities with a physician preceptor. The purpose of the program is to teach the nurses to handle normal conditions, but to refer abnormal conditions to the physician. More opposition to the program has come from traditional nursing leaders in the State than from physicians. Patients have indicated that they appreciate being examined by a female. Details of the course's curriculum are summarized in a table.

Freeman M
Maternity Nurse Practitioner.
Pub. in Nursing Times v71 n47 p1853-1855 20 Nov 75.

Geolot Denise, Alongi Sharon, Edlich Richard F
Virginia Univ., Charlottesville. School of Nursing.
Emergency Nurse Practitioner -- An Answer to an Emergency Care Crisis in Rural Hospitals.
Pub. in Jnl. of the American College of Emergency Physicians v6 n8 p355-357 Aug 77.

A 9-month training program designed to prepare nurses to assume an expanding role in emergency care has been developed at the University of Virginia. In Virginia 36% of the emergency departments are staffed only by emergency nurses for some portion of the day. Graduates of this program are certified as Emergency Nurse Practitioners (ENP) and are better able to manage emergency situations. The ENP's develop the ability to diagnose the emergency and nonurgent patient; prepare a logical plan to manage the patient's health problems and appropriate follow-up and identify a level of priority for treating multiple injuries. Additionally, the student learns to conduct appropriate

practical treatment techniques. Prospective students who have a formal commitment from an emergency physician to serve as their preceptor or who are from geographical regions with embryonic emergency medical systems are given priority for the programs. The program is divided into 3-month modules. The first 3 months of the program are designed to teach interview techniques, physical assessment skills, and design and implementation of emergency health care systems. The second 3-month period includes more classroom training, as well as clinical experience in rural and urban Virginia emergency departments under the supervision of physicians. T[redacted]al period is a preceptorship in a community hospital [redacted]ch the student plans to work, during which period [redacted]s is placed on the student's success in implementing n[redacted] changes in the emergency medical system. Graduates of the program are certified by the State of Virginia as emergency nurse practitioners.

Hanson Eleanor T
Johns Hopkins Hospital, Baltimore, Md. Phipps Psychiatric Clinic.
Nurse Practitioners in Ambulatory Psychiatric Care.
Pub. in Nursing Clinics of North America v8 n2 p313-323 Jun 73.

The roles, functions, and on-the-job training of nurse practitioners in the outpatient psychiatric clinic at Johns Hopkins Hospital are described. The nurse practitioners' activities fall within four major areas: home visits (to homes of inpatients for more data about the family setting, to patients in crisis who did not keep appointments, to persons calling in suicide threats, etc); liaison with the community; intake and evaluation; and treatment of patients. Initially the least time-consuming of the four areas, patient treatment, at the time of writing claimed the largest amount of the nurse practitioners' time. In addition to seeing weekly patients, nurses carry a caseload of 20 to 30 chronic patients who are seen periodically in a continuing treatment clinic. Nurse practitioners spend ten percent of their time in the continuing treatment clinic, ten percent on a patient evaluation team, ten percent on intake, and about 50 percent in weekly treatment of patients individually, in couples, in families, or in groups. The remaining 20 percent is spent in supervising, liaison work, recordkeeping, home visiting, attending clinical and research conferences for continued learning, and in pursuit of special areas of interest. It is observed that the program for training the nurse practitioners has been an unstructured one, without formally designated students and paid instructors. The program has been extended so that nurses from psychiatric inpatient units rotate through the outpatient service where they receive training in patient assessment, development of nursing

histories and plans, and problem-solving skills from the clinic nurse practitioners. Future plans for the program are noted.

Hilmar Norman A, McAtee Patricia A
Colorado Univ., Denver. Dept. of Pediatrics.
School Nurse Practitioner and Her Practice: A Study of Traditional and Expanded Health Care Responsibilities for Nurses in Elementary Schools.
Pub. in Jnl. of School Health v63 n7 p431-441 Sep 73.

The handling of pupil health contacts by school nurse practitioners (SNP's) and conventional school nurses was compared during the spring of 1972 in elementary schools in Denver, Colo. Data on each pupil encounter with a nurse were recorded on a pupil contact form. A total of 1,412 pupil contact forms were prepared and submitted by 16 SNP's and conventional school nurses between February 28 and March 24, 1972. It was found that the teacher was the most frequent initiator of pupil visits to school nurses, with the next most frequent initiator being the pupil. School nurses initiated visits for about 33 percent of kindergarten and preschool children. In higher grades, they were much less likely to initiate visits. Acute illness was responsible for approximately one-third of pupil visits to school nurses. Injury or accident accounted for one-fourth of pupil visits. Most frequently reported conditions were injuries and accidents; localized infections; and behavioral, psychosocial, and emotional problems. Counseling and education were the most frequent activities performed by SNP's and conventional school nurses in dealing with their pupil patients. SNP's were more specific in their management of health problems than conventional school nurses.

Holmes Geraldine C, Bassett Rita E
Kansas Regional Medical Program, Kansas City.
Nurse Clinician.
Pub. in Jnl. of the Kansas Medical Society v77 n12 p553-558 Dec 76.

The results of 1973 and 1975 interview studies of participants in the nurse clinician training program at the Wichita branch of the University of Kansas Medical Center are reported. Interviews with 65 nurse clinicians and 49 of their preceptors or employers revealed that the use of nurse clinicians in Kansas practices has produced advantages for patients, clinicians, and employing physicians. The type of benefit derived is closely related to the physician's reason for employing the clinician. Physicians who wished to provide more comprehensive care, to serve more patients, or to reduce their own workloads generally have achieved the

desired results. Nurse clinicians have contributed to the productivity of physicians, have provided expanded services to patients, and generally have been well accepted. The 49 nurse clinicians working in medically underserved communities were, at the time of the studies, managing, or enabling their employing physicians to manage an additional 1,078 patient visits per day. In some instances, these nurse clinicians have helped to retain physicians in rural communities. In view of this contribution, it is urged that the financial and legal problems that exist in regard to training and employing nurse clinicians in Kansas be solved.

Houde Charlotte Theriault
Yale Univ., New Haven, Conn. School of Nursing.
Issues in Nurse - Midwifery Education.
Pub. in Jnl. of Nurse - Midwifery v20 n3 p9-14 Fall 1975.

The role of the nurse - midwife is discussed, particularly in terms of relationship with male physicians and the division of responsibility between medicine and nursing. The role of leadership is also considered, and the need to respond to pressures for peer review, quality control, cost control, and cost effectiveness indicates the need for nurse - midwives trained in management techniques. The concept of practice is described as an ever - evolving phenomenon that reflects the differences between practitioners and settings. Issues is nurse - midwife education include the need to agree on what should be basic to all programs, as well as economic issues and the faculties' responsibilities to their students. Nurse - midwife education at Yale University is then described. Candidates are selected whose motivation is sufficient to help them through the system. An environment is provided which allows each student to grow and stretch to self-selected limits. A preceptor model is used, providing the student with a resource and role model. Students are assigned to teams consisting of a board - certified obstetrician, two certified nurse - midwives, nurse - midwifery students, and residents. Student learning experiences are integrated into innovative clinical programs. Other models for nurse - midwifery are being explored, including a 3-year course for college graduates. Students have opportunities for creatively practicing their nurse - midwifery roles (e.g. a teen clinic for contraception). Another innovation is interdisciplinary teaching with the medical school.

Igoe Judith Bellaire
Colorado Univ., Denver. School of Nursing.
School Nurse Practitioner.
Pub. in Nursing Outlook v23 n6 p381-384 Jun 75.

The role and functions of the school nurse practitioner (SNP) are defined based on letters, conversations, and reports from more than 60 graduates of the school nurse practitioner program at the University of Colorado School of Nursing. Studies have shown that the SNP's daily procedure differs from that of conventional school nurses. Routine examinations of well children identified as nonusers of traditional health facilities are handled on an appointment basis; the evaluation is similar to that performed by a private physician. All SNPs collaborate closely with local physicians and, once a health care plan has been determined for a given child, the SNP carries out the health plan in consultation with the physician providing medical backup. The SNP's evaluation is also designed to provide information about the student's psychosocial health status. Three general patterns of SNP practice have been identified: (1) assumption of responsibility for the total school health program; (2) visiting a number of schools to evaluate only those children in need of a comprehensive health appraisal; and (3) assignment to a diagnostic screening clinic operated by the school district. It is suggested that the SNP provides health care to the segment of the school-aged population that is deprived of such care from traditional sources because of ignorance, reluctance, parental apathy, or lack of available health care facilities.

Johnstone D E
Identity Crisis of the Allergy Nurse Associate-Physician's Assistant.
Pub. in Annals of Allergy v38 n5 p311-315 May 77.

Kinlein M L
Independent Nursing Practice with Clients.
Available from Lippincott, East Washington Square, Philadelphia, PA 19105.

Kinlein M. Lucille
University of Southern Mississippi, Hattiesburg. School of Nursing.
Self-Care Concept.
Pub. in American Jnl. of Nursing v77 n4 p598-601 Apr 77.

The concept of self-care as a basis for nursing practice is discussed in a chapter from a book on independent nursing practice written by the first independent nurse practitioner.

The mental constructs with which the practitioner approached patients at various stages in her career as a teacher and practitioner are described. The nursing approach developed by the practitioner is described by examining the spectrum of health and illness and the positions that the professions of nursing and medicine take along the continuum. Both professions are interested in the entire continuum, but the nurse focuses on the health state, rather than the illness state, of the individual. A health state focus demands that the nurse question why healthy people are healthy. Since personal care habits must play a large part in determining whether health can be retained or regained, the self-care practices of clients should be regarded as an important source of information. The manner in which the practitioner translated the concept of self-care into action in her independent practice is described. The definition of nursing practice that evolved -- 'assisting the person in his self-care practices in regard to his state of health' -- is noted.

Kinlein M. Lucille
Georgetown Univ., Washington, D.C. School of Nursing.
Independent Nurse Practitioner.
Pub. in Nursing Outlook v20 n1 p22-24 Jan 72.

The experiences of a registered nurse are related, who after 24 years of nursing or teaching nursing in the traditional settings, hung up her own shingle and started practice as an independent nurse practitioner. Through the years of her traditional practice she was frustrated by the discrepancy between what she was taught as a nursing student, and what she was able to practice as a nurse. She was further frustrated by the constraints to learning in nursing education, limiting knowledge to what a nurse 'needs' to know to carry out a medical regimen. In response to the question 'what do you do', she replies that she practices nursing, not medicine, in the following way. She helps individuals put their health problems in perspective to their total health picture and assists them in decision-making about what course of action they should take. She notes that many patients need assistance in drug or treatment techniques, or they may need administration of actual physical or psychological direct care. She sees clients on an episodic or continuing basis, and at the time of writing had 19 clients with 19 different sets of nursing needs. She makes home visits and works with small or large groups. In summary, she notes that in the 25th year of her nursing career she has become professionally free and has removed the impediments to her practice of nursing.

Knotts Glenn R
American School Association, Kent, Ohio.
Guidelines for the School Nurse in the School Health Program.
38p 1974 Available from ERIC Document Reproduction Service, P.O. Box 190, Arlington, VA 22210 as ED 098 467.

This nine-part booklet presents guidelines that suggest broad areas of responsibility within which the school nurse practitioner may identify functions and practices that are appropriate in achieving the objectives established by the school district. Part one states the beliefs regarding school health programs. Part two discusses program objectives and the factors influencing them. Part three presents personnel policies for nurses employed by boards of education. Part four presents seven guidelines regarding factors influencing staffing patterns. Part five discusses educational preparation for school nursing including graduate preparation and continuing education. Part six discusses the roles of the school nurse as health manager, deliverer of health services, advocate, health conselor, educator for health, and program evaluator. Part seven discusses evaluative criteria for school nursing and outlines management and/or behavioral objectives, activities, and assessment tasks established by the state and local health and education department for each of the roles of school nurse. Part eight provides guidelines for supervision in school nursing, and part nine outlines trends in school nursing. Guidelines for employement and preparation of school health assistants are appended, and a bibliography is included. (ERIC)

Lane Harriet C
Promoting an Independent Nurse Practice.
Pub. in American Jnl. of Nursing v75 n8 p1319-1321 Aug 75.

This article outlines an independent nurse practitioner's publicity activities at each stage in the development of her small town practice. Public relations is an essential consideration for the nurse interested in starting and building a solo practice. The major step in the prepractice stage described in this paper was the composition of a brief statement explaining the role the nurse envisioned for herself in the community. The mimeographed statement was then mailed to the town's selectmen, physicians, the local nursing service, newspapers, and a small number of interested citizens. Personal discussion with many of these persons followed. Meetings with the nursing director of the DHEW regional office, the administrator and laboratory heads of the community hospital, and other officials also took place. Starting the practice included such activities as an open house at the office and offering to speak before groups. Arranging with a local newspaper to write a health education

column might also be helpful. At the end of the first year, a short report discussing the nurse practitioner movement and summarizing such items as fees, office visits, and types of services offered was distributed in the community at nursing meetings and to physicians. As a result, the practice now involves an average of five house calls per day, 6 days per week, and there has been a significant increase in primary calls. A brief summary of the services offered in the practice is included.

Lee H, Farrell P
Mental Health Practitioner?
Pub. in Nursing Times v71 n45 p1789-1790 6 Nov 75.

Linn Lawrence S, Lewis Mary Ann
California Univ., Los Angeles. Primex Project.
Rap Sessions for Nurse Practitioner Students.
Pub. in American Jnl. of Nursing v76 n5 p782-784 May 76.

Rap sessions between students and faculty in the family nurse practitioner training program at the University of California in Los Angeles were used to develop the nurse practitioner role and to provide continuous program evaluation. Two hours were scheduled biweekly in the 20-week training program. Trainees reported their experiences during the previous 2 weeks at each rap session. They noted both favorable and unfavorable aspects of classroom and clinical experiences and ways in which they handled course-related stressful experiences. The remaining part of the session was comprised of discussion, analysis, and problem resolution. A medical sociologist and family nurse practitioner were in charge of the sessions. Problems encountered by trainees appeared to fall into three categories: (1) interpersonal; (2) learning; and (3) role-related. Role-related problems identified in the sessions dealt with increasing patient responsibility and involvement and changing relationships with physicians. Through the rap sessions, trainees were able to alter the expectations of faculty and faculty exerted an influence on trainees.

Longest Virginia
Veterans Administration, Washington, D.C. Nursing Services.
Expanded Roles for VA Nurses.
Pub. in American Jnl. of Nursing v73 n12 p2087-2089 Dec 73.

Veterans Administration (VA) nurses are using their skills in a variety of untraditional ways. At one VA hospital nurses screen patients for admission. At another, a nurse runs a community training center. A survey of 18,489 VA nurses indicated that 137 titles were being used to describe their

roles, that the term 'nurse practitioner' covered a variety of educational levels, and that nurses with identical titles did not necessarily have the same role. The survey findings are being used to define clinical roles and to develop policies and guidelines. The survey will also have an effect on guidelines for educational programs designed to expand the roles of professional nurse practitioners. The VA describes a nurse clinician as a licensed professional nurse who provides direct care to individuals and families within routines and procedures established by medical and nursing services. She is prepared through a formal, advanced university study program. The expanded role of the VA nurse is evident at the VA hospital in Northport, N.Y., where on 6 nurse-administered wards the administrators take medical histories, perform periodic physical examinations, order laboratory tests, and evaluate the need for transfers. The role is also showing its potential at several VA-established nurse clinics where nurse specialists using protocols are primary care-providers for selected patients. Photographs are included.

Lubic Ruth Watson, Rising Sharon Schindler
Maternity Center Association, New York.
Alternative Patterns of Nurse-Midwifery Care: I. The Childbearing Center. A Demonstration Project in Out-of-Hospital Care. II. The Consumer - Professional Balance.
Pub. in Jnl. of Nurse-Midwifery v21 n3 p24-27 Fall 1976.

The services offered by an out-of hospital childbearing center in New York City are described, and consumer response to a childbearing - childrearing center at the University of Minnesota is assessed. The New York facility, begun as a demonstration project, is staffed by obstetricians, pediatricians, nurse-midwives, nurse-midwife assistants, and various administrative and support personnel. Visiting nurses provide followup services in the homes of patients. Reasons for not establishing the center in a hospital are noted, and the center's physical facilities are described. Possible implications of the childbearing center concept for a reevaluation of the nurse-midwife's role are noted. The Minnesota center is a consumer-oriented, professionally directed service providing nurse-midwifery care, including support groups for couples during childbearing, and pediatric nurse associate care for well children. Data on the first 137 women participating in the center's services are presented. Responses from 90 of these women indicate that they sought services from the center because they desired personalized, family-centered care and some control over their childbearing experience. Many of the respondents indicated they would like to volunteer time with the center after their children were born. Tables are included.

MacPhail Jannetta
Case Western Reserve Univ., Cleveland, Ohio.
Reasonable Expectations for the Nurse Clinician.
Pub. in Jnl. of Nursing Administration p16-18 Sep-Oct 71.

Role expectation for the nurse clinician are delineated, and factors influencing the development of the nurse clinician role are considered. The nurse clinician is defined as a graduate of a masters program in nursing with a major in a clinical specialty and is responsible for increasing his or her own clincal knowledge and competence and for enhancing the quality of nursing care and the organizational climate for learning and research. In some instances, it is pointed out, ambiguity concerning the role of the nurse clinician has resulted in the haphazard development of that role. Among the role expectations held for the nurse clinician are: (1) to serve as a role model, demonstrating ability to synthesize the physical, biological, and behavioral sciences and to apply them skillfully in nursing; (2) to demonstrate skill in teaching both patients and personnel; (3) to demonstrate interpersonal skills and an understanding of group dynamics through an ability to work effectively with a variety of persons; (4) to demonstrate and promote nurse - physician collaboration and to encourage interdisciplinary planning and evaluation of patient care; and (5) to effect change and foster a spirit of inquiry. It is noted that the mode of operation selected by the nurse clinician is influenced by three factors: the individual's background and competence, the situation in which the nurse clinician functions, and the conditions provided by the employing agency. It is suggested that nurse clinicians, with their employers' support, should be responsible for analyzing their own roles and adapting these roles to meet the changing needs of patients and personnel.

Manisoff Miriam, Davis Lee W., Kaminetzky Harold A, Payne Phyllis
Planned Parenthood Federation of America, Inc., New York.
Family Planning Nurse Practitioner: Concepts and Results of Training.
Pub. in American Jnl. of Public Health v66 n1 p62-64 Jan 76.

A program to train nurses as family practitioners was begun in 1972 under the joint sponsorship of the New Jersey Medical School and Planned Parenthood. The training program was instituted to alleviate the shortage of physicians by training nurse practitioners to analyze, plan for, implement, and evaluate many aspects of a family planning services program for normal patients. Classes of 10 nurses participate in 12 weeks of full-time study. To be included in the program, nurses must hold a position or a promise of employment in a family planning program, the medical director

of which has made a commitment to allow the trainee to function in the expanded role and to provide the appropriate medical supervision. Following classroom introduction of knowledge necessary to clinical practice, the students are introduced to the pelvic examination through the use of a life size pelvic model and by doing examinations on each other with medical supervision. Clinical experience takes place in a variety of delivery settings. During the first 3 years the program has trained 80 students: 31 with baccalaureate or higher degrees, 45 graduates of diploma schools, and 4 graduates of 2-year associate degree nursing programs. Work settings of the students include 32 from health departments, 20 from Planned Parenthood Centers, 12 from hospital-based programs, 12 from community-based health programs, 2 from student health services in colleges, and 2 from private group practice. In addition to technical skills, nurses learn proper history-taking and patient teaching. Patients and physicians have been satisfied; the most consistent dissatisfaction has been the absence of salary increases for many practitioners.

Manisoff Miriam, Davis Lee W
Planned Parenthood Federation of America, Inc., New York.
Family Planning Nurse Practitioners in the United States.
Pub. in Family Planning Perspectives v7 n4 p154-157 Jul-Aug 75.

Based on a November 1974 survey of 172 Planned Parenthood Federation of American (PPFA) medical affiliates, the utilization of family planning nurse practitioners (FPNPs), their training and pay scale, and their attitude toward their specialization are examined. Two-thirds of the affiliates reported that they employed FPNPs. Most of the affiliates employed from one to three FPNPs, but three employed 10 or more. Of the total of 207 FPNPs employed, 195 received specialized training in programs designed specifically to prepare them to provide family planning services. Seven FPNPs received no specialized training because they held advanced degrees that provided the necessary expertise; only five FPNPs were trained informally by clinic physicians. Two basic types of training programs were identified in the survey. In one the trainee is a full-time student for the duration of the program, which may last from 12 days to 16 weeks. In the second type, the student spends a short time at a training center where she is exposed to highly concentrated, largely didactic material and is supplemented with on-the-job training. FPNPs typically perform the physical examination given revisit patients, do breast examinations and take pap smears, and check IUD patients. Some are responsible for fitting diaphragms and for selecting and providing oral contraceptives. Areas in which FPNPs are most restricted involve insertion and removal of the IUD and

screening and treatment for certain pathologies. A survey of 80 graduates of the Newark Family Planning Training Program (71 responses) showed that 90 percent of the respondents were currently employed as FPNPs. The employed respondents, 70 percent of whom work in health departments and Planning Parenthood clinics, reported that their activities are governed largely by standing orders and by physicians on the premises and on call. Their average salary was $9,890, compared with the $11,256 average reported by PPFA affiliates. Several respondents reported problems involving heavy work pressures, lack of financial recognition, difficulties with administrators, and difficulty in keeping up with developments in the field; none of the respondents listed patient acceptance or physician resistence as problems. Supporting data are included.

Mazzola R
'Independent Nurse Practitioner.
Pub. in New Jersey League for Nursing News v19 n2 p6-8 May 76.

McAtee Patricia A
Colorado Univ., Denver. Dept. of Pediatrics.
Nurse Practitioners in Our Public Schools: An Assessment of Their Expanded Role as Compared with School Nurses.
Pub. in Clinical Pediatrics v13 n4 p360-362 Apr 74.

The roles and functions of school nurse practitioners are compared with those of regular school nurses in the Denver, Colorado, public schools. Observations were made in 13 Denver elementary schools and two junior high schools, and data were compiled concerning the percentage of time devoted per day to each of the following functional categories of activities: patient contact, clerical tasks, performing tests, and procedures. It was found that the school nurse practitioners spent 52 percent of their total times with patients, while two groups of regular school nurses spent 24 and 30 percent of their time with patients. School nurse practitioners and regular school nurses made approximately the same number of contacts per day (16), but the school nurse practitioners saw an average of nine additional students daily for more extensive investigation of health and learning problems. School nurse practitioners spent less time (9 percent vs. 22 percent) with administrative and routine office activities than did regular nurses and doubled the amount of time spent in consultation with teachers and other school personnel. In addition, the school nurse practitioners had triple the number of daily contacts with parents of students and used these contacts to discuss emotional, physical, and learning problems of the students. It is concluded that specially prepared nurse practitioners

can increase the quality, availability, and accessibility of health care for school children.

Mitch Anna D, Kaczala Sophie
East Orange Dept. of Health, N.J.
Public Health Nurse Coordinator in a General Hospital.
Pub. in Nursing Outlook p34-36 Feb 68.

The effectiveness of a skilled public health nurse clinician in meeting the demands of Medicare in East Orange, New Jersey, is assessed. A rehabilitation nurse clinician was assigned on a full-time basis to the local voluntary hospital to work with nurses, physicians, and other hospital staff as a public health nurse coordinator. The placement of a public health nurse clinician in the hospital in 1966 was the beginning of a 1-year experiment in which the nurse clinician was to give primary consideration to assisting hospital staff with posthospital care planning. Health department staff in East Orange considered three proposals essential to developing the nurse clinician's role: (1) that she be called a clinician to reflect the broad scope of her functions; (2) that her office be near the patient area to foster frequent contact with patients, families, physicians, and hospital staff; and (3) that she be given freedom to develop the role. Employed by the health department to work on a full-time basis, the public health nurse clinician helped both the hospital and the health department meet the demands of Medicare. During the 1-year period there were 593 patients (more than 10 percent of admissions) who required referral for continued services in the home, and 449 of these patients required nursing service. More than 66 percent of the patients were 65 years old and over, and almost 54 percent needed physical rehabilitation services at home.

Montgomery Theodore A
California State Dept. of Public Health, Sacramento. Div. of Preventive Medical Services.
Case for Nurse-Midwives.
Pub. in American Jnl. of Obstetrics and Gynecology v105 p309-313 1 Oct 69.

The feasibility of using nurse obstetric assistants in the maternity - newborn program of a rural California county hospital is investigated. A chronic shortage of physicians in Madera County, California had resulted in many deliveries in the county hospital being medically unattended. This situation led to the development in July 1960 of a demonstration project in which qualified nurse-midwives were used to provide maternity care services for all normal deliveries. Specifically, the project hoped to demonstrate the administrative feasibility of employing nurse obstetric

assistants, under medical supervision, in a rural, public hospital and to determine the effectiveness of this service. Initially, physicians were skeptical about the quality of care that could be provided by the nurse-midwives. This skepticism changed during the course of the demonstration, and the physicians came to support the program. Maternity patients were also enthusiastic about the nurse-midwife services. In the year prior to the project, 83 percent of deliveries were attended by a physician and 17 percent by other individuals. During the first year of the 18-month pilot program, 48 percent of the births were attended by physicians, 48 percent by nurse-midwives, and four percent by others. In the last six months of the project, 20 percent of the births were covered by physicians, 78 percent by nurse-midwives, and two percent by others. In 1959, 84 percent of mothers reported some complication; during the study period, 97 percent reported complications. In 1959, the neonatal death rate at the county hospital was 23.9 per 1,000 live births; in 1961, this rate had declined to 10.3 per 1,000. Prematurity dropped from 11 percent of all live births to 6.4 percent during the project. Other improvements in service to expectant mothers and infants initiated during the project are noted, and implications of the study's findings are discussed.

Morgan Cynthia A
Group Health Cooperative of Puget Sound, Seattle, Wash.
How OB Nurse-Specialist Functions.
Pub. in Hospital Topics v50 n3 p71-74 Mar 72.

A nurse practitioner's functions as obstetric nursing specialist for 12 obstetricians in a consumer-owned group practice health care cooperative in Seattle, Wash., are described. Because of its structure, it is relatively easy for the Group Health Cooperative of Puget Sound to develop new programs, such as those for using nurse practitioners and physician's assistants. The obstetric specialist was asked to submit a proposal including an outline of patient-care activities, consultation plans, and equipment needs. In September 1970, the specialist began rotating through the 12 obstetricians' offices seeing prenatal patients and getting to know the physicians and their methods of practice. After rotating through the offices, the specialist began seeing patients referred to her at the center's central facility in Seattle and at four outlying medical centers. Patients are referred to the specialist after their first or second visit to the obstetrician. The specialist follows the patients, providing information and physical checkup services, until the last 4 to 6 weeks of pregnancy, when the patients are referred back to their obstetricians. The specialist sees one patient every 15 minutes, with an expected daily total of 18 to 20 patients. The specialist's training prior to coming

to the cooperative is reviewed, and the problems she has encountered in her role at the cooperative are discussed.

O'Shaughnessy Cammie
Diary of an Angry Nurse Practitioner: How One Nurse Tried to Gain Formal Hospital Nursing Privileges.
Pub. in American Jnl. of Nursing v76 n7 p1165-1168 Jul 76.

A nurse practitioner who tried to gain formal hospital nursing privileges documents her interactions with the hospital administration. The nurse practitioner had 8 months of intensive didactic and clinical education and was in practice with a physician. Together with her physician associate she approached the hospital administrator in March 1974. The administrator and the hospital lawyer deferred judgment to the hospital board of directors, who referred the matter to the medical staff. The executive committee of the hospital medical staff turned the matter to the physician - nurse liaison committee. In August the nurse practitioner was interviewed by the medical staff, who were concerned about nurses practicing medicine. The medical staff executive committee decided to contact the State Board of Medical Examiners, who would be requested to contact the Oregon Board of Nursing to develop a common policy. A physician on the joint practice committee of the State associations pointed out that it is the board of nursing that decides whether a nurse is competent to practice nursing. In November the medical staff executive committee reviewed her request and expressed concern about the lack of physicians willing to supervise nurse practitioners and the lack of training for such practitioners. In June 1975 the medical staff recommended affirmative on her request for staff privileges to do nursing assessments and patient teaching, but not admission histories or physicals. In September 1975 her associate received a contract describing his responsibility for supervising his employees, effectively denying the nurse practitioner recognition as a professional.

Olsen L
Expanded Role of the Nurse in Maternity Practice.
Pub. in Nursing Clinics of North America v9 n3 p459-466 Sep 74.

Ostergard Donald R, Gunning John E, Marshall John R
Los Angeles County Harbor General Hospital, Torrance, Calif.
Training and Function of a Women's Health-Care Specialist, a Physician's Assistant or Nurse Practitioner in Obstetrics and Gynecology.
Pub. in American Jnl. of Obstetrics and Gynecology v121 n8 p1029-1037 15 April 75.

The experimental use of allied health personnel to provide obstetric and gynecological services to well women is described. Originally a formal 20-week training program was administered to a group of registered nurses (RN's), licensed practical nurses, medical assistants, and persons with no prior medical experience. Graduates of the program were called family planning specialists. Experience with this new group of health workers led to an expansion of their duties and a change of title to women's health care specialist. Functioning independently but always under the supervision of a physician, these specialists engage in screening activities, perform physical examinations, take samples for tests, counsel patients, and treat simple abnormalities. Training programs for RN's and non-RN's differ primarily in duration, and evaluation of proficiency for trainees from both backgrounds is carried out by comparing the trainees' performance in physical examinations with that of instructors. The methods used in selecting and training students, the functions and levels of performance of the specialists, and possibilities for future roles in obstetrics and gynecology for such personnel are discussed. Results of the experiement suggest that use of women's health care specialists will offer significant advantages to the patient and to the physician in clinic or private practice settings. Supporting data on student proficiency are included.

Roglieri John L
Columbia Univ., New York. Dept. of Medicine.
Multiple Expanded Roles for Nurses in Urban Emergency Rooms.
Pub. in Archives of Internal Medicine v135 p1401-1404 Oct 75.

The management of emergency room caseloads by medical nurse practitioners is discussed. It is felt that one approach to minimizing the problems associated with high emergency room utilization and increased patient and hospital costs is the employment of nurse practitioners to perform semiroutine assignments. At the Presbyterian Hospital in New York City, five medical nurse practitioners are used under the supervision of an attending internist to identify (triage) and treat a large number of patients with minor complaints who come to the hospital's emergency room. It is demonstrated that job satisfaction has steadily increased, since the nurse practitioners have largely directed the evolution of their expanded role. On weekdays, the triage function in the nonsurgical area of the hospital emergency room is performed only by nurse practitioners. Nurse clinicians, in a private location, take detailed histories and perform complete physical examinations. Nurse practitioners move freely between their two roles of triage nurse in screening booths and nurse clinicians in examining rooms. It is concluded that the nurse practitioners

effectively manage and handle the hospital emergency room's walkin clinic weekday triage load. Patients accept the nurse practitioners as adequate providers of care.

Russell H
General Nursing Practitioner.
Pub. in Nursing Times v71 n47 p1855-1857 20 Nov 75.

Schmidt Otto A, Jonasson Patricia
Role of an Obstetric Associate in a Private Obstetric Practice.
Pub. in American Jnl. of Obstetrics and Gynecology v115 n3 p328-334 1 Feb 73.

The services performed by an obstetric associate registered nurse in a single specialty private practice group of obstetrician-gynocologists are described, and the patients' acceptance of the associate is examined. The obstetric associate was introduced into the group practice in March 1971; no formal job description was documented, the physicians preferring the role to be defined during the first year of the program. During that year, the associate's services were limited to the following prenatal and postnatal procedures: taking medical history, drawing blood, performing urinalysis, taking blood pressure, palpating abdomen to determine fetal position and size, checking fetal heart sounds, instructing the patient regarding pregnancy and labor, giving office and telephone advice, and providing family planning counseling. Procedures under consideration pending patient acceptance were: vaginal examination, Pap smears, fitting diaphragm or inserting interuterine contraceptive devices, and performing postnatal examinations. Of the 55 patients delivered in April 1972, 94.5 percent accepted abdominal examinations by the associate without reservation; 82 percent would have accepted vaginal examination; and 49 percent would have accepted being delivered by the associate. Benefits accrding to the patient, the physician, and to the nurse associate are discussed. The questionnaire used in the acceptance evaluations is included and the responses tabulated. References accompany the text.

Silver Henry K, Igoe Judith Bellaire, McAtee Patricia Rooney
Colorado Univ., Denver.
School Nurse Practitioner: Providing Improved Health Care to Children.
Pub. in Pediatrics v58 n4 p580-584 Oct 76.

Preparation of school nurse practitioners at the University of Colorado is described, and the ways such specially trained

practitioners can improve health care for children are presented. The program at the University of Colorado begins with 4 months of formal educational experience, followed by 8 months of supervised practice in a school setting. Course content of this program is detailed and includes history taking and counseling (150 hours), physical diagnosis (36 hours of didactic and 50 hours of clinical sessions), neurological status (24 hours), common childhood problems (100 classroom hours), growth and development (32 hours), health education (26 hours), learning disabilities and behavior modification (60 hours), role development (32 hours), family dynamics, community resources and delivery of child health care services, and clinical application and experience in the school. The activities of school nurse practitioners are compared with the activities of regular school nurses, and it is stressed that while school nurses spend most of their time with administrative and clerical duties, school nurse practitioners devote a much larger proportion of their time to the children. Because many school age children do not have a basic health care source, use of school nurse practitioners is one way of expanding and improving health care for these children. The relationship between school nurse practitioners and physicians is also discussed.

Simms E
Preparation for Independent Practice.
Pub. in Nursing Outlook v66 n2 p114-118 Feb 77.

Skrovan Clarence, Anderson Elizabeth T, Gottschalk Janet
Texas Univ. Health Science Center, Houston. School of Public Health.
Community Nurse Practitioner. An Emerging Role.
Pub. in American Jnl. of Public Health v64 n9 p847-853 Sep 74.

The academic program and role model for the community nurse practitioner (CNP) are described as they were developed at the University of Texas School of Public Health (UTSPH). The CNP functions as observer and participant in her chosen community and, by developing and implementing solutions to health and community problems in collaboration with the community, helps the people to help themselves. The program focuses on the health of the total community. The ten-month preparatory program of the CNP curriculum encompasses four essential components: (1) a three-week introductory workshop held prior to the academic year; (2) a three - course sequence with fieldwork directed at key aspects of the role; (3) nine other courses selected from the general courses of the School of Public Health; and (4) a masters project. The students may elect to continue into a second year during

which they can function in their communities with project staff serving as preceptors. The communities selected thus far include a rural Mexican - American community of 300 families, a sprawling blue - collar worker suburban area of 100,000 families, and an inner city, densely populated Black census tract. To evaluate the CNP process, a Problem - Oriented Community Record, bbbased on Weed's Problem - Oriented Medical Record was developed.

Thomstad B E, Kaplan B H
Nurse Clinician: Lone Commando Under Fire.
Pub. in American Jnl. of Nursing v74 n11 p1993-1997 Nov 74.

Trail Ira D
Massachusetts Univ. - Amherst. Div. of Nursing.
Primary Care: An Expanded Role for the Occupational Health Nurse.
Pub. in Occupational Health Nursing v24 n6 p7-10 Jun 76.

The use of primary care nurse practitioners is considered to be one way of offering health services to industry employees in a cost-effective manner. Programs for the education of nurse practitioners are noted that include communication skills, patient and family counseling, community health delivery systems, health care financing, public health nursing, developmental tasks, health programs, disease management and prevention, sociological aspects of illness, and advanced pathophysiology and pharmacology. Functions of a primary care occupational nurse practitioner include acting as a advocate when needed, sustaining patients during diagnosis and treatment, obtaining comprehensive health histories, teaching and counseling employees and families about physical and mental health, and evaluating the nursing process. Research reports on the role of nurse practitioners are reviewed, as well as trends in the delivery of health services. Such trends include population density, increases in the elderly population, and the establishment of priorities based on a lack of basic resources. The significance of politics to the expanded role of occupational health nurse practitioners is assessed. It is concluded that occupational health nurses serve best in the primary care environment, rather than in secondary or tertiary care settings.

Vigessa L A
[Rural Nurse Practitioner Clinic: The Nursing Story.
Pub. in American Jnl. of Nursing v74 n11 p2026-2027 Nov 74.

White Ruth M
Loma Linda Univ., Calif. School of Nursing.
Nurse-Midwife Looks Ahead.
Pub. in Jnl. of Nurse-Midwifery v19 n3 p4-10 Fall 1974.

The nurse-midwife will assume a role as part of the health care system in the future. Even though there has been a decline in the birth rate, the nurse-midwife performs many other functions beyond the delivery of babies. An important aspect of her work will be in counseling women of all age groups. Preventive measures such as the Pap smear are required increasingly in family planning clinics, hospitals, and by health departments, and the nurse practitioner or the nurse-midwife can perform this service. The women's rights movement gives tacit support to nurse-midwifery, since many women prefer to deal with their own sex in gynecological matters. A small survey taken in 15 States is shown, which indicates the number of nurse-midwife personnel employed by 27 services. There were 24 nurse-midwife members of an obstetrical team or group, one nurse-midwife was on an institutional nursing staff, and two were on the house staff of institutions. However, it is noted that none were partners in a practice group receiving a percentage of the office income for services rendered. Of the nurse-midwifery services, 44 percent did not support themselves, but their income came from projects or grants. Loma Linda University does not have many nurse-midwife students because there are no scholarships, but plans are being made to make the program a part of the academic picture. The American College of Nurse-Midwives hopes to expand chapters and develop workshops. A bibliography is included.

Whittington H. G
Denver Dept. of Health and Hospitals, Colo.
Mental Health Practitioner.
Pub. in Hospitals, Jnl. of the American Hospital Association v44 p52-54. 16 Nov 70.

The new role of mental health practitioner is discussed as it applies to the delivery of psychiatric services in hospital emergency departments. It is observed that inadequate treatment of psychiatric emergency patients is attributable to lack of interest and knowledge on the part of hospital personnel, and at times hostility to some pyschiatric patients, especially the disruptive ones. Increasing numbers of psychiatric patients, whose situations include attempted suicide, drug abuse, alcoholism, chronic or acute psychosis, and social problems (e.g., runaways, the confused elderly) arrive expecting treatment which is often unavailable at hospital emergency departments. To solve this problem, the Denver General Hospital recruited baccalaureate psychiatric nurses to serve as mental health practitioners in the

emergency department. With training and supervision from a psychiatrist and a clinical psychologist, the eight nurse practitioners proved to be helpful in this setting. The practitioners' role is to consult with the general emergency department nursing and medical staff to enhance the quality of care available to psychiatric patients. The following activities have evolved as components of this new nursing role: triage; disposition (contacting appropriate resources to provide needed care); suicide prevention; continuity of care; suicide attempt follow-up; services to rape victims; crisis therapy; and informal consultation.

Young Katherine Jean, Kinlein M. Lucille
Washington Univ., Seattle. Dept. of Sociology.
Independent Nurse Practitioner: The Practical Issues of Practice.
Pub. in Nurse Practitioner v2 n3 p14-17 Jan-Feb 77.

A nurse in independent practice in Washington, D.C., gives her impressions of her role. She did not consult with a physician when starting her practice, because she is not an extension of the doctor and provides nursing not medical care. Since she is not practicing medicine, her concern with legal issues of malpractice is slight. The time spent with clients and the rates she charges for home and office visits are discussed; but much of her income is from lectures and teaching. Her clients pay her directly and insurance companies have repaid itemized bills which she has submitted. She has not Medicare number because of the large volume of paperwork it entails, but she believes future nurses will get Medicare numbers through health legislation. She gives allergy injections, but since she gives care independently, her clients are not referred by physicians. She describes the nature of a nursing emergency which often involves simply talking to the client. A book about her experiences describes her practice. When starting her practice, she sent announcements to professional nursing and medical organizations, to deans of nursing schools, and to hospital nursing administrators in the area. The difference between nursing and medical practice is emphasized, and the danger to the nursing profession of considering nursing as an extension of medicine is discussed. It is stated that a baccalaureate degree nurse with experience is qualified to practice nursing independently.

Zahourek Rothlyn, Leone Dolores M, Lang Frank J
Creative Health Services, Inc., Denver, Colo.
Creative Health Services: A Model for Group Nursing Practice.
142p 1976 Available from C.V. Mosby Co., 11830 Westline Industrial Dr., St. Louis, MO 63141.

The experience of a group of nurses who set up an independent group nursing practice in Colorado are described as a model for group nursing practice. The requirements for practicing psychiatric nursing in the group are defined: registration in the State of Colorado, 2 years experience in psychiatric nursing or a master's degree in psychiatric / mental health nursing, and an interview by the Board of Directors. Goals, purposes, and methods are enumerated for the adult, pediatric, and maternity and family planning sections of the practice. The problems encountered in establishing the practice involved the scope of ideals and the subsequent plan of action, maintaining active involvement and contact, assuring services, and limiting the kinds of services offered. Legal and accounting consultation was necessary to establish the scope of the practice and to develop an organizational model. The financial aspects of a group practice that are considered are third party payment, collections, assessments of clients' ability to pay, and office management. Criteria for professional review and quality control are discussed. It is concluded that the ideas and expectations involved in establishing a group nursing practice exceeded the nurses' capabilities and that the goals were too broad and comprehensive. The group was forced to dissolve because, in trying to provide comprehensive services, the capacity to deliver the services was diluted. In addition, the corporation was undercapitalized.

II. EDUCATION

American Nurses' Association, Kansas City, Mo.
Building for the Future.
57p 1975 Available from the American Jnl. of Nursing Co., 10 Columbus Circle, New York, N.Y. 10019.

Six papers presented at a conference on 'Building for the Future,' jointly sponsored in September 1974 by the American Nurses' Association (ANA) Council of Nurse Practitioners in the Nursing of Children and the ANA Council of Family Nurse Practitioners and Clinicians, are reprinted. The papers discuss the following topics: (1) interdisciplinary education for nurses in the expanded role; (2) origin, purpose, and thrust of the National Joint Practice Commission; (3) family therapy as a therapeutic vehicle for all families; (4) legal problems stemming from nurse and medical practice laws; (5) Michigan's experience with an early and periodic screening, diagnosis, and treatment program; and (6) the nurse's involvement in legislation and public relations. Included in the discussions are a delineation of conceptual, organizational, legal, and financial barriers to interdisciplinary education; a summary of the objectives and activities of the Joint Practice Commission; a review of techniques useful in delivering family therapy; a discussion of criminal problems, problems of disciplinary action by regulatory boards, and problems arising in the context of civil litigation (i.e., financial problems); and a brief description of the planning and organization of Michigan's statewide screening program.

American Nurses' Association, Kansas City, Mo.
Guidelines for Short-Term Continuing Education Programs Preparing the Geriatric Nurse Practitioner.
11p 1974 Available from the American Jnl. of Nursing Co., 10 Columbus Circle, New York, N.Y. 10019.

Guidelines are presented by the American Nurses' Association Division on Geriatric Nursing Practice for use by educational institutions in developing programs to prepare geriatric nurse practitioners. The geriatric nurse practitioner is defined as a registered nurse who is prepared in a baccalaureate program or in a continuing education program under the auspices of an educational institution and who assumes responsibilities of expanding practice in the field of geriatric nursing. The functions of the geriatric nurse practitioner are delineated with emphasis on the practitioner's capability to perform certain activities traditionally within the physician's domain. General guidelines are stated relative to goals, to organization and administration, to faculty, and to facilities of continuing education programs for geriatric nurse practitioners. An outline of course content is provided, indicating topics to be covered within the general subject areas of the aging

process, communication, community health care delivery systems, developmental tasks, health problems, psychology, sociology, family/nurse/physician relationships, pharmacology, and assessment procedures and methods. Other guidelines address the length of the continuing education program, course evaluation, and student admission policies.

American Nurses' Association, Kansas City, Mo.
Guidelines for Short-Term Continuing Education Programs Preparing Adult and Family Nurse Practitioners.
43p May 75 Available from American Nurses' Association, 2420 Pershing Road, Kansas City, Mo. 64108.

Guidelines for expanding the practice of nurses in college and university health care settings suggest that expanding the practice of the college and university health nurse will enhance the practice of both nurses and physicians by allowing the skills of each discipline to be better used. These college and university health nurse practitioners will have advanced skills in the assessment of the biopsychosocial and health status of individuals, families, or groups in a college or university. In addition to providing direct care to members of the college or university community, the health nurse practitioner will perform the following functions: obtain health histories, perform physical and psychosocial appraisals, provide health counseling, contribute to health education, and provide for the continuity of care. The goal of continuing education programs for the preparation of college and university health practitioners is to provide nurses with additional knowledge, understanding, and skills to enable them to assume an expanded role in providing health care. Planning, organization and administration, services and facilities, faculty, and course content for such continuing education programs are considered. Also discussed are the admission of students, length of program, and education program evaluation.

American Nurses' Association, Kansas City, Mo.
Recommendations on Educational Preparation and Definition of the Expanded Role and Functions of the School Nurse Practitioner.
Pub. in Jnl. of School Health v43 n9 p594-597 Nov 73.

Functions and responsibilities of school nurses are addressed, and school nurse practitioner programs are described. It is felt that school nurse practitioners, in an expanded role, can evaluate factors that may affect learning disorders, psychoeducational problems, perceptive and cognitive difficulties, behavioral problems, and problems causing disease. They can also play a major role in health education and counseling. Eight functions and

responsibilities of school nurses are identified: participate in obtaining medical histories, perform physical appraisals, evaluate developmental status, advise and counsel children and parents, aid in the management of economic and social influences affecting child health, participate in immunization programs, assess and manage minor illnesses and accidents of children, and plan to meet the health needs of children in collaboration with physicians and other members of the health team. Goals of school nurse practitioner programs are enumerated, and activities school nurse practitioners should be able to perform after the completion of a formal course of study are noted. Consideration is given to the following aspects of school nurse practitioner education: planning, organization and administration, services and facilities, faculty, course content, admission of students, length of program, evaluation, and certification.

American Nurses' Association, Kansas City, Mo.
Guidelines on Short Term Continuing Education Programs for College and University Health Nurse Practitioners.
Pub. in Jnl. of the American College Health Association v24 n1 p44-48 Oct 75.

Guidelines for expanding the knowledge and skills of nurse practitioners serving college and university populations are presented in a joint statement of the American Nurses' Association and the American College Health Association. The components of primary care, the essential element in college health services, are noted. The college and university health nurse practitioner is defined as a registered nurse who assumes responsibility and accountability of expanding practice in the field of college and university health nursing. The practitioner has advanced skills in the assessment of individuals, families, or groups in a college or university setting. These skills are in the areas of history taking, creating developmental profiles of students, and performing physical examinations. Practitioners are prepared for these skills through formal continuing education or in baccalaureate nursing programs. The nursing functions and activities of the practitioner are outlined, including those additional functions the practitioner should be capable of performing upon the completion of advanced training. Guidelines for continuing education programs for college and university health nurse practitioners are set forth relative to goals, planning, organization, administration services and facilities, faculty, course content, admissions policies, duration, and evaluation.

American Nurses' Association, Kansas City, Mo.
Accreditation of Continuing Education Programs Preparing Nurses for Expanded Roles.
37p 1975 Available from the American Jnl. of Nursing Co., 10 Columbus Circle, New York, N.Y. 10019.

The American Nurses' Association (ANA) accreditation mechanism for continuing education programs in nursing is outlined, with emphasis on programs preparing nurses for expanded roles. The mechanism emphasizes self-regulation and collaboration between all levels of the ANA and other national organizations and agencies which sponsor continuing education activities. The overall structure and function of the ANA's National Accreditation Board for Continuing Education is described, followed by details of the review team structure used in the accreditation of continuing education programs that prepare nurses for expanded role functions in community health, geriatric services, maternal - child health care, medical - surgical care, and psychiatric - mental health care. Included are criteria for selection of members of the National Review Committee, which reports directly to the National Accreditation Board, and descriptions of the functions and composition of the individual review teams and site visit teams. Criteria for accreditation of expanded role programs are outlined in the areas of philosophy, selection of candidates, program objectives, program content, teaching strategies, physical resources, evaluation, and recordkeeping. A copy of the ANA accreditation application form for short term continuing education programs preparing nurses for expanded roles is provided. A glossary is included.

American Nurses' Association, Kansas City, Mo.
Guidelines for Short-Term Continuing Education Programs Preparing Adult and Family Nurse Practitioners.
10p 1975 Available from American Nurses' Association Publications Unit, 2420 Pershing Road, Kansas City, MO 64108.

Continuing education program guidelines for adult and family nurse practitioners are presented by the American Nurses' Association. The association views the practice of adult and family nurse health professionals as an integral part of community health nursing practice. Both health professionals are essential links in the delivery of primary care to individuals, families, and communities. Several concepts in the delivery of adult and family nursing care are discussed; these include primary care, community health nursing, family health nursing, the adult nurse practitioner, and the family nurse practitioner. Goals of continuing education programs for adult and family nurse practitioners are delineated. The primary goal of such programs is to prepare the practitioners to provide direct primary care services to families and their

individual members. The abilities of adult and family nurse practitioners after a formal course of study are examined. The organization and administration of continuing education programs are addressed, as well as faculty, facilities, course content, student admission, program length, evaluation, and continuing education. The recommendation is made that course content relate to physical assessment and health evaluation, pathophysiology, pharmacology, nutrition, diagnostic laboratory techniques, primary health care management, family counseling and interviewing, family dynamics, and role resocialization.

American Nurses' Association, Kansas City, Mo.
Educational Preparation for Nurse Practitioners and Assistants to Nurses. A Position Paper.
16p 1965 Available from American Nurses' Association, 2420 Pershing Rd., Kansas City, Mo. 64108, $.65.

Educational programs for professional nurses, nurse practitioners, and assistants to nurses are addressed in a position paper prepared by the American Nurses' Association. Major activities of the association include promoting sound licensing legislation for nurses, assisting in the development of licensing examinations, setting standards for professional nurse registries and for organized nursing services, conducting surveys and studies of nursing service and nursing education, and helping nurses improve their practice through institutes, meetings, publications, and conventions. The position paper assumes that education for those in the health professions must increase in depth and breadth as scientific knowledge expands. It is also assumed that consideration must be given to the nature of nursing practice, means for improving nursing practice, education necessary for such practice, and standards for membership in the American Nurses' Association. The position is taken that education for all those who are licensed to practice nursing, including nurse practitioners and assistants to nurses, should take place in institutions of higher education. The minimum preparation for beginning professional nursing practice should be a baccalaureate degree education in nursing, while the minimum preparation for beginning technical nursing practice should be an associate degree education in nursing. Education for assistants in health service occupations should involve short, intensive preservice programs in vocational educational institutions rather than on-the-job training programs. The rationale behind the position taken by the American Nurses' Association is explained, along with implications of that position for nursing education, nursing practice, nursing service, and the training of auxiliary workers. Members of the association's Committee on Education from 1963 to 1965 are noted.

Andrus Len Hughes, Fenley Mary D
California Univ., Davis. Dept. of Family Practice.
Evolution of a Family Nurse Practitioner Program to Improve Primary Care Distribution.
Pub. in Jnl. of Medical Education v51 n4 p317-324 April 76.

The family nurse practitioner program of the University of California was designed to improve the availability of medical services in underserved areas. The program was initiated in 1970 to design and implement an experimental training program that would enable nurses to extend their roles in primary care and would also recruit students who planned to practice in underserved, particularly rural, areas. Six public health nurses comprised the first class, and stated that they were interested in rural practice upon completion of the program. After 12 months of the course, however, all 6 nurses elected to serve their internships in urban areas and remained in urban areas after graduation from the program. For another group of nurses who completed the program, it was found that most worked in urban settings. In an attempt to provide incentives for students to practice in underserved areas, it was determined that financial incentives had limited success. A study of local manpower resources in areas of need was conducted, and a new program was devised to permit the selection of nurses who lived in rural towns and train them in a manner that would not disrupt their living location. Ten rural nurses were selected for the program and physicians served as preceptors. It was found that all rural 1974 graduates of the program continued to practice in their original areas and that they were still in rural areas almost 2 years later. Because of the traveling distance involved for rural nurses who took part in the program, satellite arrangements consisting of a decentralized lecture and seminar curriculum were established.

Arizona State Dept. of Health Services, Phoenix. Bureau of Nursing.
Development of a Geriatric Nurse Practitioner Program in Arizona.
163p Jul 75 Available NTIS HRP-0014684

The feasibility of educating nurses in Arizona to become geriatric nurse practitioners is explored. In a survey of 2,250 registered nurses, 386 women and 9 men responded and stated that they were interested in expanding their professional knowledge and skills to become nurse practitioners. A profile of a typical potential geriatric nurse practitioner was devised from an analysis of the survey data. A questionnaire was mailed to 300 professional health care providers throughout the State of Arizona to elicit their opinions on geriatric nurse practitioners. Those professionals sampled were in nine categories: medical

physicians, osteopathic physicians, nursing home administrators, directors of nursing in nursing homes, home health care administrators, directors and head nurses of community and public health agencies, directors of nursing in acute care hospitals, staff nurses in community health agencies, and staff nurses in nursing homes. Resources for the establishment and location of geriatric nurse practitioner programs in Arizona were investigated. Curriculum guidelines were established for a geriatric nurse practitioner program. Instructional goals were developed for a geriatric nurse practitioner program. Curriculum design patterns of practitioner programs for flexible continuing education are illustrated. Core concepts for a geriatric nurse practitioner program curriculum are also depicted. Proposed curriculum guidelines for a short-term continuing education program are presented in tabular form. Appendixes contain additional information on geriatric nurse practitioner education and a form for conducting an educational survey. A bibliography is provided.

Association of Operating Room Nurses
Family Nurse Practitioner Program.
Pub. in AORN Jnl. v20 n6 p1107 Dec 74.

Bent E A, Kilty J M, Potter F W
Educating the Midwife for her Changing Role.
Pub. in Midwives Chronicle v89 n1062 p174-176 Jul 76.

Brower H. Terri, Baker Brydie Jo
Miami Univ., Coral Gables, Fla. School of Nursing.
Using the Adaptation Model in a Practitioner Curriculum.
Pub. in Nursing Outlook v24 n11 p686-689 Nov 76.

A conceptual model is described for use in a three-semester geriatric nurse practitioner program at the University of Miami in Florida. Necessary components of a model for nurse practitioners are prescribed and the relationship between adaptive modes and aging is explored. Four modes of adaptation are noted: physiological, role function, self-concept, and interdependence. Aspects of care which are unique to nursing practice are distinguished from aspects of care which are interrelated with medical practice. In order to incorporate the adaptation model into the curriculum at the University of Miami, principles of the program for geriatric nurse practitioners are directed toward the delivery of health care to individuals, families, and communities through the adaptation approach. The first semester of the program focuses on physical assessment, normal physiology, and pathophysiology. A nursing seminar is included in the first semester which stresses adaptation

theory and nursing model conceptualization. Emphasis is placed in the second semester on the adaptation problems of older adults. Diagnosis and management aspects of adaptation problems are taught, as well as recognition of the difference between normal and pathological aging. A nursing seminar in the second semester integrates sociological and psychological components. Students function primarily in the clinical setting during the third and final semester of the program. The adaptation model is viewed as a framework for guiding nursing practitioner education and actions taken to meet the needs of geriatric patients.

Brower H. Terri, Baker Brydie Jo
Miami Univ., Fla. School of Nursing.
Roy Adaptation Model: Using the Adaptation Model in a Practitioner Curriculum.
Pub. in Nursing Outlook v24 n11 p686-689 Nov 76.

The four models of adaptation identified by Sister Callista Roy (physiological, role function, self-concept, and interdependence) have been used in restructuring the curriculum for nurse practitioner students at the University of Miami. In many nurse practitioner curriculums, emphasis is placed on the medical model, with no advanced nursing theory. At the University of Miami, a decision was made to build upon the nurse's role by gradual assimilation, rather than changing to a new medical role. The client population, older adults, must face developmental transitions, involving adaptation to changes in expectations, abilities, and relationships. Adaptation theory provides a structure for understanding the aging process, and the geriatric nurse practitioner's goal is to promote client adaptation through a variety of priority-based nursing interventions. As the patient becomes aware of the alternatives open to him, he will be more able to set realistic goals. In the new curriculum, the first semester focuses on the physiological mode by teaching physical assessment, normal physiology, and pathophysiology; a seminar includes adaptation theory and model conceptualization. The second semester focuses on the adaptation problems of the older adult; a seminar integrates the sociological and psychological components of this developmental stage. Students function in the clinical setting in the third semester; a seminar allows for peer and faculty critique. Multiple evaluation procedures are described, but are not included. It is suggested that the adaptation model provides the framework to give direction to practitioner education, offers a relevant way of viewing the older adult in relation to his environment, and delineates guidelines for nurse practitioner action.

Brueckner Susan J
Stanford Univ., Calif.
Task Force on Nursing Education at Stanford University: Recommendations.
37p Jan 73 Available NTIS HRP-0006221

Recommendations formulated by the Task Force on Nursing Education at Stanford University in California are presented. The major recommendation -- that a Master of Science in Nursing program be instituted -- is supported by six arguments concerning professional and graduate education. Further recommendations of the Task Force are: (1) preparation of advanced clinicians for expanded roles with a strong research orientation; (2) flexible and individualized curriculum with no fixed timetable or prescribed series of courses; (3) a directed research experience as part of the curriculum; (4) direction of the School of Nursing by an academically qualified nurse; (5) joint appointments to the nursing faculty mutually agreed upon by the School of Nursing and other departments; and (6) promotion and tenure of the nursing faculty consistent with practices of other faculties of the University. The rationale for training nurses for expanded roles as nurse practitioners and / or nurse specialists is discussed and supported by tabular data. Goals for the School of Nursing include strong participation in the University academic program and recruitment of nursing students from minority groups. Appendices detail responsibilities of nurse practitioners and clinical nurse specialists and contain a draft curriculum.

Buzzell E M
Baccalaureate Preparation for the Nurse Practitioner: When Will We Ever Learn?
Pub. in Nursing Papers v8 n3 p2-9 Fall 1976.

Cipolla Josephine A, Collings Gilbert H
New York Telephone Co.
Nurse Clinicians in Industry.
Pub. in American Jnl. of Nursing) v71 n8 p1530-1534 Aug 71.

The training of nurse clinicians to perform preemployment examinations at the New York Telephone Company medical department are described. Four nurses already employed in the department took part in a training program developed jointly by the company and the State University of New York. The participating nurses had no formal nursing education beyond hospital school graduation and special job-training courses. The course involved 24 lecture and demonstration sessions covering various aspects of patient examination. Anxiety was expressed by the nurses during the course of the training program but was alleviated as the nurses gained

confidence in their new skills. A second group of four nurses participated in a shortened, revised version of the course and did not experience as much anxiety as the first group. Comparison of scores from pretests and tests administered after the course revealed that the first group achieved better results. For all participants, the mean pretest score was 17.44 percent, compared to a mean score of 84 percent upon completion of the training program. Nurses were found to respond to the challenge of physical examination training with enthusiasm and pride in their achievement. Patients of both sexes react favorably to the nurses' performance of the examination. Possible directions for the roles of the nurse clinicians within the company medical department are discussed. Photographs accompany the article.

Cobin Joan, Traber Wilma, Bullough Bonnie
California State Univ., Long Beach. Dept. of Nursing.
Five-Level Articulated Program.
Pub. in Nursing Outlook v24 n5 p309-313 May 76.

Five community colleges and three universities in California designed a multiple entry and exit educational system that provides nursing education at five levels: nurse's aide, licensed vocational nurse, associate of arts degree, baccalaureate degree with a beginning nursing specialty, and master's degree with advanced preparation as a nurse practitioner or clinical specialist. This five-step process is based on the assumption that there are cognitive, manual, and affective skills that can be taught at all nursing levels. Events leading to the development of this program are described. Following revisions in the California nurse practice act, schools are required to accept credits from previous levels of nursing education or develop some mechanism for advanced placement of qualified students; hospital diploma programs must affiliate with a degree-granting institution; and baccalaureate programs must reorganize their curriculum to allow students to sit for State board examinations at the end of 3 years or 36 months. A requirement for continuing education for relicensure encourages all nurses to update and expand their skills. A consortium of schools in Orange county was formed with funding from the W. K. Kellogg Foundation to develop programs for the first three levels of nursing practice. Each college's unique characteristics has been maintained, yet all have agreed on a set of minimum performance objectives. After negotiation, a new upper division nursing program was established at the California State University at Long Beach for specialties in pediatric, adult, and family medicine specialties. In the next stage, the directors of local service agencies will agree on job descriptions for each level of practice.

Crawford M E
Nurse Practitioner Program.
Pub. in Nursing Papers v6 n2 p32-33 Summer 1974.

Davidson Margaret H, Burns Catherine E, Geme Joseph St, Cadman Sheila G, Neumann Charlotte G
California Univ., Los Angeles.
Short-Term Intensive Training Program for Pediatric Nurse Practitioners.
Pub. in Jnl. of Pediatrics v87 n2 p315-320 1975.

A training program developed cooperatively by several pediatric health care agencies in Los Angeles, California to prepare pediatric nurse practitioners to work in a variety of settings is described. Thirty nurses took part in the first six-week training program which was taught by a pediatric nurse practitioner, by a pediatrician, by faculty registered nurses, and by invited specialists. Students were selected on the basis of nursing education, work experience in pediatrics, degree of independence achieved, and agency need. One-third of the academic curriculum was devoted to lectures covering pertinent aspects of physical diagnosis, diseases in children, growth and development, health supervision, and the pediatric nurse practitioner role and its legal status. Two of the six weeks were devoted to pediatric clinics, including well-baby clinics and specialty clinics. The remainder of the course involved examination of inpatients in pediatric and neonatal wards, and completion of tests and quizzes. The academic program was followed by six months of preceptorship, during which students were required to spend all of their time in pediatrics. Half of this time was devoted to pediatric nurse practitioner clinics in which the trainee saw her own patients under the guidance of a pediatrician in her own agency. Gains which students made on comprehensive written examinations, as well as the students' satisfactory performance on practical examinations, support the feasibility of this type of program. Several factors are thought to have contributed to the program's success: well qualified students; students' previous experience in interviewing and counseling; ability of students and instructors to devote full attention to the course during the six-week intensive period; emphasis on early signs and symptoms of diseases and indications for referral, rather than upon tests and therapeutic regimens; and extensive use of quizzes and examinations to reemphasize and teach a large body of facts in a short period of time.

DeMers Judy L, Lawrence David McK, Callen William B
Washington Univ., Seattle.
Educating New Health Practitioners. The MEDEX Northwest Approach.
305p 1976 Available NTIS PB-267 471/1

The MEDEX Northwest Training Center at the University of Washington originated in 1969 and since that time, has undergone considerable change and modification while retaining its focus on both preparation and distribution of medex practitioners. The purpose of this book is to describe and characterize the training program and to describe the important changes which have occurred since the inception of the program. The book is organized to follow the steps of the educational and deployment process of MEDEX Northwest. After a brief general description of the program, the first section provides information concerning administration, while section two details the selection process for both students and preceptor-physicians. The third section examines the program's curriculum and evaluation processes and is divided into four chapters: the university phase, the preceptorship phase, physician education, and curriculum evaluation. Section four contains final comments. (NTIS)

Dobmeyer Thomas W, Lockwood Laurie A, Lowin Aaron
Washington State Dept. of Social and Health Services, Olympia.
Survey of Nurse Associate Training Programs.
Pub. in Public Health Reports v91 n2 p127-132 Mar-Apr 76.

A comprehensive survey of nurse associate training programs in operation or being planned in the United States and its territories as of February 1973 is documented. Graduates of the programs surveyed include pediatric nurse practitioners, nurse midwives, family nurse practitioner-associates, medical nurse practitioners, adult nurse associates, school nurse practitioners, primary care nurses, certified nurse practitioners, family health practitioners, ophthalmic assistant-technicians, health nurse clinicians, and nurse specialists. The programs surveyed were required to meet two criteria: inclusion of formal training designed to expand the clinical skills of professional nurses; and inclusion of separate curriculums for each type of nurse associate. The survey questionnaire was mailed to 127 programs, and the data analysis was based on the responses of 60 operating and 9 planned programs. The operating program included 35 for pediatric nurse practitioners, 4 for nurse midwives, and 21 for other types of nurse associates. The survey data indicate that the typical program lasts 4 to 6 months, began instruction in 1971, and is sponsored solely by a university or a 4-year college. The most frequently mentioned sources of financial support are the sponsoring institutions, the National Institutes of Health, or both. The typical program

receives about 24 applications a year and can accommodate 16 new students annually. Twelve students graduate from the typical program each year at a cost of about $3,536 per graduate. Most of the trainees are white women who have either a diploma or a bachelor's degree in nursing. Most are likely to have a substantial amount of nursing experience and are likely to have a guarantee of employment on graduation. Nurse associates are expected to exercise significant independent judgment in their work, and are likely to work with primary care physicians in a wide range of settings, including rural and remote areas. They are likely to perform a variety of tasks, including: giving physical examinations; ordering tests and medications (under standing orders); instructing, counseling, and monitoring patients; and managing disease. Supporting tabular data are included. A copy of the survey instrument is not provided.

Dutton Cynthia B, Warden Constance R
Albany Medical Coll., N. Y.
Evaluation Study of the Primary Care Nurse Training Program.
242p 1975 Available NTIS HRP-0002745

Characteristics of nurse practitioner (NP) graduates are studied in an attempt to evaluate a proposed training program for NPs. Thirty-three graduates of the Primary Care Nurse (PCN) training program at Albany Medical College from three classes were questioned concerning job satsifaction, clinical competency, degree of responsibility and independence, changes in activities since the training program, relationships with supervising physicians, and acceptance by patients. The response rate was 91 percent. Twenty-one of the graduates (64 percent) are functioning in an extended role, while 36 percent are not. Salary levels rose for all following the training period. Extended role PCNs report a higher degree of job independence, physician acceptance, and positive relationships with other nurses. Extended role PCNs receive significant acceptance from their patients; less than one percent of patients refuse to be treated by an NP. The clinical performance of PCNs cannot be measured by numerical audit. Clinical episode analysis, based on a review of clinical notes for individual visits, and the hypertension audit, involving sequential review of clinical records, are two ways of assessing clinical performance. A further clinical activity analysis was performed on the activities of NPs in extended roles. The survey instruments are included.

Ford L C
Interdisciplinary Education for Nurses in the Expanded Role: The Way of the Future.
Pub. in American Nurses' Association Publications (NP-47) p4-15 Apr 75.

Ford Loretta C, Silver Henry K
Colorado Univ., Denver.
Expanded Role of the Nurse in Child Care.
Pub. in Nursing Outlook p43-45 Sep 67.

The postbaccalaureate program at the University of Colorado has three goals: (1) to establish a new educational experience to prepare nurses to assume an expanded role in child care; (2) to ensure that the nurses who have received this augmented educational experience are placed in organized community health services where they have opportunities to practice their skills; and (3) to provide opportunities for faculty to evaluate the nurses' expanded role in care of children in order to include these concepts and skills in appropriate levels of nursing curriculums. The program consists of two parts: a 4-month intensive educational and practical training period in the various facets of pediatrics, and a 20-month period of continued training and practice in community-based health stations usually located in rural areas. During the first 4 months the nurse learns management of the well child, identifications and care of acute and chronic conditions, and care of the child in emergency situations. Project nurses learn to assess the physical conditions of the child in terms of the severity of the illness, and part of this process involves learning the use of the otoscope, stethoscope, bloodcounts, and urinalyses. The content of this first phase has been formalized into two graduate courses with 10 semester-hours of credit. In the second phase, the nurse often establishes the health station in medically deprived areas, within 5 to 10 miles of a larger health center. The nurses hold well-child conferences, conduct immunization clinics, and see sick children at the clinic and at their homes. Pediatricians visit the health station at least twice a week to give periodical medical examinations and confer with the nurses. The activities of the nurse practitioners are sharply defined, and entirely legal and ethical.

Hastings Glen E, Murray Louisa
Miami Univ., Coral Gables, Fla.
Primary Nurse Practitioner: A Multiple Track Curriculum.
225p 1976 Available from Banyon Books, 6919 SW 101 St., Miami, FL 33156.

More and more graduating physicians elect subspecialty, administration, or research careers, and consequently, the provision of primary care has diminished. Teaching registered nurses to be qualified to provide the highest quality of primary health care will involve theoretical instruction as well as clinical experience under the supervision of skilled preceptors. The University of Miami training program, which lasts 11 months, is divided into

three terms, consisting of 700 hours of instruction and 884 hours of preceptored clinical experience conducted in groups of only two or three students. The main core curriculum is mandatory for every student; after this, depending on her career objective, there are five tracks from which a student may choose: emergency department nurse practitioner, prison medical nurse practitioner, nursing home (geriatric) practitioner, rural nurse practitioner, and occupational health nurse practitioner. The course content of these tracks is included, and references are often available after each chapter. There is an extensive bibliography and appendixes on common health problems that may be encountered, as well as other helpful information. Evaluations of the primary nurse practitioner student's academic record and her work performance are intensively covered.

Hellings P, Davidson M, Burns C
Education of the PNP Present and Future.
Pub. in Pediatric Nurse v2 n6 p6-9 Nov-Dec 76.

Henriques Charles C, Virgadamo Vincent G, Kahane Mildred D
Kaiser - Permanente Medical Center, Sacramento, Calif. Dept. of Preventive Medicine.
Performance of Adult Health Appraisal Examinations Utilizing Nurse Practitioners - Physician Teams and Paramedical Personnel.
Pub. in American Jnl. of Public Health v64 n1 p47-53 Jan 74.

The use of nurse practitioners to accomplish routine physical examinations is described. Graduates of a 4-year baccalaureate program, qualified to obtain a certificate in public health nursing, were selected to perform the screening. All other routine procedures were delegated to high school graduates trained on the job. The nurse practitioner's training begins with a discussion of the overall concept of health maintenance and encompasses: a review of anatomy; an introduction to laboratory and other test procedures; demonstration and practice of test procedures; medical history taking; physiology and pathology of the eye, ear, nose, and throat; and observations of physicians performing examinations. In the examination, the team approach is stressed. Complete review of the history questionnaire, of abnormal findings, and of the information in the patient's previous clinic record is taught by the physician to the nurse practitioner. As the program has developed, an increasing amount of review has been done by the nurse practitioner in the course of the physical examination. Other areas in which nurse practitioners have demonstrated capability are: respiratory disease clinics; clinics for asymptomatic hyperlipemic patients; hypertensive clinics; glaucoma screening clinics; and health counseling.

Hoekelman Robert A, Kitzman Harriet J, Geertsma Robert, Miller Jean, Ravitch Michael M
Rochester Univ., N.Y. School of Nursing.
Evaluation of Preparation of Pediatric Nurse Practitioners.
443p 1976 Available NTIS HRP-0016156

Data gathered on pediatric nurse practitioner (PNP) training at the University of Rochester (N.Y.) and conclusions reached by the investigators are reported. The project involved 212 nurses educated in expanded role primary care from 1966 through 1975. The project plan of assessment in terms of preparation, placement, and performance is set forth and the project organization is described. The methodology included studying the student variables (personal characteristics, educational background, employment status, personality traits, vocational interests, critical thinking, career plans, current competencies, professional concepts, task assumption, work situation test, relationship of background and personality measures to pretests, and data analysis strategy). Placement was studied with respect to organization, independence, support, setting, and relationship of student characteristics to placement. Performance was assessed by the acceptance of the student in the practice setting, satisfaction the student experienced in practice, function in the pediatric nurse practitioner role, and analysis of performance in practice variables. The 43 PNP's subjected to time-motion study of their practices were found to spend 65.6 percent of their time on activities related to patient care. PNP productivity study showed the average number of patient visits per day to be eight or nine. Extensive tables, figures, instruments, and the PNP training manual are appended.

Januska Charlotte, Davis Carol Dawn, Knollmueller Ruth N, Wilson Patience
Yale Univ., New Haven, Conn. Public Health Nursing Program.
Development of a Family Nurse Practitioner Curriculum.
Pub. in Nursing Outlook v22 n2 p103-108 Feb 74.

A family nurse practitioner curriculum was developed within the master's program in public health nursing at Yale University, New Haven, Conn., in 1972. The most important element in the development of the curriculum was a well-formed concept of the family nurse practitioner that was accepted by all faculty members. Clinical skills for inclusion in the curriculum were devised through study and practice in a number of settings. The family nurse practitioner concept was unique in that practice boundaries were not delimited by such conventional categories as age, sex, and health or disease status and because the clinical role and responsibilities of family nurse practitioners were not well defined in practice. Significant issues

incorporated in the family nurse practitioner curriculum concerned community need and acceptance, faculty expertise, the selection of clinical sites, student characteristics, curriculum evaluation, national certification, reimbursement for services, legal problems, the scope of family nurse practitioner functions, the job market, nomenclature, funding, and the introduction of practitioner skills.

Jones, Phyllis E
Toronto Univ. (Ontario). Faculty of Nursing.
Program in Continuing Education for Primary Health Care.
Pub. in Nursing Clinics of North America v10 n4 p691-698 Dec 75.

An educational program developed at the University of Toronto in Canada for nurse practitioners is described. The continuing education program was planned and developed to improve health care services through increasing the skills of nurses in the delivery of primary care services. The objectives of the program were twofold: (1) to develop an educational program that would provide additional knowledge, skills, and experience required by graduate nurses working in isolated and/or underserved areas; and (2) to develop a model of experience and staff from which to build further educational programs for primary health care assistants. Three phases constituted the program: development of a short and practical educational program; employment of graduate nurses in underserved areas; and introduction of an educational program to expand the program including nurse registration and guaranteed employment in primary care setting. Educational goals of continuing education courses were specified in four broad areas: health needs assessment, planning, common illness management, and health care evaluation. Program evaluation data showed that course registrants achieved the defined educational objectives. The implications of the program for the development of other continuing education courses are discussed.

Kapadia K B, Julius R K
Nurse Practitioner Programme.
Pub. in Nursing Jnl. of India v67 n7 p173-174 Jul 76.

Kitzman H
Nurse Practitioner Programs.
Pub. in National League for Nursing Publications (15-1639) p49-54 1976.

Linn Lawrence S
California Univ., Los Angeles. Primex Project.
Primex Trainees Under Stress.
11p Mar 76 Available from University of California, School of Public Health, 405 Hilgard Avenue, Los Angeles, CA 90024.

The Primex nurse practitioner training program at the University of California in Los Angeles is described. The program is based on three assumptions: (1) that becoming a nurse practitioner involves stress-producing role changes; (2) that systematic and periodic identification of stress-producing aspects of the curriculum will serve as an important mechanism in providing information for evaluating or altering the curriculum; and (3) that regularly scheduled sessions for trainees to discuss stress-producing aspects of training and role change will be beneficial. Data for studying the Primex training program were obtained from the first two classes at the university -- 11 students in 1972 and 10 students in 1973. Students were required to attend daily didactic and clinical sessions for 4.5 months, followed by an 18-month preceptorship in a community-based medical practice. A questionnaire was administered to students which dealt with the frequency of health problems, social pressures, and psychological stress. Four indexes of reported stress were employed: physiological stress, social stress, psychological stress, and total stress indexes. The two classes were similar in the average levels of reported stress upon entering the training program and later entering the preceptorship phase. It was found that students in the family nurse practitioner program experienced a considerable amount of social, physical, and psychological stress.

MacPhail J
Nurse Practitioner Programs: Professional Versus Government Pressures, Influences and Goals. A Nursing Administrator's Viewpoint.
Pub. in National League for Nursing Publications (15-1639) p55-58 1976.

Marzot M G
Profession in Process: Report of Participant Observation of a Program to Train Pediatric Nurse Practitioners.
Available from University Microfilms International, 300 North Zeeb Rd., Ann Arbor, MI 48106.

McAtee Patricia Rooney, Silver Henry K
Colorado Univ., Denver. Dept. of Pediatrics.
What About a National Nurse - Practitioner Program.
Pub. in the Registered Nurse v38 p22-27 Dec 75.

The rationale for establishing a comprehensive national program for the education of nurse practitioners is discussed, and a plan for such a program is outlined. The proposed plan would support existing schools and help establish new ones, enable faculty members of nursing schools to become nurse practitioners themselves, integrate nurse practitioner concepts and skills into the undergraduate curriculum of nursing schools, provide for a period of applied clinical practice (nursing internship) in the normal curriculum, and develop ways to train assistant nurse practitioners. Emphasis would be placed on assisting and establishing programs in areas of greatest proven need such as geriatrics, school health, pediatrics, and family health. Funding would go primarily to programs that meet guidelines similar to those already established jointly by nursing and medical organizations. Each element of the proposed plan is discussed briefly. It is concluded that a national program for the training of nurse practitioners would result in preparation of thousands of additional nurse practitioners of all types who would upgrade health care available to all segments of the population, provide care to many who presently receive inadequate care, and provide less expensive health care for the general public.

McCally Michael, Sorem Kevin, Silverman Mary
George Washington Univ., Washington, D.C. Dept. of Health Care Sciences.
Interprofessional Education of the New Health Practitioner.
Pub. in Jnl. of Medical Education v52 n3 p177-182 Mar 77.

The results of a telephone survey undertaken in October 1975 to identify interprofessional education activities in physician's assistant and nurse practitioner programs are reported. Representatives from 45 physician's assistant programs of 54 physician's assistant programs adn 53 nurse practitioner programs of 60 nurse practitioner programs were interviewed. In the majority of programs, the imporance of interprofessional education in training for team health care delivery has been recognized, and some structured interprofessional activity has been implemented. Such include the mixing of students in classroom and clinical settings and the inclusion of courses on role and professional identity. In the programs surveyed, 70 percent of physician's assistant students and 38 percent of nurse practitioner students shared at least one classroom activity with another health profession group, most commonly medical students. Few of the programs were involved in evaluation of

their interprofessional activities. Although most of the programs have a primary care orientation, less than 40 percent offered clinical experience on a health team in a primary care setting. The findings show that a significant number of medical schools are offering their students opportunities to interact with physician's assistants and nurse practitioners. Supporting data are included.

McGivern D
Baccalaureate Preparation of the Nurse Practitioner.
Pub. in Nursing Outlook v22 n2 p94-98 Feb 74.

McKay Rose
Denver Medical Center, Colo. School of Nursing.
Practitioner Preparation in Nursing Education Programs.
120p 1975 Available NTIS HRP-0004262

The proceedings of a regional workshop held to investigate the inclusion of nurse practitioner preparation in baccalaureate nursing curricula are reported. The two-day workshop, held on May 17-18, 1975, in Denver, Colorado, was attended by educators representing nursing programs in universities and colleges throughout Region VIII. Presentations include an outline of the history of the nurse practitioner; a discussion of what aspects of future nursing roles can be incorporated into baccalaureate curricula; descriptions of projects undertaken by the University of North Dakota College of Nursing and the University of Colorado School of Nursing to revise and implement baccalaureate nursing curricula to prepare primary care practitioners; a discussion of steps taken at the University of Colorado Schools of Nursing and Medicine to facilitate the preparation and use of expanded role nursing practitioners in ambulatory settings; a discussion of activities at the University of Utah College of Nursing relative to defining the responsibilities of the baccalaureate-prepared nurse practitioner as opposed to the clinical specialist; and suggestions concerning the preparation of faculty for baccalaureate level nurse practitioner programs. Summary reports are presented of three groups' discussions concerning strategies for teaching physical assessment and the use of preceptors, program planning for inclusion of practitioner preparation, and expectations of baccalaureate level practitioners. Appended materials include the meeting agenda, a list of participants, a learning packet on physical examination of the ear used as part of the University of Colorado School of Nursing nurse practitioner program, and outlines of end product behaviors for students, used in that same program. Bibliographies are included. Portions of this document are not fully legible.

Moore, Ann C.
California Univ., Berkeley. School of Public Health.
Nurse Practitioner: Reflections on the Role.
Pub. in Nursing Outlook v22 n2 p124-127 Feb 74.

Problems and issues facing nurse practitioners are discussed by a nurse practitioner, based on her work experience in both the public and private sectors. The article opens with a brief description of the nurse's two 'practices': in the public sector, she functioned in a public health setting in an inner city, community-controlled clinic, where her responsibilities included well baby supervision and health maintenance of the adult patient with a chronic, stabilized health problem; in the private sector, she worked with a physician whose practice was limited to internal medicine. In the latter setting she worked collaboratively with the physician and maintained her own caseload. She discovered that the main gap in her own educational process was in the area of patient care management and decisionmaking. It is pointed out that many faculty members are not prepared as nurse clinicians and that much of the reluctance of nurses to assume responsibility for decisionmaking relating to patient care comes from a lack of preparation in their basic nursing programs. Another problem is that of the vast differences which exist in programs to prepare nurse practitioners; broad program objectives need to be established, and consistency must be provided. Other recommendations pertain to the need for a strong clinical component in educational programs and for a clear cut definition of the role and functions of the nurse practitioner. It is concluded that the physician, fellow nurses, and patients must view the nurse clinician's role as having changed or expanded if role change is to occur. However, neither the medical nor the nursing profession appear to have done much to promote role change. The need to deal with nursing problems centered on role change is stressed.

Mountain States Regional Medical Program, Boise, Idaho.
Mountain States Regional Medical Program Impact on Continuing Nursing Education. Idaho, Montana, Nevada, Wyoming.
23p 1 Sep 73 Available NTIS HRP-0003782

The effects of a regional approach to continuing nursing education in Idaho, Montana, Nevada, and Wyoming are described. The regional program utilizes the existing baccalaureate schools of nursing in each State. In addition, the program provides educational programs in coronary care, inhalation therapy, stroke rehabilitation, and cancer nursing. Frequently, these programs are co-sponsored with voluntary health agencies. Interstate and interregional activities helped to promulgate the expanded nursing role and ultimately the New Manpower Project, which was directed

toward encouragement of family nurse practitioner - physician teams. Current continuing education programs deal with topics such as nursing care audit, quality of care mechanisms, and patient care appraisal. A detailed report of continuing nursing education activities within each State, including tables showing the number of participants in each program described, is presented.

National League for Nursing, Inc., New York. Council of Baccalaureate and Higher Degree Programs.
Current Issues in Nursing Education.
41p 1973 Available from National League for Nursing, Inc., Ten Columbus Circle, New York, N.Y. 10017.

These papers, which were presented at the 10th conference of the Council of Baccalaureate and Higher Degree Programs, pertain to nursing accreditation, the legal regulation of nursing practices, health of American citizens in relation to nursing practice, the supply of nurses, and the relationship between the nurse and the physician's assistant. Accreditation is dicussed in terms of social change, Federal involvement, and the courts. The accreditation process for nurses and the criteria for the evaluation of nursing programs are detailed. Legal developments in nursing practice are noted, with emphasis on licensure, certification and registration, and accreditation. To insure the health of all American citizens, it is recommended that nurses support legislation that assures comprehensive health services systems, diversity of health care delivery systems, effective use and expansion of health manpower, and an acceptable financing system for national health insurance. Economic issues of unemployment among nurses and nursing shortages are addressed in order to analyze the interrelations of supply and demand, to forecast implications of economic trends, and to propose new perspectives in the use of nursing resources to meet critical health care delivery needs.

National League for Nursing, Inc., New York. Council of Baccalaureate and Higher Degree Programs.
Current Issues Affecting Nursing as a Part of Higher Education.
58p 1976 Available from National League for Nursing, Inc., Ten Columbus Circle, New York, NY 10019.

Higher education for nurses is discussed from the perspectives of eight authors. Doctoral preparation for nurses is examined with respect to regional needs and planning. Doctoral education for nurses is considered from four aspects: professional contribution, individual gains, influences in nursing of doctorally prepared nurses, and current and past opportunities. Program selection factors in

doctoral preparation are addressed, and the roles nurses with doctorates will have include academic and administrative leaders, curriculum and education experts, practice - relevant researchers, teacher - researcher and teacher - clinical experts, and functional specialists qualified for independent practice. Three papers respond to the question: To what extent are nursing faculty members a part of the community of scholars in higher education. One article considers eligibility for membership from a historical view, and then in terms of credentials, continued growth, and professional improvement. The significance of a community of scholars and the involvement of nurse faculty are discussed, and the mechanisms to promote scholarship and involvement in nursing scholarship are treated. A selected bibliography on this subject contains 47 periodical articles and 23 books. Nurse practitioner programs are examined with regard to preparation, admission, curriculum, and practice roles. A nursing administrator presents her viewpoint on government pressures, influences, and goals regarding the placement of the nurse practitioner program, faculty preparation, and pressures from physicians, students, faculty, and the community.

Nuckolls Katherine B, Ferholt Judith D, O'Grady Roberta S
Yale Univ., New Haven, Conn. School of Nursing.
Pediatric Nurse Practitioner Preparation in a Graduate Program.
27p 1975 Available from National League for Nursing, Inc., Ten Columbus Circle, New York, N.Y. 10019.

The growth and development of a master's program in pediatric nursing are traced in a League Exchange report distributed by the National League for Nursing. Background information about the factors that led to the addition of a master's program in pediatric nursing to the offerings of the Yale University School of Nursing are discussed, and the program's curriculum and the issues contributing to its design are described. The program is intended to combine the pediatric nurse practitioner and clinical specialist roles into an expanded role for pediatric nurses. The curriculum is designed with attention to the specific needs of children and their families for health care and guidance and to the needs of the nursing profession for leadership. Program participants include both practicing nurses and students with no graduate experience. Students are trained to use the tools of history and physical diagnosis to assess the health status of a child, to organize, record, and present clinical data, and to manage the care of essentially well children either as primary caretakers or with a consultant. The philosophy and objectives of the master's program, the implementation of the pilot program, funding sources, admission requirements, and the organization of nursing and

medical school faculty are described. Coursework, clinical experience, and master's thesis elements of the curriculum are discussed. Evaluative activities are outlined, and the status of the program as it enters its fourth year is assessed.

Nuckolls Katherine Buckley
Yale Univ., New Haven, Conn. Dept. of Pediatric Nursing.
Continuing Education and the Expanded Role of the Nurse or the Continuing Role of the Nurse in Extended Education.
Pub. in Jnl. of Continuing Education in Nursing v2 n4 p20-35 Jul-Aug 71.

The historical context of continuing education for nurses and the expansion of nursing functions is examined. The training necessary for the pediatric nurse practitioner role provides an illustration of the issues of extended nurses' roles in relation to professional education beyond the basic nursing programs. Differences in admission requirements and in the length and intensity of training within the several pediatric practitioner training programs available in America are isolated. Similarities found in programs include skills in: growth and development screening, interviewing and counseling, family dynamics, positive health maintenance, general physical assessment, common childhood illness management, community resource utilization, and family-nurse-physicians relationships techniques. References accompany the text.

O'Connell Anne L, Bates Barbara
Naval Regional Medical Center, San Diego, Calif.
Case Method in Nurse Practitioner Education.
Pub. in Nursing Outlook v24 n4 p243-246 Apr 76.

A nurse practitioner program was initiated at the University of Rochester in New York in 1971 to teach patient care management in conjunction with clinical experience. In the early phases of the program, guided laboratory practice was adopted as the teaching method for both interviewing and physical assessment. A lecture format was utilized for teaching patient care management. Due to the limited success of the nurse practitioner program initiated in 1971, a case study method of teaching was developed in 1973. The case method approach is based on a case history describing a particular situation. It is felt that such an approach develops skills in reflective thinking by defining problems to be solved, discussing relevant data and issues, and verifying facts so that judgments leading to a decision can be made. The use of case problems in the classroom is viewed as a way of providing opportunities for instructors to treat students as mature, responsible learners who are concerned

with problem solution. The goal of the case method is to develop a student's ability to apply problem-solving processes to the clinical setting. An example of the use of the case method approach is provided. Advantages and disadvantages of the approach are analyzed. The case method is recommended for nursing education in situations where clinical problemsolving is required.

Ozimek Dorothy
National League for Nursing, Inc., New York. Council of Baccalaureate and Higher Degree Programs.
Nurse Practitioner: The Current Situation and Implications for Curriculum Change.
18p 1976 Available as Publication no. 15-1607, from the National League for Nursing, Inc., Ten Columbus Circle, N.Y., N.Y. 10019.

The situation that nurses face in extended practice is addressed, along with the implications for curriculum change. The nurse practitioner is viewed from the perspective of the National League for Nursing. It is contended that extended role, expanded role, physician extender, and nurse practitioner concepts are in error as they are being applied in nursing and nursing education. An attempt is made to clarify these errors and extract from the concepts of nurse practitioner and expanded or extended role new views that nurse educators might adapt in curriculum development. Functions of nurse practitioners are identified, as designated by the American Nurses' Association in their new drafts of guidelines for continuing education: (1) perform basic physical assessment using techniques of observation, inspection, ascultation, percussion, palpation and oto/ophthalmoscopic examinations; (2) perform or request special screening or developmental tests and other laboratory tests and interpret results; (3) identify and manage specific minor illnesses and emergencies under broad medical supervision; and (4) obtain comprehensive health histories. Responsibilities of nurse practitioners are distinguished from professional nurses. The results of a study are presented which delineate new and unique views with regard to nurse practitioners and the extended nursing role. Functions to be assumed by professional nurse practitioners are noted that are inherent in the expansion and extension of health care, and the implications for curriculum change are discussed. A bibliography is provided.

Perty Lesley
Genesee Region Educational Alliance for Health Personnel, Inc., Rochester, New York. Community Planning Committee for Nursing Education.
Nurse as a Primary Health Care Provider and the Nurse Practitioner: An Annotated Bibliography.
118p Jul 71 Available NTIS HRP-0001637

This review of literature on nurse practitioners and physicians' assistants provides information to assist the Community Planning Committee for Nursing Education in establishing guidelines for the development of nurse practitioner programs in the Rochester - Genesee Valley Region of New York. The shortage of health manpower is documented, with an emphasis on the shortage of those providing primary health care. Two solutions are viewed as means of extending and complementing the services of the physician: (1) the preparation of nurses to assume expanded roles in providing primary health care, as demonstrated by nurse practitioner programs; and (2) the training and utilization of physician's assistants. Training programs relating to both categories are discussed and examined, and evaluations of nurse practitioners and physicians' assistants are presented. Among issues and concerns raised by the use of both types of nonphysician personnel are the questions of reimbursement for their services, whether Blue Cross-Blue Shield, Medicare, or Medicaid would pay for these services; career mobility and type of education; and the legality of nonphysician personnel providing primary health care and the liability for negligence. Two appendices include a partial listing of programs preparing nurse practitioners and of programs preparing physicians' assistants. References are also provided.

Phelps K. J
Preceptorship of a Nurse Practitioner.
Pub. in Jnl. of the Tennessee Medical Association v68 n8 p612-615 Aug 75.

The functions of a nurse practitioner in a private family practice located in a rural setting were investigated in terms of patient and professional acceptance, cost effectiveness, quality of care, reducing the workload of physicians, and increasing the number of patients seen. A family practitioner provided a preceptorship for the nurse practitioner between May 10 and August 10, 1974 in Lewisburg, Tenn. Functions of the nurse practitioner included office, hospital, extended care facility, and home visit activities. Chronic disease cases were placed under the care of the nurse practitioner after she demonstrated competency in each area. Counseling, patient education, and instruction were also important functions of the nurse practitioner. Suggestions

were made for the improvement of a nurse practitioner preceptorship. It was found that afternoon rounds made by the nurse practitioner in hospitals saved many later hospital visits and reduced the number of patients that had to be seen on rounds after office hours. Recorded patient data and chart audit saved about 45 minutes on morning hospital rounds. Office space and personnel were used by the nurse practitioner while the family practitioner was away from the office. It was determined that the role of the nurse practitioner on a family practitioner team is dependent on the practice of each family practitioner and the capabilities of each nurse practitioner. Additional information on the duties of nurse practitioners is appended.

Pohl Margaret L
Teaching Function of the Nursing Practitioner.
137p 1968 Available from Wm. C. Brown, Inc., 2460 Kerper Blvd., Dubuque, Iowa 52001.

The teaching function of nursing practitioners (students of nursing or registered nurses) is discussed. Principles of learning are noted, including perception, conditioning, trial and error, imitation, development of concepts, motivation, physical and mental readiness, participation, previous knowledge and experience, emotional climate, repetition, and satisfaction. Principles of teaching are outlined, and factors in nursing settings that affect teaching and learning are examined. Consideration is given to patients in various stages of illness who are defined as learners, patients who have problems in communication, clients in good health, and supervisory responsibility of nurse practitioners. Types of subject matter which nurse practitioners may teach to clients and coworkers are addressed, along with methods of teaching which are appropriate for use by nurse practitioners. Teaching materials and aids are noted which might be reasonably used when teaching in nursing settings. It is felt that the effectiveness of teaching by nurse practitioners depends primarily upon a basic knowledge of the subject being taught and on the quality of overall advance planning, upon the care with which plans for individual lessons or teaching incidents are prepared and presented, and upon evaluation. Evaluation is considered to be an integral part of the teaching process which involves all aspects of both learning and teaching.

Popiel Elda S
Nurse Practitioner: A New Program in Continuing Education.
Pub. in Jnl. of Nursing Education v12 p29,31-36 Jan 73.

Courses in continuing education for nurse practitioners are often given as part of the services of a university school of nursing in cooperation with its school of medicine. It is understood that in the expanded role the nurse must change from an office or a clinical assistant to a provider of primary health care. Henceforth she will engage in independent decisionmaking about the nursing care needs of people, and she will be directly accountable and responsible to the recipient for the quality of care rendered. In order to help the nurse accept this expanded-role change, instructors in the programs must spend time assisting the participants in role reorientation. Some objectives that must be considered in developing a nurse practitioner course are: being able to evaluate the health history of a patient critically, perform a basic physical assessment, decide when to refer the person to a physician for evaluation or supervision, recognize and manage specific minor common conditions, carry out a predetermined health plan, guide patients to community health resources, make home visits, and facilitate the entrance of a person into a health care system. Certain portions of the curriculum are basic, but some of the content is specialized. Courses must be from 10 to 16 weeks in length, with clinical practice sessions during and after completion of the course. References and a bibliography are provided.

Putt A M
Nurse Educator Looks at the Nurse Clinician.
Pub. in Military Medicine v142 n1 p54-57 Jan 77.

Roberts Doris E, Freeman Ruth B
Public Health Service, Bethesda, Md. Div. of Nursing.
Redesigning Nursing Education for Public Health. Report of the Conference, May 23-25, 1973.
143p 1973 Available NTIS HRP-0006510

Proceedings of a conference held May 23-25, 1973 to reassess new approaches to training public health nurses are presented by the Division of Nursing, Public Health Service, DHEW. The 40 participants included nurse educators, nurse practitioners involved in research, representatives of national and international nursing organizations, comprehensive health planners, epidemiologists, and professors of medicine and public health. Topics affecting health policy decisions in the United States were discussed, such as population, urbanization, mobility trends, technological innovations and communications. The place of preventive medicine in the

future was considered, including the identification and modification of psycho - social factors in high-risk families and groups. The concerns of the consumer also were addressed (priorities, responsibility for own health care, acceptance of innovation, and desire for stable solutions). Anticipated changes in nursing practice were explored, and the role of education in these changes was considered. Three paradoxes that face the public health nurse were examined: (1) lack of knowledge regarding unserved public needs; (2) disparity between the quality of nurses' academic preparation and the paucity of theory behind it; and (3) use of so-called 'low - cost' personnel in public health nursing. Responsibilities in the field of nursing education were summarized incorporating curriculum content and evaluation of the educational program. An imagined dialogue between Socrates and two of his philosopher companions discussing the role, scope, and essence of public health nursing concludes the report.

Rott R K
Evaluation of Medical Nurse Practitioner Program: Participation Instrument No. 1.
Available from EDRS, P.O. Box 190, Arlington, VA 22210.

Silver H K
Principal Training Programs in the USA. Nurse Practitioner, Child Health Associate, and Primary- Care Medical Practitioner.
Pub. in WHO Public Health Papers v60 p55-61 1974.

Silver Henry, Ford Loretta
Colorado Univ., Denver.
Pediatric Nurse Practitioner at Colorado.
Pub. in American Jnl. of Nursing v67 n7 p1443-1444 Jul 67.

A two-phase program developed at the University of Colorado to expand the traditional role of the pediatric nurse is described. The aim of the program is to prepare professional nurses to provide comprehensive well-child care, to identify and assess acute and chronic conditions, to make appropriate referrals, and to evaluate and temporarily manage emergency situations. During the first phase, each nurse receives 4 months of intensive theory and practice in pediatric care at the Medical Center in Denver. In the second phase, the nurses apply their newly acquired knowledge and skills in field offices (health stations). So trained, the pediatric nurse practitioners function autonomously within the scope of the State's professional nurse practice act and coordinate their services with existing medical and community resources. Throughout the program, emphasis is placed on defining the

dimensions and limitations of the nurses' role. Initial experience in the field stations indicates that 50 percent of the children who are seen are well children. Nurse practitioners have been able to care for almost all of these well children, while 50 percent of the other youngsters, either ill or injured, have required referral to a physician or medical facility. Observations on the role of the nurse practitioner, particularly in relation to the medical profession, are offered.

Silver Henry K; Ford Loretta C, Stearly Susan G
Colorado Univ., Denver. Medical Center.
Program to Increase Health Care for Children: The Pediatric Nurse Practitioner Program.
Pub. in Pediatrics v39 n5 p756-760 May 67.

An educational and training program in pediatrics was developed for professional nurses by the University of Colorado's Department of Pediatrics. The pediatric nurse practitioner program is designed to prepare professional nurses to assume an expanded role in providing increased health care for children in areas with limited facilities. The program involves two major phases: (1) 4 months of intensive theory and practice in pediatrics under the direction of senior faculty members at the University of Colorado Medical Center; and (2) application of the knowledge and skills of nurses in field offices located in areas where many residents are low in socioeconomic status and need improved and augmented health care. In the community setting, pediatric nurse practitioners establish field stations, called child health stations or pediatric nursing stations. Children with minor illnesses are treated by the nurses, using a previously established management plan. More severely ill children are referred to a physician for medical care. Those children with chronic illnesses or needing special diagnostic and therapeutic studies are referred to an appropriate medical facility. It is envisioned that pediatric nurse practitioners will enter pediatrician's offices where they will act as nurse practitioners and physician associates.

Sinn L S
Type of Nursing Education and the Nurse Practitioner Experience.
Pub. in Nurse Practitioner v1 n4 p28-33 Mar-Apr 76.

Stearly Susan, Noordenbos Ann, Crouch Voula
Colorado Univ., Denver. Medical Center.
Pediatric Nurse Practitioner.
Pub. in American Jnl. of Nursing v67 n10 p2083-2087 Oct 67.

The Pediatric Nurse Practitioner Project, a two-phase program sponsored by the University of Colorado Schools of Nursing and Medicine and supported by a grant from the Commonwealth Fund of New York, is described as an approach to expanding the pediatric nurse's knowledge and skill and to delivering more care to children. The nurse who completes the program can give comprehensive well-child care, can recognize developmental deficits and defects, and can manage certain common problems of childhood. She is prepared to work in health departments, in clinics both with physicians and independently, and in physicians' private offices. Phase I of the program consists of four months' intensive education at the University of Colorado Medical Center. During this period, the nurse attends seminars and clinic sessions and rotates through newborn nurseries and clinics for low-birth-weight infants and well-children. The nurse also accompanies physicians on rounds in pediatric wards and participates in pediatric and psychiatric conferences. During the second phase, the nurse practices in the field, performing a variety of tasks in the child health station to which she is assigned. Comments from five nurses who have completed Phase I of the program are summarized. Activities of two of the child health stations to which program participants are assigned are described to illustrate the activities involved in the field experience.

Storms D M
Training of the Nurse Practitioner: A Clinical and Statistical Analysis.
Available from the Connecticut Health Services Research Series, P.O. Box 504, North Haven, CT 06473.

System Sciences, Inc., Bethesda, Md.
Nurse Practitioner and Physician Assistant Training and Development Study.
613p 30 Sep 76 Available NTIS PB-259 026/3

Objectives of the 15-month study were to collect descriptive and comparative data on the selection, applicant/graduate characteristics, program objectives, training content and structure, deployment, and cost of training nurse practitioners and physician assistants in DHEW-funded programs. Descriptive and comparative analyses were to be made from the data. Data were collected on the universe of 145 programs from headquarters and Regional Office files. Forty-four programs were selected for intensive study and

on-site data collection. Six categories of training programs were included in intensive study sample: Nursing Practitioner (NP) Masters, Pediatric NP Certificate, Family NP Certificate, Adult NP Certificate, Physician Assistants and Medex. Findings were extensive in all study areas. One of the overriding findings of the study is the great diversity of curriculum length and course content, both within and between programs. (NTIS)

Tomes Evelyn K
Meharry Medical Coll., Nashville, Tenn. Dept. of Nursing Education.
Expanding the Nurse's Role: At Meharry Medical College.
Pub. in Urban Health v5 n4 p31, 33, 36, 39 Aug 76.

The development of the nurse practitioner program at Meharry Medical College in Nashville, Tennessee, is described. A survey of nurse employers in the area revealed that the majority of registered nurse employed by neighborhood health centers, comprehensive health centers, public health centers, and hospital outpatient departments had a diploma-level education. The employers surveyed indicated a need for and interest in an expanded role for nurses. As a result, it was concluded that specially trained nurses, working with physicians, could provide more comprehensive care to a large number of people, and that by educating nurses to acquire and use new skills, a greater number of people would receive a higher quality of care. A study of unmet health needs in Tennessee also indicated a serious need for better trained expanded-duty nurses. The Division of Continuing Education for Nurse (now the Department of Nursing Education) offers expanded training in five clinical categories: child care, maternal care, adult care, family care, and mental health care. An interdisciplinary approach is used which revolves around a core involving concepts of primary health care, basic science review, and physical diagnosis. The first phase of the program includes theory and didactic experiences and introductory clinical exposure; the second phase consists of a 5-month residency or preceptorship in supervised clinical practice. Evaluation of the program is by both process and outcome evaluation.

Walker A. Elizabeth
National Center for Health Services Research and Development, Rockville, Md.
PRIMEX: The Family Nurse Practitioner Program.
Pub. in Nursing Outlook v20 n1 p28-31 Jan 72.

The history of the development of the nurse practitioner concept is traced briefly, and the PRIMEX program, an experimental undertaking designed to prepare nurses to

function as family nurse practitioners, is described. At the time the article was written, demonstration projects implementing the PRIMEX concept were underway at Cornell - New York Hospital and Medical Center and the University of North Carolina at Chapel Hill. The intent of the PRIMEX projects is to prepare nurses to work collaboratively with physicians to provide health services in a variety of community settings and to evaluate the effectiveness of the training programs and of the trained practitioners. The duties envisioned for the PRIMEX practitioner are summarized. Requirements for institutions or investigators wishing to establish a PRIMEX program are noted. Potential roles for the family nurse practitioner in a variety of ambulatory care settings are projected, with particular attention to the practitioner's place in the health maintenance organization. Implications of PRIMEX and similar practice experiments for nursing education are discussed briefly. A reexamination of basic programs of nursing education and of master's and doctoral programs is urged.

Wible Kenneth L
West Virginia Univ., Morgantown. Dept. of Pediatrics.
Pediatric Nurse Associate Program at West Virginia University: The First Three Years.
Pub. in West Virginia Medical Jnl. V71 n6 p137-141 Jun 75.

The effectiveness of the pediatric nurse practitioner program at the West Virginia University Morgantown, W. Va., and its graduates is evaluated. A study was initiated in 1974 that consisted of personal interviews with 12 physician preceptors, 17 nurse practitioners, and 11 patients and their families. It was primarily concerned with the capacity in which pediatric nurse practitioners were enployed, the use of skills learned in the university program, the applicability of training to practical employment situations, the level of acceptance of pediatric nurse practitioners by physicians and patients, and whether graduates found their roles professionally and economically rewarding. Only seven of the graduates were employed as a full-time pediatric nurse practitioner. About 85 percent of the pediatric nurse practitioner's time during the preceptorship phase was spent in activities related to direct patient contact. Both physicians and patients were generally satisfied with the care provided by pediatric nurse practitioners, and all physicians indicated that they would recommended the pediatric nurse practitioner to others whose practice consisted primarily of pediatric patients. The salary increases received by five full-time pediatric nurse practitioners since entering the program ranged from $2,200 to $5,980 annually. There was an average increase in the work week from 40 to 43 hours.

Wiesmann H W
Family Nurse Practitioner Program in Craig County.
Pub. in Virginia Nurse Quarterly v42 n4 p46-47 Winter 1974.

Zornow R A
Curriculum Model for the Expanded Role.
Pub. in Nursing Outlook v25 n1 p43-46 Jan 77.

III. ACCEPTANCE

Adamson J. Elaine, Watts Paula A
California Univ., San Francisco. Dept. of Family Health Care Nursing.
Patients' Perception of Maternity Nurse Practitioners.
Pub. in American Jnl. of Public Health v66 n6 p585-[illegible] Jun 76.

Patient satisfaction with the care provided by maternity nurse practitioners was evaluated at a university hospital clinic, a prepaid group health plan, and two private practices in California. Data were obtained through interviews with 303 women during the period from July 1974 to September 1974. Each of 6 nurse practitioners saw approximately 50 patients. The response rate was 88 percent in the university hospital clinic and 99 percent in the prepaid group health plan and the private practices. More than 90 percent of the patients felt that they were in good or excellent health. Patient visits varied in length according to the setting. The majority of patients stated that they were helped by maternity nurse practitioners. Information assistance was the most frequently mentioned category of help by patients in all three settings. About 32 percent of patients in the prepaid group helath plan indicated that they preferred to be seen by a female. The role of maternity nurse practitioners is viewed as bridging the gap between highly skilled technical care provided by physicians and the need for comprehensive and personalized care. The implications of the study results for nurse practitioner education are discussed. supporting data are tabulated, but the study instrument is not included.

American Nurses' Association
Nurse Practitioner Question.
Pub. in American Jnl. of Nursing v74 n12 p2188-2191 Dec 74.

Andrews Priscilla M, Yankaver Alfred
Bunker Hill Health Center, Boston, Mass.
Pediatric Nurse.
Pub. in American Jnl. of Nursing v71 n3 p504-508 Mar 71.

The acceptance of pediatric nurse practitioners by families is discussed. It is pointed out that major pressures for the utilization of pediatric nurse practitioners have come from overburdened physicians in settings where they deliver both preventive and curative care to children. Studies on the use of pediatric primary care from 1963 to 1970 are reviewed. A national survey of pediatric practice is reported. That survey documented the belief of pediatricians that the greatest obstacle to increased utilization of nurse practitioners was a lack of available trained workers. Thirteen percent of more than 4,000 respondents reported

unsuccessful experiences with pediatric nurse practitioners, but the most common reasons given for failure were inadequate training of the nurse and inability of the pediatrician to find time to prepare her for new responsibilities. A survey on short-term courses to prepare nurses for expanded pediatric roles showed that 42 continuing education programs were in operation or were scheduled to open in late 1970 or early 1971, and 22 other programs were in planning stages. It is concluded that, where pediatric nurses have assumed greater responsibility for child health care, parents have accepted them well. It is also felt that pediatric nurses have derived satisfaction through using their expanded skills and that more children have received needed medical and nursing health care.

Batchelor G. M, Spitzer W. O, Comley A. E, Anderson G. D
McMaster Univ., Hamilton (Ontario).
Nurse Practitioners in Primary Care. IV: Impact of an Interdisciplinary Team on Attitudes of a Rural Population.
Pub. in Canadian Medical Association Jnl. v112 p1415-1418,1420 21 Jun 75.

The attitudes of persons residing in a semirural area toward the expanded role of nurse practitioners in primary care were surveyed. A family medical center (FMC) was established in 1971 using an interdisciplinary approach of physicians and nurse practitioners (family practice nurses) as copractitioners. Just as the FMC was being established, an initial household survey of 1501 persons was conducted to establish a baseline and show attitudes. Two years later a followup survey was conducted, involving 1132 persons. A second 1973 survey of 575 respondents was conducted to confirm the reproducibility of the differences observed. Cross-sectional comparisons in 1973 showed that the FMC group used all health services at a rate of 19 percent less than a non-FMC group, but use of nurses by FMC patients was 347 percent greater. More respondents in the FMC group depended on the nurse to explain what the doctor did than in the non-FMC group. There were no observable differences in response to a series of questions about first choice provider of care in a worry-inducing health problem; in 1971 and 1973 both groups selected a doctor as the first choice. Data are reported for attitudes about housecalls, satisfaction, and convenience, and the survey indicates that nurse practitioners in primary care, as copractitioners to family physicians, are readily accepted by most consumers of care.

Bates B
Physician and Nurse Practitioner: Conflict and Reward.
Pub. in Annals of Internal Medicine v82 n5 p702-706 May 75.

Bates Barbara
Rochester Univ., N.Y. School of Medicine and Dentistry.
Doctor and Nurse: Changing Roles and Relations.
Pub. in New England Jnl. of Medicine v283 n3 p129-133 Jul 70.

Literature relevant to the changing roles and relations of physicians and nurses with regard to patient care is reviewed, and a conceptual framework is offered as an aid in attempting to understand these changes. The primary role of the physician is viewed as comprising diagnosis and treatment -- the 'cure' process. In contrast, the primary role of nursing lies in the 'care' process, consisting of caring, helping, comforting, and guiding. Neither role is an exclusive domain. Both professions feel responsible for meeting patients' psychological needs. Furthermore, as technology advances, a steadily enlarging area of overlapping roles is made up of tasks instrumental to diagnosis and treatment, delegated by physician to nurse. Forces within the medical profession, nursing, and society thus tend to constrict the nurse's role to tasks delegated by physicians. An interprofessional relation characterized by physician authoritarianism and nursing dependence blocks realization of the full potential of the physician - nurse team, and patient care suffers as a consequence. New concepts, including the clinical nurse specialist, the expanded role nurse, and the physician's assistant, are being developed within both professions in recognition of the inadequacy of the existing patient care pattern. It is suggested that each of these approaches be explored through experimentation, reasoned judgment, and joint planning unhindered by traditionalism, self-protectiveness, and considerations of professional prestige.

Brickner P W
Expanded Roles for Nurses--The View of a Physician.
Pub. in National League for Nursing Publications (16-1551) p1-4 May 74.

Bullough B
Influences on Role Expansion.
Pub. in American Jnl. of Nursing v76 n9 p1476-1481 Sep 76.

Bullough Bonnie
California Univ., Los Angeles. School of Nursing.
Barriers to the Nurse Practitioner Movement: Problems of Women in a Woman's Field.
Pub. in International Jnl. of Health Services v5 n2 p225-233 1975.

Factors in the traditional subordination of nurses to physicians are examined in a discussion concerned primarily with barriers to the full use of nurses in practitioner roles. It is suggested that nursing reflects a strongly stereotyped role of women, that the norms and values of nursing are 'feminine,' and that the relationships between nurses and physicians embody all of the 'male-female games' associated with subordination. In addition, the educational system has tended to reinforce the feminine and subordinate role of nurses. For these reasons, nurses allowed a new, predominantly male occupation (the physician's assistant) to develop to fill a need that nurses, with a minimum amount of additional training, were qualified to fill. A study is cited in which a form of 'anticipatory withdrawal' behavior was identified in nurses. Through their responses to situations involving the questioning of a physician's orders, the nurses showed a preference for an indirct approach rather than an open statement of opinion. Responding to the same situation, many physicians showed an actual preference for a direct response, as opposed to a 'polite' one, from nurses. Similar behavior on the part of nurses is said to be reflected in a model nurse practice act formulated by the American Nurses Association. It is concluded that, although changes in State licensure and educational reforms are facilitating the nurse practitioner movement, stereotyped communication patterns between nurses and physicians continue to impede that movement.

Burosh Phyllis
Cook County Hospital, Chicago, Ill.
Physicians' Attitudes Toward Nurse-Midwives.
Pub. in Nursing Outlook v23 n7 p453-456 Jul 75.

Four studies of physicians' attitudes toward nurse-midwives are described. The American College of Obstetricians and Gynecologists mailed a questionnaire to its members in 1962, requesting their opinions on the management of the obstetrical patient by a specially trained maternity nurse. From the approximately 50 percent response, the conclusion was drawn that there is a rather strong opposition to nurse-midwifery, but a substantial support for the delegation of some of the routine work of antepartal care and observation during labor to an 'especially trained nurse assistant.' The physicians indicated more positive attitudes toward a 'well-trained graduate maternity nurse' than to a 'nurse-midwife.' Another survey involving the 31 physicians who were working with nurse-midwives indicated that physicians experienced with nurse-midwives have highly favorable attitudes toward their practice. A third study surveyed 16 chiefs of obstetrics. Only 11 responded, and the results were interpreted to indicate that physicians' attitudes toward nurse-midwives are multidimensional and

indicate an unwillingness to share the role of chief provider of medical care. In a fourth study, questionnaires were sent to 429 Maryland obstetricians or general practitioners with a secondary specialty in obstetrics. The response rate was 93.6 percent; the physicians indicated overwhelmingly favorable attitudes toward the nurse-midwife's performance of maternity care nursing and prenatal care functions and very negative attitudes toward her performing other functions.

Day Lewis R, Egli Rosemarie, Silver Henry K
Colorado Univ., Denver. Dept. of Pediatrics.
Acceptance of Pediatric Nurse Practitioners.
Pub. in the American Journal of Diseases in Children v119 p204-208 Mar 70.

The findings of a parent opinion survey concerning combined care by a pediatrician and a pediatric nurse practitioner in private practice are presented. The practice studied is in a middle-class suburb of Denver, Colorado. Questionnaires were distributed to the parents of all patients seen by the pediatrician and the nurse practitioner during a four-week period in the summer of 1968; replies were received from 68 of the 94 families to whom questionnaires were sent. Ninety-four percent of the respondents expressed satisfaction with services received and with their opportunity to maintain adequate communication with the physician, while 57 percent stated that joint care was better than care they had received from a physician alone. Parents were highly satisfied with home visits by the nurse practitioner, by her visits to the hospital during the neonatal period, and with other aspects of care their children had received. Over 90 percent of the parents considered the association of a pediatrician and a pediatric nurse practitioner to be a desirable and inevitable trend in the private practice of medicine. A tabular summary of results and a description of functions performed by the nurse practitioner are included. A copy of the survey instrument is not provided.

Dungy C I, Silver H K
Pediatricians' Perceptions: Competence of Child Health Associates.
Pub. in Rocky Mountain Medical Jnl. v74 n1 p25-27 Jan-Feb 77.

Flynn Beverly C
Indiana Univ. - Purdue Univ. at Indianapolis.
Study Documents Reactions to Nurses in Expanded Roles.
Pub. in Hospitals, Jnl. of the American Hospital Association v49 n21 p81-83 1 Nov 75.

The reactions of health care providers and consumers to nurse

clinicians were studied in a one-year demonstration program at a midwestern medical campus. Four registered nurses were prepared to practice as medical nurse clinicians through a curriculum combining didactic teaching with a physician - preceptor relationship in several settings: county hospital outpatient clinic, neighborhood health center, and three private group practices. The total sample of health care providers included 44 physicians, 21 nurses, and 20 other health workers who had direct contact with nurse clinicians during their preceptorships. In addition, a sample of patients from an outpatient clinic participated, an experimental group being cared for by nurse clinicians and a control group being cared for by physicians. About two-thirds of each group sampled (providers and patients) responded that nurse clinicians could take a medical history on all or most patients. There were fewer positive attitudes toward the nurse clinician's performance of physical examinations. General agreement was found regarding nurse clinician decisions as to whether a patient needs to see the physician. Attitudes toward the nurse clinician's regulation of medication were generally negative for all categories of respondents. All experimental patients responded that they liked the care of nurse clinicians. The experimental group of patients cared for by nurse clinicians were more positive toward nurse clinicians in accepting them than were control patients who had no contact with clinicians. For the most part, professionals thought of the nurse clinician as a physician's assistant. About one-half of the nurses and two-fifths of the physicians felt that clinicians would encounter difficulty being recognized for their capabilities. Data also indicated differences in acceptance influenced by the patient care setting.

Fottler Myron D, Pinchoff Diane M
Alabama Univ., University. Industrial Relations Program.
Acceptance of the Nurse Practitioner: Attitudes of Health Care Administrators.
Pub. in Inquiry v13 n3 p262-273 Sep 76.

A survey of the attitudes of administrators in hospitals, nursing homes, and public health departments in western New York State concerning the use of nurse practitioners is documented. The survey was undertaken in 1972 by the School of Nursing of the State University of New York at Buffalo. Responses were received from 59 of the 107 institutions contacted. The respondents, who included assistant administrators, directors of nursing services, and top administrators, were given a definition of the nurse practitioner and asked their attitudes toward a potential role for the nurse practitioner in their institutions. The findings suggest that most health care administrators do not hold negative attitudes toward the nurse practitioner

innovation. However, considerable uncertainty, confusion, and lack of information concerning the nurse practitioner are evident. In terms of a staged process of adoption, most administrators were at the earlier stages of awareness and interest. Only three institutions, all hospitals, were at the trial stage. The nurse practitioner was viewed as an asset by 59 percent of the respondents, while 46 percent indicated they would be willing to employ a nurse practitioner. Administrators who did not hold positive attitudes about the nurse practitioner tended to express uncertain, rather than negative, attitudes. Implications of the findings are discussed. Supporting data are included. A copy of the survey instrument is not provided.

Glenn John K, Hofmeister Roger W, Stimson David H, Charles Gerald
Missouri Univ. - Columbia. Div. of Family Medicine.
Will Physicians Rush Out and Get Physician Extenders.
Pub. in Health Services Research v11 n1 p69-74 Spring 1976.

Issues regarding the motivation of physicians to employ physician extender personnel are raised. The greatest impact of physician extenders on primary care delivery is in areas where physicians are in solo practice or where the physician-patient ratio inhibits primary care, not in experimental and academic practice settings, or in health maintenance organizations or other large group practices. In private practice a number of incentives may influence a physician to employ a physician extender. These include increased net income, greater control over working hours, a positive attitude toward previous experiences with physician extenders, desire to reward an associate by training him or her as a physician extender, provision of expanded patient care, desire to be innovative, competitive pressures from colleagues who already employ physician extenders, desire to reduce patient charges, case studies and positive exhortations in the literature, and desire to develop an optimal practice. Additionally, the increased governmental regulation of health care has created a need for more extensive medical recordkeeping. Several studies have shown that physician extenders enter more information into medical records than do physicians themselves; it is, therefore, probable that physician extenders will be utilized in this role.

Hankin Jan
Johns Hopkins Univ., Baltimore, Md.
Utilization of Medical Care by Baltimore Residents: 1974.
54p Mar 76 Available NTIS HRP-0013431

A survey of 2,583 Baltimore, Maryland, residents was conducted in 1974 to evaluate their attitudes toward health practitioners, including physician's assistants and nurse practitioners. In addition to the collection of data on the acceptance of health practitioners, information was obtained on respondent utilization behavior and health status and sociodemographic characteristics. Respondents were asked about their usual sources of medical care, times they received care, number of physician visits, general physical examinations, chronic conditions, illnesses, physician visit costs, and how long it took to get to a physician's office. The results of the Baltimore study were compared to the findings of a national survey. The survey of 2,583 Baltimore residents indicated that most had ready access to physicians and that most received regular medical checkups. Men and women reported similar providers of medical care, places of care, travel times, and medical care costs. Black and white racial groups showed similar patterns of sources of care, frequencies of physician visits, general checkups, chronic conditions, and restricted activity days. It was found that Baltimore residents used medical care more than the general population as a whole. Certain similarities in medical care utilization behavior across social groups were noted, although inequities in access to medical care and differential illness experiences were observed. Supporting tabular data are provided. An appendix contains the survey form, and a lsit of references is included.

Heiman Elliott M, Dempsey Mary K
Arizona Univ., Tucson. Coll. of Medicine.
Independent Behavior of Nurse Practitioners: A Survey of Physician and Nurse Attitudes.
Pub. in American Jnl. of Public Health v66 n6 p587-589 Jun 76.

A survey was made of the attitudes of physicians and nurses toward nurse practitioners functioning in an extended role under various clinical conditions. Questionnaires were mailed to a random sample of 250 nurses and 250 physicians in Arizona. Followup was performed by letter and telephone. Included in the questionnaire were 24 case studies, treatment techniques and medications to be determined, and diseases to be managed. The objective of the survey was to determine if nurse practitioners could act independently without consulting physicians, act independently while consulting physicians on their own initiative, routinely consult physicians, or whether the tasks were inappropriate for nurse

practitioners. Questionnaires were completed by 98 physicians and 141 nurses. Differences in the responses of both physicians and nurses varied more according to task than according to the seriousness of an illness. The nature of the task (for example, history taking versus treatment planning) was considered to be a significant parameter in determining attitudes toward the independent behavior of nurse practitioners. History taking was perceived more favorably under all clinical conditions than any other task of nurse practitioners. The results of a Guttman scale analysis indicated that respondents grouped themselves primarily in terms of sex and secondarily in terms of specialty. Differences were noted in the distribution of response patterns for physicians and nurses.

Henshaw Stanley K
Cornell Univ.-New York Hospital School of Nursing, N.Y. Div. of Continuing Education.
Three Studies of the Acceptance and Impact of Family Nurse Practitioners.
138p 5 Aug 76 Available NTIS PB-268 319/1

Two of these studies assess the job satisfaction, attitudes and career expectations of graduates of a family nurse practitioner program (PRIMEX) and the impact of nurse practitioners on patient care in a general medical clinic. The third is a collaborative study with five other PRIMEX programs. This is a survey of the clinical supervisors of the graduates of these six programs to ascertain characteristics of the practice setti[redacted] supervisors' satisfaction with family nurse practi[redacted] (FNP) performance, and problems encountered in implementing the FNP role into the setting. (NTIS)

Lawrence R S, DeFriese G H, Putnam S M, Pickard C G, Cyr A B, Whiteside S W
Physician Receptivity to Nurse Practitioners: A Study of the Correlates of the Delegation of Clinical Responsibility.
Pub. in Medical Care v15 n4 p298-310 Apr 77.

Lewis Charles E, Cheyovich Therese K
California Univ., Los Angeles. Center for the Health Sciences.
Who Is a Nurse Practitioner. Processes of Care and Patients' and Physicians' Perceptions.
Pub. in Medical Care v14 n4 p365-371 Apr 76.

Two different styles of care provided by nurse practitioners to patients were examined during a repeat of a previous study of nurse practitioners conducted at the University of Kansas.

Two nurses with equivalent backgrounds participated in a 6-week program for adult nurse practitioners concerned with teaching the skills required for physical diagnosis. Further training in medical management was provided on the job by physicians. The two nurse practitioners practiced in the same environment and cared for patients randomly allocated to them. One practitioner saw her patients more often and for longer periods of time, ordered more medications, and less often sought physician consultation. She also was most optimistic regarding the impact of her services on the condition of patients. The other nurse practitioner was more dependent upon physicians for validation of her actions. Physicians did not distinguish between the two practitioners in terms of their performance. Patients cared for by the practitioner whose behavior suggested an integration of medical and nursing care processes saw nurses as a more common source of information about illness and demonstrated more significant shifts in preferences for services provided by nurses rather than physicians. No significant changes were noted from pretest values among patients cared for by the other nurse practitioner.

Linn Lawrence S
California Univ., Los Angeles. Primex Project.
Patient Acceptance of the Family Nurse Practitioner.
Pub. in Medical Care v14 n4 p357-364 Apr 76.

Levels of satisfaction of patients seeing a family nurse practitioner (Primex) are compared with satisfaction levels among patients seeing traditional providers (physicians or registered nurses) within the same setting. Data were collected on 1,912 patient - provider encounters as recorded by patient responses to a questionnaire in 10 California ambulatory health care settings; these settings were selected because they employed a Primex trained at UCLA in 1973 and 1974. All patient visits were studied during one 5-day week. The nurse pratitioners received patients on a random basis either by appointment or walk-in, and patient satisfaction was evaluated with five indexes of patient perception. It was found that patients who saw a Primex were significantly less satisfied on the index of access than other patients, but that no statistically significant difference existed between the evaluation of Primex patients and those of other providers on the indexes of general satisfaction and rapport. Based on other index responses, the suggested reason for lack of satisfaction in access is the waiting time. No satistically significant differences existed on the index of satisfaction with physicians. Patients who saw a Primex were significantly more likely to be satisfied with their interaction with the Primex than patients who received examination or treatment from a non-Primex nurse. It is concluded that, from the patient perspective, the family

nurse practitioner is as acceptable a provider of primary care as physician and registered nurse providers. The survey results are included.

Loeb P M, Robison B J
Experience of a Physician-Nurse Practitioner Team in Care of Patients in Skilled Nursing Facilities.
Pub. in Jnl. of Family Practice v4 n4 p727-730 Apr 77.

Berenstein Joel H, Wolfe Harvey, Barker Kathleen M
Pittsburgh Univ., Pa.
Use of Nurse Practitioners in a General Practice.
Pub. in Medical Care v12 n5 p445-452 May 74.

A two-year study of the usefulness and acceptance of nurse practitioners in a private practice in a middle-class neighborhood is documented. With the cooperation of the University of Pittsburgh School of Medicine, two physicians engaged in a joint suburban - rural general practice developed a training program for their three nurses. Over the course of one year, the nurses were trained in medical specialists' offices, in well-baby clinics, and at the university health center to perform specific tasks identified as transferable from physician to nurse. Data gathered before and after the training program demonstrate that significant changes took place in the allocation of time between physicians and nurses. An attitude questionnaire given to 214 families who used the practice before and after the nurses' role change revealed that acceptance among those families who actually utilized the nurse practitioners was very high. Implementation of the program is described as efficient and inexpensive. Several observations not evident from work sampling data are offered. For example, it had been hoped that the nurses would screen patients in the examining room prior to the physician's arrival. However, as the nurse practitioners developed their own schedules of patient appointments, they no longer had time for such screening activities. Other observations concern the use to which the physicians put their time saved as a result of the nurse practitioners' handling 28 percent of office visits. Supporting tabular data on task allocation and patient attitudes are included.

New Jersey State Dept. of Higher Education, Trenton.
Employment of Non-Licensed Health Professionals in New Jersey.
61p Dec 75 Available NTIS HRP-0007678

The results of a 1974 study of employment of nonlicensed health professionals in New Jersey are reported. A questionnaire was sent to over 1,200 general care hospitals,

specialty hospitals, nursing homes, public health departments, home health agencies, and school districts. Overall response to the questionnaire was 71 percent. In addition to data on actual employment of nonlicensed personnel, information was gathered on employers' attitudes concerning evolving health occupations such as the physician's assistant and the nurse practitioner. Health manpower categories explored in the survey included 41 specific occupations within the general categories of laboratory services, dietetic services, medical records, speech therapy, therapeutic services, health education, dental services, administrative services, and other health services. For each occupation investigated, definitions are provided and data are presented on the number of full-time and part-time positions filled (by comprehensive health planning area and for the State), budgeted vacancies, and net projected changes. Responses regarding the need for the emerging health professions were generally positive. Supporting data and a copy of the survey instrument are provided.

Patterson Patricia K, Skinner A. L
Group Health Cooperative of Puget Sound, Seattle, Wash.
Physician Response to Delegation of Well Child Care.
Pub. in Northwest Medicine p92-96 Feb 71.

The purpose of a mail survey of 101 practicing pediatricians on the mailing list of the Seattle Pediatric Society was to determine their attitudes toward fitting specially trained nurse associates into their office scheme, and to ascertain which tasks the physicians would delegate to the pediatric nurse associate (PNA). The survey also attempted to determine how many physicians would hire a graduate of a PNA program, and how many would make their offices available for training purposes. The majority of respondents replied that a nurse could, perform such tasks as taking histories, giving parents advice, about feeding, discipline, playing, and deciding when immunizations were to be given. Over half the respondents indicated that they would delegate office management of minor physical problems to the PNA, but most were skeptical about the PNA's competence in performing physical examinations and in assuming responsibility for signing camp and school forms. Over 70 percent indicated they would participate in the PNA training program. Physician concerns about hiring a PNA centered around parental acceptance, fee structure, space requirements, legal implications and altered quality of care.

Perry Henry B
Johns Hopkins Univ., Baltimore, Md. School of Medicine.
Team Obstetrics and the Nurse-Midwife. Issues in Patient Acceptance.
Pub. in Primary Care v3 n3 p387-398 Sep 76.

Women enrolled in a prepaid group practice were interviewed at least two months after giving birth in an effort to identify the factors involved in patient acceptance of nurse-midwives. The 40 women were placed in 2 categories: an 'acceptor' group, whose members had requested that the nurse-midwife perform the delivery; and a 'nonacceptor' group, whose members had been delivered by an obstetrician. While background characteristics and opinion climate such as the opinions of family and friends about nurse-midwifery were not significantly associated with acceptance for delivery, the type of initial encounter between patient and nurse was important. Patients in the nonacceptor group had more frequently met the nurse-midwife initially when an obstetrician was present; acceptors had more often met her alone. It is suggested that a 'primacy effect,' in which an initial impression has a greater influence than later information, is present. It is further theorized that the patient develops a relatively low performance expectation for the nurse-midwife when the obstetrician is present. When the physician is absent, however, contrasts between the obstetrician and the nurse-midwife are less apparent and the patient has a more favorable perception of the nurse-midwife's competence. A major factor affecting acceptance for office care was ease of communication. Patients were more likely to experience a relationship of mutual participation with the nurse-midwife than with the obstetrician. Moreover, interactions between patient and nurse-midwife were more likely to be complementary. Tables illustrate the characteristics of the sample groups.

Radke K J
Physicians' Perceptions of Family Nurse Practitioners.
Pub. in Nurse Practitioner v2 n4 p35 Mar-Apr 77.

Record Jane Cassels, Greenlick Merwyn R
Kaiser Foundation Hospitals. Portland, Ore. Health Services Research Center.
New Health Professionals and the Physician Role: An Hypothesis from Kaiser Experience.
Pub. in Public Health Reports v90 n3 p241-246 May-Jun 75.

An hypothesis relating perceived role challenge to physician acceptance of new health professionals is presented, based on interviews with physicians, physician's assistants (PA's), certified nurse-midwives (CNM's) and pediatric nurse

practitioners (PNP's) at the Kaiser Permanente Health Plan facility in Portland, Oregon. At Kaiser, a recently instituted PA program expanded while PNP and CNM programs did not. The primary factor in shaping the experiences with new health professionals probably was the strain which each profession placed on the role security of the physicians in the different department (medicine, obstetrics and gynecology, and pediatrics). WhereasPA's in the medical department served to lighten caseloads for internists by taking over minor cases, thereby freeing the physicians to pursue the diagnostic services and subspecialties which distinguished them from general practitioners, the CNM and PNP was perceived as a threat to the physicians' roles in the other departments. The CNM's training encompasses the whole maternity cycle, paralleling rather than buttressing the obstetrician's specialty. Had the medical department been staffed primarily with general practitioners rather than by specialists, the setting for the PA's there might have been more similar to that of the CNM's and PNP's in obstetrics, gynecology, and pediatrics, because similar role friction would have been more likely to develop. Thus influenced, physicians' attitudes are critical in determing the extent to which, and the manner in which, new health personnel will be used.

Reed David E, Roghmann Klaus J
Rochester Univ., N.Y. School of Medicine and Dentistry.
Acceptability of an Expanded Nurse Role to Nurses and Physicians.
Pub. in Medical Care v9 n4 p372-377 Jul-Aug 71.

The methodology for and findings of a study on the acceptability of an expanded nurse role to nurses and physicians are described. The main purpose of the study was to determine the extent to which continual redefinition of the nurse role (through addition of new tasks) hinders development of professional identity. A questionnaire developed to measure the acceptance of an expanded role for nurses was administered to 218 persons: 93 nurses, 86 house staff physicians, and 39 senior medical students. Duplicate questionnaires were filled out by medical students before and after a period of clinical training in which an expanded nurse role was stressed. Results of the survey indicate that the questionnaire is a good measure of attitude. Nurses found the expanded role more acceptable than did medical students. Attitudes of medical students did not change after a year of clinical experience. House staff physicians found the expanded nurse role least acceptable. Intragroup variations were great, and motivational factors outside the professional field were of greater importance than direct clinical experience in determining acceptance levels. Variables related to the professional sphere were of

intermediate relevance. Younger personnel who had not yet been indoctrinated with rigid role prescriptions were found to be most receptive to role change. Tabular data are included; a copy of the questionnaire is not provided.

Scott S R
Patient Acceptance of the Nurse Practitioner. Experience in a University Health Service.
Pub. in Jnl. of the American College Health Association v23 n5 p364 Jun 75.

Theiss Betty E
Veterans Administration Center, Bath, N.Y.
Investigation of the Perceived Role Functions and Attitudes of the Nurse Practitioner Role in a Primary Care Clinic.
Pub. in Military Medicine v141 n2 p85-89 Feb 76.

Professional nurses employed at a California hospital and five persons serving on a university continuing education committee participated in a study that compared nurses' reactions toward specific role functions cited in the literature as expanded role functions. The study also attempted to examine professional nurses' attitudes toward nurse practitioner roles in primary care. The sample included 30 employees of the San Diego Veterans' Administration Hospital and 5 subjects serving on the continuing education committee at the University of California, San Diego. A questionnaire with three scales was used for data collection. The findings indicate that although nurses from a variety of job classification groups (e.g., nurse clinician, educators, staff nurse) accept the concept of the nurse practitioner, there are discrepancies about which functions are acceptable role behaviors for the practitioner. The nurse practitioner's presence was viewed as a threat to the registered nurses and the licensed vocational nurses by some persons in each job classification. It was generally agreed that the nurse practitioner is being used in a physician's assistant-type role rather than the broader nurse practitioner role. It is recommended that there be a clear distinction made between the physician's assistant and nurse practitioner role. Several other recommendations for futher study are included.

Thurman Richard L, Snowe Robert J
Missouri Univ., St. Louis. Dept. of Behavioral Studies and Research.
Nurse Practitioner and Institutional Facilities for the Mentally Retarded -- Are They Compatible.
Pub. in Jnl. of Psychiatric Nursing and Mental Health Services v14 n5 p7-10 May 76.

Potential areas of professional service and development for nurse practitioners are identified in State-operated residential facilities for the mentally retarded. Traditionally, institutional facilities have difficulty recruiting and staffing their medical services with physicians because salaries are not competitive with what a physician can potentially earn elsewhere. A nurse practitioner can perform many of the routine physician duties. The institutional shortage could be alleviated by adopting a staffing plan that included a physician as medical director and supervisor of several nurse practitioners. Other positions within an institution that can be filled by nurse practitioners are director of nursing services, director of inservice education, and director of health-care services of the aftercare department. Such positions would allow nurses to practice their skills, leaving the clerical and scheduling tasks usually performed by nurses for clerk-typists. Nurse practitioners can function as unit directors, aftercare nurses, and health service troubleshooters. In addition to providing new professional opportunities, employment in State facilities usually carries the enticement of work-study plans for furthering professional education. Thus a nurse could locate a position at such an institution and develop an educational program leading to a position of certified nurse practitioner.

Weinstein Philip, Demers Judy L
Washington Univ., Seattle. School of Medicine.
Rural Nurse Practitioner Clinic.
Pub. in American Jnl. of Nursing v74 n11 p2022-2026 Nov. 74.

The rural community of Darrington, Wash., has established a nurse practitioner clinic, and its operation is evaluated here. Being a logging community, Darrington is subject to frequent and often severe accidents and is located 30 miles away from the nearest source of medical care. In 1971, the Washington/Alaska Regional Medical Program suggested that experienced registered nurses be trained as nurse practitioners to deliver primary care. Public health nurses began the operation of the nurse practitioner clinic in 1972. The clinic was evaluated after 7 months to determine how community residents utilized available health care resources, what segments of the population were being reached, and what types of problems were being handled. Included in the evaluation were 142 families consisting of 461 individuals. About 25 percent of the total number of visits to all sources of care were for routine physical examinations. Clinic nurses performed 259 or 44.5 percent of these examinations and handled 252 or 74.2 percent of the 368 visits made for minor problems. The number of visits at the clinic to secure prescriptions totaled 199. Nurses dealt with over half of

visits for chronic problems and for almost three-fourths of visits for accidents which required no hospitalization or long-term care. Although the number of follow-up visits made to the clinic was small, 62.3 percent of respondents indicated that they would seek follow-up care in the future. Overall, the survey indicates that use of the clinic will increase in the future, and another survey for 1974 hopes to validate these early findings.

Williamson J A
Survey of Attitudes on Directions of Campus Health Centers Toward Potential College Nurse Practitioners.
Pub. in Jnl. of the American College Health Association v22 n3 p197-199 Feb 74.

Wright Edith
Texas Woman's Univ., Houston. Coll of Nursing.
Registered Nurses Opinions on an Extended Role Concept.
Pub. in Nursing Research v25 n2 p112-114 Mar-Apr 76.

The opinions of 237 professional registered nurses in Texas regarding the extended role concept as reflected by the family nurse clinician are reported. A questionnaire and cover letter were mailed to 800 nurses registered with the Texas State Board of Nurse Examiners, and 237 questionnaires were returned and used. Three major issues were addressed in the questionnaire: (1) level at which a family nurse clinician should assume responsibility; (2) extent to which the family nurse clinician can serve as a positive influence on various elements of the health care delivery system; and (3) anticipated problem areas for the family nurse clinician graduate. Biographical data were obtained from the participating nurses. Factor analysis used to interpret data suggested that the three major issues of the survey could be grouped into five factors. The first two factors were primarily a reclassification of family nurse clinician responsibilities. The other three factors related to potential problem areas for the family nurse clinician, potential outcomes from family nurse clinician performance, and potential implications of the family nurse clinician concept for nursing. The family nurse clinician role was viewed by the nurses as having positive implications for nursing practice in terms of greater professionalization for nurses and better health care for the public.

Wright Edith
Texas Woman's Univ., Houston. Family Nurse Clinician Program.
Family Nurse Clinicians: Physicians' Perspective.
Pub. in Nursing Outlook v23 n12 p771-773 Dec 75.

Prior to establishing a program to prepare nurses as family nurse clinicians (FNC), Texas Woman's University's College of Nursing sent a questionnaire to 194 local members of the Academy of Family Practice Physicians. Forty-nine (20 percent) of the questionnaires were returned, and basic statistics and cross-tabulations were performed on the computer. The years a physician had practiced medicine, the year in which he received his degree, or his type of practice had no effect on his general opinion of the FNC. In general, physicians' impression of the concept of the FNC was favorable (55 percent). Although 53 percent thought that the service of the FNC would enhance the delivery of health care in their practice setting, only 35 percent indicated willingness to employ an FNC. A majority of the physicians were willing to allow the FNC to assume responsibility for compiling health - illness histories, coordinating services among agencies for families, making home visits, educating groups and individuals, and following up patient and family care. There was resistance in allowing the FNC to perform physical assessment of patients, manage common illnesses, make hospital visits, and order laboratory procedures. Areas of positive influence were identified as patient teaching, keeping patients and families informed about patients' conditions, and contributing to continuity of care. Greatest problems were identified as other nurses' acceptance of the FNC, legal constraint, and the availability of funds to cover the FNC's services. The physicians' opinions are tabulated.

IV. EVALUATION OF EFFECTIVENESS

Altman Gaylene Bouska
Implementation of Nursing Audit.
Pub. in Nurse Practitioner v1 n3 p192-198 Jan-Feb 76.

Steps in the conduct of a patient care review program for nurse practitioners are outlined. Nursing audit is defined as an evaluation of the quality of nursing care provided to patients. The first step in measuring the quality of patient care is the determination of a patient's health status or outcome. Key components in an effective review system for nurse practitioners are reviewed. Two phases in the development of a formal patient care review program are examined. Phase 1 involves the establishment of a foundation for audit. Phase 2 is composed of the actual audit or evaluation of care. Five steps in phase 1 are listed: (1) make a commitment to implement a nursing review system; (2) identify resources within an agency; (3) review the agency; (4) educate staff members; and (5) organize the nursing staff. Steps in the phase 2 audit cycle are presented in tabular form: select topic for study, develop criteria, retrieve and measure data, screen data, evaluate results, implement corrective actions, report results through appropriate administrative channels, inform the nursing staff of audit results, and reaudit or reassess if necessary. Audit is viewed as only one aspect of a total quality assurance program. The development of a master schedule for retrospective review is discussed.

Andrew Barbara J, Erviti Vivian F, Dowaliby Fred J
National Board of Medical Examiners, Philadelphia, Pa.
National Program for the Evaluation of Primary Care Physician's Assistants.
161p Jul 76 Available NTIS PB-259 317/6

The report contains a comprehensive overview of the development of assessment instruments to evaluate the competency of an emerging health professional-the assistant to the primary care physician. The process through which essential performance requirements were defined is described. These requirements served as the base from which the assessment instruments were constructed. Data on the performance of examinees with different training experiences (MEDEX, Physician Assistant Program, Nurse Practitioner Program and Informally Trained) is presented for the three years the examination has been administered (1973, 1974 and 1975). A study was also conducted to correlation of performance on the written examination to performance in the practice setting in order to assess its predictive capability for competent practice. A medical chart audit methodology was employed and is discussed in detail. Finally the development of an interactive audiovisual display system to assess the interpersonal skills of physician assistants is

described. (Portions of this document are not fully legible.)

Appel Gary L, Lowin Aaron
InterStudy, Minneapolis, Minn.
Appendices to Physician Extenders: An Evaluation of Policy-Related Research.
121p Jan 75 Available NTIS PB-245 892/5

The report is an appendix to Physician Extenders: An Evaluation of Policy-Related Research and explores further the use of Physician Extenders. The topics discussed are: (1) Portion of Physician's Tasks Judged Appropriate for Delegation; (2) Potential PE Productivity; (3) Actual PE Product and Profitability; (4) Service Gains From Converting RNs Into PEs; (5) Service Gains From Better Use of Non-PE Aides; (6) InterStudy's Survey of PE Training Programs (Dobmeyer); (7) Analysis of the Policy Factors Affecting PE Productivity; (8) Geographic Distribution of PEs; (9) Physician Attitudes Toward PEs; (10) Physician Extender Salaries; (11) Patient Acceptance of PEs; (12) Analysis of Policy Factors Affecting PE Distribution. (NTIS)

Bailit Howard, Lewis Judy, Hochheiser Louis, Bush Nancy
Connecticut Univ. Health Center, Farmington.
Assessing the Quality of Care.
Pub. in Nursing Outlook v23 n3 p153-159 Mar 75.

Developments in and goals of quality of care assessment are noted, with special reference to the nurse practitioner, and a quality of care evaluation model is proposed. The effectiveness of systems for monitoring quality depends primarily on the cooperation of those providing care. It is felt that nurses are generally more receptive to various forms of quality control than other health professionals. With the increasing activity of nurse practitioners in the delivery of primary care, it is no longer feasible to assess the performance of nurses and physicians separately. The structure, process, and outcome of assessing the quality of care are discussed. Structure is concerned with the setting in which care is given. The process of care is basically what happens and in what order. Outcome, usually measured in terms of mortality, morbidity, disability, social functioning, and patient satisfaction, is the end result of care. Nurse practitioner studies are cited which demonstrate the significant impact of such practitioners on service delivery. The characteristics of a practical evaluation system are detailed, and directions for further research in quality of care assessment are noted. These research areas include the development of criteria and standards to evaluate the process of care, criteria and standards of care that are specific to nurse practitioners, record audits, practice

profiles, personal and professional variables of nurse practitioner functioning, and the impact of nurse practitioners on the care provided by physicians.

Bessman Alice N
University of Southern California, Los Angeles. Dept. of Medicine.
Comparison of Medical Care in Nurse Clinician and Physician Clinics in Medical School Affiliated Hospitals.
Pub. in Jnl. of Chronic Diseases v27 p115-125 Mar 74.

Two diabetes clinics are compared to evaluate the performance of nurse clinicans under staff physician supervision and the performance of interns and residents under the same supervision. The Los Angeles County, University of Southern California Medical Center employs the traditional house staff system Rancho Los Amigos Hospital in Downey, California uses the nurse clinician system. Randomly selected patients (275 for each institution) were followed for at least one year; all patients were seen at 4-week to 6-week intervals. The nurse clinician program, based on a 6-week intensive curriculum plus weekly continuing education is described. The comparison of medical care quality -- as measured by specific biochemical parameters, morbidity and mortality -- between the physician house staff system and the nurse clinican program indicates no difference between delivery systems. Advantages of the nurse clinician program are shown to include greater continuity of care and more emphasis on preventive medicine. Patient characteristics and biochemical parameters are tabulated. References accompany the text.

Burnip Robert, Erickson Russel, Barr George D, Shinefield Henry, Schoen Edgar J
Kaiser - Permanente Medical Center, San Francisco, Calif. Dept. of Pediatrics.
Well-Child Care by Pediatric Nurse Practitioners in a Large Group Practice. A Controlled Study in 1,152 Preschool Children.
Pub. in American Jnl. of Diseases of Children v130 n1 p51-55 Jan 76.

Parental acceptance of pediatric nurse practitioners (PNP's) and the effectiveness of PNP well-child care were evaluated during a 2-year study at the Kaiser - Permanente Medical Centers in San Francisco and Oakland, Calif. The study population included 1,152 infants whose families represented a wide variety of ethnic and socioeconomic groups. Mothers were interviewed 3 days after delivery; those who agreed to participate were randomly assigned to one of two groups; the study group, in which PNP's provided well-baby services, or a control group, in which the children were cared for by

pediatricians. The average period of participation was 0.92 years. Six nurses participated in the study. These PNP's were expected to maintain the same schedule for well-child visits as those assigned to physicians. The results indicated that the PNP's were competent in all aspects of well-child care, that the PNP's were generally well-accepted by the families, that the effects of utilization of medical care facilities were minimal, and that there were substantial cost reductions as a result of their use. Supporting data are included.

Bystran Sharon F, Knight Carolyn C, Soper Michael R, Collis Peter B, Morgan T. Ward
DeWitt Army Hospital, Fort Belvoir, Va.
Evaluation of Nurse Practitioners in Chronic Care Clinics.
Pub. in International Jnl. of Nursing Studies v11 p185-194 1974.

A program established at DeWitt Army Hospital, Fort Belvoir, Va., uses nurses as primary health care providers for the chronically ill. The program, which functions in the setting of the internal medicine clinic, uses two nurses with baccaulaureate backgrounds to monitor health problems, and to perform health screening, education, and related functions. A chronic care nursing manual containing information and patient educational material relevant to 10 common chronic diseases has been developed to assist the nurses in their work. Patients' reactions to the program were assessed through the use of 200 anonymous questionnaires and by comparison of the rate of nonkept appointments in the clinic with that of the internal medicine clinic in general. Analysis of the 81 percent of the returned questionnaires indicated that patients viewed the chronic care program favorably. The nurses' patients failed to keep 5.5 percent of their appointments, compared to 12.3 percent of the internists' patients. A time and motion study carried out to provide information for scheduling purposes suggested that the nurse should be able to follow between 300 and 400 patients assuming an average total of 100 minutes seeing a new patient, and performing related activities. The time between return visits averaged 7 weeks. The study showed that a community oriented hospital can successfully establish a chronic care program using nurses as primary care providers. Tabular data pertaining to the evaluative studies and information on the clinic's record system accompany the text.

Cassidy Jean E
Loma Linda Univ., Calif. School of Nursing.
Advanced Nursing Practitioner -- A Dilemma for Supervisors.
Pub. in Jnl. of Nursing Administration v5 n6 p40-42 Jul-Aug 75.

As the role of the nurse practitioner grows through either extension or expansion, the role of the supervisor changes also. The supervisor may find herself responsible for personnel whose skills in a given area exceed her own. This can threaten the insecure supervisor or cause the advanced nurse practitioner to find that her own development is limited. However, the role of the nursing supervisor continues to be that of interpretation of policies and helping nurses under her to increase their professional skills. In supervising the advanced nurse practitioner the supervisor can encourage growth, support the practitioner in establishing her position in the agency, foster creative thought and independent action, and help the nurse establish her areas of responsibility. As the relationship progresses the nursing supervisor can help the nurse practitioner develop her skills of self-evaluation. The nurse practitioner, because she is independent must develop such skills if she is to be successful. Aspects of the process of self-evaluation include: development of a realistic self-concept; appraising her level of expertise; formulation of goals; and evaluation of goals.

Chaffin Pamela
Long Beach Veterans Administration Hospital, Calif. Nursing Homes.
Nurse Practitioners: Nursing's Contribution to Quality Care in Nursing Homes.
Pub. in Nurse Practitioner v1 n5 p24-26 May-Jun 76.

The capabilities of nurse practitioners in long-term care facilities is explored, based on the experience of the Long Beach Veterans' Nursing Home in California, a 180-bed nursing home with five nurse practitioners as primary care agents. Residents of the home are chronically ill with multiple problems which the nurse practitioners assess and monitor. Through their work and actions, the nurse practitioners are attempting to establish a standard of care based on quality and the improvement of the health of nursing home residents. Each practitioner carries a patient load of 30 to 35 residents. Functions of the nurse practitioners are detailed. Significant attention is given to patient education, and the nurse practitioners spend time with patients and their families to explain diseases and potential complications and teach various aspects of health maintenance and illness prevention. The acceptance of the nurse practitoners by other members of the nursing home's health

team is evaluated. Benefits accruing to residents of the home from the use of nurse practitioners include improved communication with the primary health care agent, an improved level of functioning, reduced costs to the institution, and improved continuity of care. Benefits experienced by the nurse practitioners are related to acceptance by nursing home residents, an opportunity to assess and manage a wide variety of pathological conditions, and an opportunity to treat the whole person.

Chappell James A, Drogos Patricia A
Pittsburgh Univ. Health Center, Pa. Terrace Village Health Center.
Evaluation of Infant Health Care By a Nurse Practitioner.
Pub. in Pediatrics v49 n6 p871-877 Jun 72.

The effectiveness of a pediatric nurse practitioner in the provision of well-child care is documented. Patient records of 110 infants enrolled in the Terrace Village Health Center, located in a low income housing project in Pittsburgh, Pennsylvania were reviewed. Health care of the infants was defined by both process and outcome measures. Process measures consisted of the degree to which the following goals were attained: six health supervisory visits; physical and developmental appraisal with weight and length recorded at each visit; measurement of head circumference at least four times; seven immunizations; at least one hemoglobin determination, tuberculin skin test, and urinalysis; and a developmental assessment by the Denver Developmental Scale. Outcome measures used to delineate health status at age one year were: infant weight and length, hemoglobin level, tuberculin test and urinalysis results, development status, presence of correctable defects, days of hospitalization, and number of sick visits. Care provided by three pediatricians to 100 other infants was compared by the measures; no marked differences in infant health status were discovered. It was concluded that the Pediatric Nurse Practitioner's infant health supervision was highly satisfactory. References accompany the text.

Clark Anita B, Dunn Marvin
Kansas Univ., Kansas City. Cardiovascular Section.
Nurse Clinician's Role in the Management of Hypertension.
Pub. in Archives of Internal Medicine v136 n8 p903-904 Aug 76.

Thirty-two patients with essential hypertension agreed to participate in a study designed to determine whether a nurse clinician following a protocol could successfully adjust medication to provide suitable medical control. The nurse in the study was responsible for discussing weight problems with

patients, reviewing information about the disease and about dietary instructions, and referring patients when necessary to the physician. In addition, she made observations about systolic and diastolic blood pressure, weight, and pulse rate, and adjusted medication levels. The medication schedule was initially determined and prescribed by the physician. Conferences with the nurse clinician allowed the physician to follow each patient's progress. A major benefit of this procedure was that the physician gained time which could be used for other purposes. Detailed information about the medications used and the medication schedule followed accompany the text.

deCastro Fernando J, Rolfe Ursula T
Saint Louis Univ., Mo.
Evaluation of New Primary Pediatric Paraprofessionals.
Pub. in Jnl. of Medical Education v49 p192-193 Feb 74.

A comparison of the Physician Assistant and Nurse Practitioner trainees with other health professionals, such as medical students and pediatric residents is reported. In general, nurse practitioner programs train registered nurses with or without baccalaureate degrees, and physicians' assistants programs train high school graduates, some with college degrees and some with military medical corpsman experience. In the St. Louis University pediatric hospital, both nurse practitioner and physician's assistant trainees spend about 400 hours, but the nurse practitioner program is extended over an eight-month period, while the physician's assistant program is concentrated into two months. Trainee knowledge was evaluated by a written examination designed to cover primary care pediatrics. Both pediatric nurse practitioners and physicians' assistants at the end of their training acquired knowledge in primary care pediatrics comparable with that of pediatric residents in training, and had gained significantly more knowledge than senior medical students. The results seem to show that the PNP and PA student acquires a sufficient knowledge of primary care pediatrics.

Dickerson T M
Examination of Competency Ratings For Beginning Nurse Practitioners.
Available from University Microfilms International, 300 North Zeeb Rd., Ann Arbor, MI 48106.

Doherty Neville, Hussain Iftikhar
Connecticut Univ. Health Center, Farmington. Dept. of Behavioral Sciences and Community Health.
Costs of Providing Dental Services for Children in Public and Private Practices.
Pub. in Health Services Research v11 n3 p244-254 1975.

The costs of providing dental services to children in an experimental delivery system in southern Appalachia are assessed. An economic or social approach to cost accounting was used and costs were separated into direct and indirect costs. During the 3 years of the study, an average of 4,978 children per year received dental services through the project; the average cost of operating the program was $286,985 per year. The data reveal little about the comparative efficiency of three practice modes: private practice, public practice (fixed clinic), and public practice (mobile clinic). Average direct costs varied from $48.12 per patient and $22.85 per patient visit in private practices to $37.53 per patient and $15.17 per patient visit in the mobile clinics. There was less variation in indirect costs; the mobile clinic was again the least costly mode. A large difference was noted in averaged costs; over the 3-year period, direct costs per patient visit were $22.85 in private practices, $17.77 in fixed clinics, and $15.17 in mobile units. The dentist's labor cost per patient visit was $7.38. The net average costs per patient visit, less dentist's labor, were $15.49 in private practice and $8.64 in public practices. It is concluded that private dentists earn a substantial return on their enterprise.

Draye Mary Ann, Stetson Lorrie Anderson
Nurse Practitioner as an Economic Reality.
Pub. in Nurse Practitioner v1 n2 p60-63 Nov-Dec 75.

The impact of the addition of a nurse practitioner to a private medical clinic located near Seattle, Wash., is analyzed. The nurse practitioner was hired to work with one physician - preceptor to initiate a team approach in the clinic, which consists of 27 physicians and serves a city of 59,000. To document patient acceptance of the nurse practitioner, patient surveys were conducted 4 months and 6 months after the practitioner was hired. The survey findings show that patient access to care was improved by the presence of the nurse practitioner and that patients regarded the practitioner's care to be of high quality. However, patients accepted the practitioner provided a physician was available if necessary, they were given prior explanation of the practitioner's qualifications, and they were charged less for the practitioner's services than for the physician's. As a result of the survey, a 20-percent fee reduction for the practitioner's personal services was established. Analysis

of the nurse practitioner's caseload and costs shows that, other than salary, fringe benefits, and professional liability coverage, the practitioner, who shares her preceptor's office, has added little to the overhead of the practice. Peer review findings show that the care provided by the practitioner is of high quality and that gains in productivity have not been made at the expense of the preceptor. Supporting data but not the survey instrument are included.

Dutton Cynthia B., Hoffman Susie, Ryan Linda K
Albany Medical Coll., N.Y. Dept. of Preventive and Community Medicine.
Nurse Practitioners: Clinical Performance in Diagnosis and Treatment of Urinary Tract Infection.
Pub. in New York State Jnl. of Medicine v75 n13 p2424-2427 Nov 75.

The effectiveness of family nurse practitioners in diagnosing and treating urinary tract infections in patients of a neighborhood health center is evaluated. The practitioners wrote clinical notes in problem-oriented form and used protocols for diagnosis, treatment, and followup of adult urinary tract infection. In audits performed by a physician and a research assistant, data were gathered on the completeness of the practitioners' diagnostic evaluations, therapeutic regimen, and followup, on the practitioners' compliance with the protocol, and on the patients' compliance with the therapeutic regimen and appointment keeping. The audit of the first group of 46 patients point up certain deficiencies in the protocol. Appropriate changes were made, and a second group of 49 patients was audited. A diagram illustrates the differences in treatment for the two groups. In general, laboratory data were more complete than were records of patients' histories. In particular, documentation of previous urinary tract infection was frequently missing. Median time from diagnosis to initiation of treatment was 5 days for the first group and 2 days for the second group. Significantly more patients in the second group had complete evaluations following treatment. The pattern of clinical outcomes, shown in tabular form, was similar for both groups, with fewer than half of the urinary tract infections documented as resolved. Both audits showed a persistent inconsistency regarding criteria for initiating treatment. Changes in the protocol based on audit findings are noted.

Eberle Betty J, Gonzales Lois, Jr Edward A. Mortimer,
New Mexico Univ., Albuquerque.
A New Manpower Model of Rural/Urban Linkage for Improved Health Services.
51p 31 Jan 74 Available NTIS PB-247 513/5

The project sought to improve rural health care by training a registered nurse to deliver primary care to a rural community and to evaluate her impact on the community. The data-gathering instruments utilized were capable of probing perceived health needs, consumer attitudes in a rural community, and productivity of a small clinic. Patient interviews, medical record audit, and work-sampling techniques were used in the study. At the time the final report was written, the model was being used in other health care areas in New Mexico. Also, approximately twenty family nurse practitioners were trained, and were participating in patient care delivery under the supervision of physicians in several clinics, most of which were urban. Consequently, it appears that broad acceptability of the nurse practitioners was achieved. (NTIS)

Enggist Robert Ernst
State Univ. of New York at Buffalo.
Structural Changes in Ambulatory Care: Evaluation of the Impact of a Medical Nurse Practitioner Program on Primary Health Care Delivery in the Inner-City.
406p Feb 75 Available from University Microfilms International, 300 N. Zeeb Road, Ann Arbor, MI 48106.

An ambulatory program in the outpatient clinic environment of a large inner-city hospital is detailed. One of the major issues in the ambulatory care study was the contribution of nurse practitioners to primary care delivery. Approaches and general models of the research design are described. Emphasis is placed on the modeling of health and ambulatory care system performance. To evaluate nurse practitioners in the ambulatory care setting, data about work assessment and performance were collected through interview questionnaires and checklists. Primary consideration was given to obtaining attitudinal data from users and providers of ambulatory services. In the user survey, 120 patients were interviewed. The provider survey included a random sample of 22 interns and resident physicians, selected attending physicians, 6 nurse practitioners, and 2 administrators. The results of both surveys indicated a desire for nurse practitioners to work more closely with physicians and share the responsibilities and tasks of patient management. Nurse practitioners performed a wide range of functions and tasks, and they were particularly effective in the areas of patient contact and communication, patient assessment, and motivation. Consumers (users) regarded sociomedical

illnesses as more serious than providers. Appendixes contain the study questionnaires and procedural information. Supporting data are tabulated and a bibliography is provided.

Flynn Beverly C
Indiana Univ. Medical Center, Indianapolis.
Effectiveness of Nurse Clinicians' Service Delivery.
Pub. in American Jnl. of Public Health V 64 n6 p604-611 1974.

A comparison of the effectiveness of nurse clinicians and physicians regarding the health status of patients is reported. Patients who were referred to nurse clinicians through the medicine clinic at a county hospital were randomly assigned to experimental or control groups; 40 patients were placed in the experimental group to be cared for by nurse clinicians and 20 patients comprising the control group were assigned to a physician for care. A variety of measurement techniques was used: a patient interview to assess health status as perceived by the patient; hospital record review to measure quality of care; and time and motion studies to measure efficiency of service delivery. It was found that significantly more of the experimental patients than control patients were told to follow special exercises or activities. The experimental group also reported using other medical care. The nurse clinicians ordered significantly more laboratory studies for their patients than did physicians. Other indicators of an increased quantity of care by nurse clinicians included more frequent clinic visits by experimental patients and home visits by nurse clinicians. Time and motion studies provided misleading support to the hypothesis that experimental patients would spend more time with the health care provider and less time in the clinic than the controls. Other services provided by nurse clinicians implied increased costs or decreased efficiency of health service delivery.

Foye H, Chamberlin R, Charney E
Content and Emphasis of Well-Child Visits - Experienced Nurse Practitioners vs Pediatricians.
Pub. in American Jnl. of Diseases of Children v131 n7 p794-797 1977.

Gillies Dee Ann, Alyn Irene B
Health and Hospitals Governing Commission of Cook County, Chicago, Ill. Dept. of Education.
Patient Assessment and Management By the Nurse Practitioner. 236p 1976 Available from W.B. Saunders Co., 218 W. Washington Square, Philadelphia, PA 19105.

This text is designed to help an experienced nurse become a nurse practitioner who can obtain a health history, perform a physical examination, order indicated diagnostic tests, record and report significant data, make a diagnosis, and follow protocols for the treatment of patients with specific illnesses. Techniques of health interviewing are the subject of the first chapter, which stresses communication skills and includes hints about phraseology, nonverbal communication, use of terms, and the accuracy of information exchanged. The content of the patient's medical history should include the chief complaint, present illness, family history, personal history (e.g., marital, educational, occupational information), past medical history, and a review of each of the body systems. Suggestions for eliciting a complete history are given. The physical examination is described in detail with numerous illustrations. The common laboratory tests and diagnostic procedures are detailed in terms of quantitative and qualitative determinations and patient management. Because illness is a complex physiological and psychological situation, a psychosocial assessment is considered important. The purpose and nature of data recording is discussed, with emphasis on the problem-oriented medical record. Clinical management of patients with hypertension, diabetes mellitus, chronic arthritis, chronic congestive heart failure, obesity, alcoholism, and chronic obstructive pulmonary disease are explained. A chart of normal laboratory values of clinical importance and references are included.

Gordon David.
Cornell Univ., New York. Dept. of Public Health.
Health Maintenance Service: Ambulatory Patient Care in the General Medical Clinic.
Pub. in Medical Care v12 n8 p648-658 Aug 74.

A study was conducted to compare the health care of two groups of ambulatory patients at New York Hospital's General Medical Clinic. The two patient groups involved those treated primarily by a nurse clinician under physician supervision and those treated by attending physicians. Patients assigned to the health maintenance service (HMS) group received their primary medical care from a nurse clinician on a scheduled appointment basis. Patients in the control group were seen by attending physicians in the clinic on a time appointment basis. A total of 169 patients were randomly assigned to the two groups. Data based upon patient medical charts and questionnaires revealed that there were fewer recorded lapses in care, proportionately fewer whose health conditions were rated as unstable one year after their initial visit, and none whose health condition was judged as deteriorated among the HMS patients. The nurse clinician was able to provide coordinated and continuous medical care, and

the quality of this care appeared to be at least equal to that provided by physicians. Supporting data on health status and subjective perceptions of patients concerning medical care are provided.

Harris I C
Competencies Demonstrated by Nurse Practitioners in Providing Care for Infants in Selected Ambulatory Health Care Settings. Available from University Microfilms International, 300 North Zeeb Rd., Ann Arbor, MI 48106.

Hochheiser L
Nurse Practitioner: A Model for Evaluation?
Pub. in Nursing Outlook v23 n3 p177 Mar 75.

Holmes G C, Bassett R E
Socio-Economics. Nurse Clinician.
Pub. in Jnl. of the Kansas Medical Society v77 n12 p553-558 Dec 76.

Holmes Geraldine, Livingston George, Mills Elizabeth
Kansas Univ., Kansas City. Medical Center.
Contribution of a Nurse Clinician to Office Practice Productivity: Comparison of Two Solo Primary Care Practices.
Pub. in Health Services Research v11 n1 p21-33 1976.

The effects of a nurse clinician on productivity are examined in a comparative study of two solo primary care practices. Productivity was assessed in two practices, one with a registered nurse assisting the physician (practice I) and the other with a nurse clinician in addition to a registered nurse assisting the physician (practice II). The nurse clinician was a graduate of a two-month didactic and clinical training program at Wichita State University, followed by a 10-month preceptorship with a practicing physician. Emphasis is placed on the different roles of the nurse in practice I and the nurse clinician in practice II, the types of patient services each professional provides, and the productivity of each practice, measured in terms of the number of patient visits processed during a standard time period. Data-gathering activities included direct observations of both practices for 12 consecutive workdays. A significant difference in productivity was found between the two practices. The nurse clinician independently managed 1,848 patient visits per year that would otherwise have required the time and attention of the physician. She contributed to the productivity of the physician by performing certain tasks that he normally would have performed during visits they managed jointly. The nurse clinician's assistance was the

primary factor in the 12 percent greater productivity achieved by practice II over that achieved by practice I. The nurse clinician and physician managed 31 percent more patient visits during a standard day than the physician in practice I, or a difference of 2,856 patient visits per year. This annual difference is based on an 8-hour day and a 240-day work year. The role of the nurse clinician is characterized as similar to that of the physician, whereas the types of problems and visits handled independently by the registered nurse were typically those handled by office assistants. The nurse spent only 19 percent of her day in direct patient contact, compared to 48 percent for the nurse clinician. Supporting data are included.

Kahn Lawrence, Wirth Patricia
Washington Univ., St. Louis. School of Medicine.
Modification of Pediatrician Activity Following the Addition of the Pediatric Nurse Practitioner to the Ambulatory Care Setting: A Time-and-Motion Study.
Pub. in Pediatrics v55 n5 p700-708 May 75.

Time-and-motion studies of pediatricians' activities before and after the introduction of pediatric nurse practitioners (PNP's) in four ambulatory care settings in the St. Louis, Mo., area are reported. Included in the studies were solo pediatricians practicing in inner-city and semirural settings, a pediatrician in a fee-for-service group practice in a suburb, and pediatricians in a metropolitan hospital emergency room. Regardless of setting, all of the pediatricians benefited from the introduction of PNP's due to the generation of available time. Each pediatrician used the increased available time differently. The three pediatricians in office settings gained the equivalents of 21.6 percent, 21.7 percent, and 36 percent of the working day as a result of the addition of the PNP. Physicians working in the hospital emergency room gained 14.7 percent during the part of the day when the PNP was present. PNP visits with patients were longer than pediatrician visits with patients. The average duration of the PNP visits was directly related to the average duration for the associated physician. Interviews with patients revealed no perceived difference in personal characteristics (e.g., friendliness, efficiency, patience) between pediatricians and PNP's in three of the settings. In one setting, patients rated the pediatrician more highly than the PNP. Supporting data are included.

Kane Robert L, Jorgensen Lou Ann, Pepper Ginette
Utah Univ., Salt Lake City. Dept. of Community and Family Medicine.
Can Nursing-Home Care Be Cost-Effective.
Pub. in Jnl. of the American Geriatrics Society v22 n6 p265-272 Jun 74.

The first year's accomplishments are described of a three-year demonstration project designed to measure the cost-effectiveness of using nurse practitioners to provide primary care to nursing home patients. The goals of the project are: (1) to demonstrate that an organized program of visitation would decrease the need for hospitalization and increase the patients' functioning, comfort, and satisfaction; (2) to test the relative contributions of the nurse practitioner and social worker; (3) to develop the skills of the nursing home staff relative to close observation of the patients, recording the patient's progress, and use of progress benchmarks; (4) to identify the most cost-efficient combination of services and to develop that combination as a prepaid capitation program through a nonprofit corporation to deliver ongoing care to nursing home patients. Functional and behavioral scales are illustrated. Major accomplishments for the first year include the establishment of the problem-oriented record for each patient. Based on the problems delineated in the record, a therapeutic regimen was created for each patient. It is noted that it is too early to make any definitive pronouncements as to whether the evaluation instruments will be sensitive enough to detect changes in function or behavior of the patients, but preliminary evidence indicates some success.

Kergin D. J., Spitzer W. O
McMaster Univ., Hamilton (Ontario).
Canadian Educational Programme in Family Practice Nursing.
Pub. in International Nursing Review v22 n4 p19-22 Jan-Feb 75.

The significance of nurse practitioners in the Canadian health care delivery system is examined. Educational programs for the preparation of primary care physicians, health professionals involved in the delivery of family-oriented community care, and health workers involved in the delivery of primary and ambulatory care are noted. A pilot educational program that was initiated in 1971 involving the preparation of nurse practitioners is described. It is designed to provide nurses with knowledge and skills that will enable them to exercise clinical judgment in the management of primary and ambulatory care problems. Nurses enrolled in the family practice program are expected to meet minimal objectives in four major content

areas; (1) acquiring and recording data; (2) clinical assessment; (3) planning and implementing management; and (4) communication and coordination. Evaluative studies conducted to assess the effect of the program are cited. They demonstrate that diagnosis and management occupied 56 percent of the family nurse practitioner's time, in contrast to 33 percent for conventional nurses.

Komaroff Anthony L, Sawayer Karen, Flatley Margaret, Browne Christina Mary
Beth Israel Hospital, Boston, Mass.
Nurse Practitioner Management of Common Respiratory and Genitourinary Infections, Using Protocols.
Pub. in Nursing Research v25 n2 p84-89 Mar-Apr 76.

A comparative study of nurse practitioner and physician management of outpatients is reported. The study included patients with symptoms of respiratory tract infection and female patients with symptoms of urinary tract and vaginal infections who sought care from a hospital-based walkin clinic operated in two different modes: experimental, in which a nurse practitioner guided by a protocol initially evaluated all patients and independently managed many; and traditional, in which only physicians managed patients. Safety, effectiveness, efficiency, and cost of care rendered through the two modes are compared on the basis of data for 73 nurse-protocol patients and 47 traditional patients. No serious illnesses were overlooked by practitioners in either mode. Good relief from symptoms was reported by 86 percent of patients in the nurse-protocol mode and 73 percent in the traditional mode. Reported satisfaction with care was equivalent for the two groups. Time spent by physicians managing patients with respiratory or genitourinary complaints was reduced by 91 percent, from 15.5 minutes to 1.4 minutes per patient, through use of the nurse practitioner. Costs of laboratory tests and medications ordered were 27 percent less in the nurse-protocol mode. Implications of the findings for nursing are discussed. Tabular data are included.

Kushner Joseph
Brock Univ., St. Catherine's (Ontario). Dept. of Economics.
Benefit-Cost Analysis of Nurse Practitioner Training.
Pub. in Canadian Jnl. of Public Health v67 n5 p405-409 Sep-Oct 76.

The nurse practitioner educational program at McMaster University in Canada is discussed in terms of its economic returns. Specifically examined are the program's benefits and costs as they relate to individual trainees, to society, and to the government. It is demonstrated that enrollment in

the program is financially advantageous for trainees as well as socially and psychologically profitable for them. In addition, the introduction of nurse practitioners into the primary health care field is shown to be profitable to society. However, when the costs (e.g., education expenses such as stipends and indirect costs of depreciation) and the benefits which accrue to the government are considered, it appears that the program is profitable from the government's viewpoint only if the graduate stays in the labor force for 30 years. Details about the procedure used to determine the costs and benefits and tables detailing the results are provided.

Lees R. E
Queens Univ., Kingston (Ontario). Dept. of Community Health and Epidemiology.
Physician Time-Saving by Employment of Expanded-Role Nurses in Family Practice.
Pub. in Canadian Medical Association Jnl. v108 p871-875 Apr 73.

Lewis Charles E
California Univ., Los Angeles. Center for Health Sciences.
The Training and Evaluation of PRIMEX.
436p Jun 76 Available NTIS PB-268 315/9

Curriculum development used a problem-oriented format focusing on do not miss conditions. Attention was given to stresses associated with training for a new role. Evaluation of student performance utilized one-way mirrors in a clinical setting. Research on patient satisfaction and content of care are presented. Philosophical differences between nursing and medicine which impinge on the acceptance on a cross-disciplinary role are explored. (NTIS)

Lewis Charles E, Lorimer Ann, Lindeman Constance, Palmer Beverly B, Lewis Mary Ann
California Univ., Los Angeles.
Evaluation of the Impact of School Nurse Practitioners.
Pub. in Jnl. of School Health v44 n6 p331-335 Jun 74.

The impact of school nurse practitioners participation in a public school health intervention program is examined. In the summer of 1971, four nurses from the school system of a metropolitan community received eight weeks of training to prepare them to function as school nurse practitioners. The newly trained practitioners then began implementation of a project entitled Child Initiated Care in which an attempt was made to involve children in active decisionmaking roles with regard to their own health care. To test the effectiveness

of such intervention, eight schools were chosen as experimental schools and seven were selected to serve as controls. Interviews with the schools' principals, with random samples of teachers and first, third, and sixth grade students, with the four school nurse practitioners serving in the experimental schools, and with seven school nurses serving the control schools provided input for an evaluation of the effectiveness of the experimental intervention program. The major findings of the evaluation are as follows: (1) teachers and principals expressed considerable enthusiasm for enlarging the scope and amount of school nursing services; (2) school nurse practitioners reflected their additional training by focusing on their increased ability to detect disease, but seemed sensitized to legal restrictions on treatment; (3) school nurse practitioners also exhibited significant perception of the importance of improving communications among teachers, families, and health care providers in the community; (4) no differences in attitudes and beliefs about health services were observed among children receiving experimental or control nursing services; and (5) although no attempt was made to document parents' attitudes or the actual yield from the nurse practitioners' physical examination and screening of students, anecdotal evidence suggests enthusiasm on the part of parents and an increased yield from screening. No tabular data or copies of survey instruments are provided.

Lewis Howard L
Nurse Practitioners in Prevention and Health Education.
Pub. in Hospital Progress p80-83 Jan 78.

There is a recognized need for preventive medicine and health education in the United States, but the means for implementation of such programs has not been found. Community hospitals and related facilities are mandated to provide health education, and there is a trend among insurers toward considering patient education an allowable expense. However, it has been established that the most effective patient education is on a one-to-one basis and there is not enough physician time available to permit physicians to carry out this function. Nurse practitioners are able to perform effectively in this role. A pioneering allied health education program sponsored by the University of California at Davis, organized in 1970, is training Family Nurse Practitioners (FNP's) to perform 60 to 80 percent of the routine tasks normally done by physicians. FNP's are able to spend more time with patients than a doctor and provide health education as a routine part of care, while emphasizing that individuals are responsible for their own health. Through patient education, they are able to create partnerships with patients in which the patient can be provided with the explanations and information needed to make

intelligent decisions regarding his care. The Davis program involves a minimum of one year of formal classroom and clinical study followed by a 6-month internship with a preceptor-physician. Problems, responsibilities, and possibilities for FNP's are discussed.

Lewis Judy
Structural Aspects of the Delivery Setting and Nurse Practitioner Performance.
Pub. in Nurse Practitioner v1 n1 p16-20 Sep-Oct 75.

The impact of the health delivery setting on the performance of nurse practitioners is explored. A three-dimensional perspective on structural aspects of the health delivery setting is presented. The three dimensions are the physical setting, the organization of activity, and the expectations of participants. Physical setting refers to available medical equipment, space, and communication modes. Organization of activity denotes daily routines in a physical setting. Expectations of participants involve the normative and relational order of all health professionals. Studies pertaining to the effect of structure on role performance are reviewed. It is concluded from these studies that the setting may be more important in role performance than any other single factor. Structural influences on the performance of nurse practitioners are detailed. The need to give increased attention to structural variables in studies of the delivery setting and nurse practitioner performance is stressed.

Macdonald Mary E, Simmons Delanne A, McClure Margaret L
Massachusetts General Hospital, Boston.
Quality Assurance - A Joint Venture.
23p 1975 Available from National League for Nursing, Inc., Ten Columbus Circle, New York, N.Y. 10019.

Quality assurance in the nursing field is considered in a series of papers presented at an open forum sponsored by the National League for Nursing at their 1975 convention in New Orleans, Louisiana. Quality assurance in an institutional nursing service is examined. Priority is given to the following: (1) existence of a bona fide client / patient-centered nursing delivery system; (2) availability of inputs such as manpower, methods, materials, and machines that determine both the quantity and quality of outputs; and (3) conceptual frame of reference that places the primary focus of a nursing service operation on nursing practice and its basic components (assessment, planning, implementation, and evaluation) and recognizes the delineation of criteria and standards of nursing practice as the collective responsibility of professional staff. The need for nurse

practitioners is discussed, and a method is described for monitoring the quality of nursing care. Quality assurance in a home health agency is considered in terms of staff potential and a staff development program designed to meet the needs of staff and provide skills that will meet an agency's program objectives. Education and experience are noted as requirements in quality assurance programs. A bibliography is provided.

Mark Roger G, Willemain Thomas R, Malcolm Theresa, Master Robert J, Clarkson Thomas
Boston City Hospital, Mass.
Nursing Home Telemedicine Project. Volume I.
184p 15 Jul 76 Available NTIS PB-260 404/9

A hospital-based 'telemedicine' system is established at Boston City Hospital to provide higher quality and more accessible medical care to nursing home patients. The system consists of a team of specially trained nurse practitioners supervised by a hospital-based physician, and utilizes narrow-band telecommunication technology. A study is done to determine its cost effectiveness, and to examine the system in order to provide data that may be applied to other types of telemedicine networks. Results show that the system: (1) reduces the number of hospitalizations and days spent in the hospital by study patients; (2) reduces total costs for medical care; (3) reduces the use of hospital out-patient facilities; (4) causes more sophisticated medical care to be practiced in the nursing homes; and (5) makes medical care more accessible to nursing home patients. The program is generally very well accepted by patients and nursing home professionals. The role of the nurse practitioner seems quite viable, and narrowband communications are completely adequate. (NTIS)

Nield M A
Nurse-Directed Chest Clinic.
Pub. in Nursing Clinics of North America v9 n1 p147-155 Mar 74.

Ott J E, Bellaire J, Machota P, Moon J B
Patient Management by Telephone by Child Health Associates and Pediatric House Officers.
Pub. in Jnl. of Medical Education v49 n6 p596-600 Jun 74.

Pergrin J V
Autonomy and Job Satisfaction of Family Nurse Practitioners and Diabetic and Hypertensive Patient Outcomes.
Available from University Microfilms International, 300 North Zeeb Rd., Ann Arbor, MI 48106.

Perrin Ellen C, Goodman Helen C
Rochester Univ., N.Y. Dept. of Pediatrics.
Telephone Management of Acute Pediatric Illnesses.
Pub. in The New England Jnl. of Medicine v298 n3 p130-135 19 Jan 78.

Because a pediatrician spends 27 percent of his time on the telephone, this study proposes to determine if the pediatric nurse practitioner could appropriately handle evening and weekend telephone calls, thereby lightening the pediatrician's work load. The study also sought to ascertain if pediatric house officers improved their telephone management skills during the course of their training. A nonprofessional woman was trained to act as the mother of five different patients and made unidentified phone calls to 5 pediatric nurse practitioners, 28 pediatric house officers, and 23 pediatricians in practice. The calls were tape recorded and scored for history taking, disposition, and interviewing skill. Nurse practitioners averaged higher than either house officers or pediatricians in all three scored areas. In history taking for example, their average score was 79.6 percent of the theoretical total score as compared to 52.6 percent for practicing physicians and 69.1 percent for house officers. No significant differences were found among first, second, and third year house officers in the history taking, disposition, or interviewing skills. The study concludes that pediatric nurse practitioners manage common pediatric problems better than house officers or practicing pediatricians and that better training for this aspect of practice is needed. Graphs compare the scores, and tables present relevant additional information on telephone management.

Russell Mary V, Williams Edith
Academy of Health Sciences (Army) Fort Sam Houston Tex Health Care Studies Div
Practice Effectiveness of Army Nurse Clinicians.-
189p Apr 76 Available NTIS AD-A028 584/1

The purpose of the study was to evaluate the practice effectiveness of Army Nurse Corps first level clinicians in terms of quantity and quality of services provided and to assess patient acceptance of nurse clinicians as primary health care providers. The methodology involved a survey by questionnaires, on-site interviews of nurses and physicians,

a record audit, a telephone consultation tally, and encounter records, to determine the types of services provided, workload, characteristics of the patient population, professional and role development, and patient acceptance of the nurse clinician as a primary care giver. The sample surveyed consisted of 96 nurse clinicians in five clinical specialties at 14 medical treatment facilities, the chief nurses of these facilities and a representative sample of patients of the nurse clinicians. These data were collected in September, October, and November 1973. (NTIS)

Sackett David L, Gent Michael, Hay W. Ian, Vandervlist Isabel, Chambers Larry W
McMaster Univ., Hamilton (Ontario). Faculty of Health Sciences.
'Burlington Randomized Trial of the Nurse Practitioner: Health Outcomes of Patients.
Pub. in Annals of Internal Medicine v80 n2 Feb 74.

Outcomes of clinical effectiveness were measured for patients receiving conventional care and patients receiving care from a nurse practitioner. Over 1,500 families receiving clinical services from family physicians were randomly allocated to a conventional group (RC) in which they continued to receive primary care from a physician working with a conventional nurse, or to a nurse practitioner group (RNP). Four outcome measures were applied: mortality, physical function, emotional function, and social function. Of 1,598 families, only seven refused their assignments. The two groups were highly similar in terms of family size, sex, age, and annual household income. There were 18 deaths in the RC group and 4 in the RNP group; the mean age at death was similar for both groups. The proportions of individuals in the two groups with unimpaired physical function, unimpaired usual daily activities, and freedom from bed disability were virtually identical. The close comparability of mortality rates, and physical, social, and emotional function between the RC and RNP patients supports the conclusion that patients randomly assigned to receive first-contact primary care from a nurse practitioner enjoy favorable health outcomes as compared to patients receiving conventional care. Three potential pitfalls exist in the study results: the absence of a no-treatment control group, volunteer bias, and the validity of the measurements and indexes of function.

Scherer K, Fortin F, Spitzer W O, Kergin D J
Nurse Practitioners in Primary Care. VII. A Cohort Study of 99 Nurses and 79 Associated Physicians.
Pub. in Canadian Medical Association Jnl. v116 n8 p856-862 23 Apr 77.

Sibley John C, Spitzer Walter O, Rudnick K. Vincent, Bell J. Douglas, Bethune Richard D
McMaster Univ., Hamilton (Ontario).
Quality-of-Care Appraisal in Primary Care: A Quantitative Method.
Pub. in Annals of Internal Medicine v83 n1 p46-52 1975.

The development and testing of a method for measuring the quality of clinical care provided by physicians and nurse practitioners are described. The distinctive features of the method are the extended use of the tracer disease concept, the evaluation of referrals, procedures for probing the clinical operation of practices, a single blind design, emphasis on the use of the untouched medical record, the ability to compare results with measurements of concurrent outcome, and relatively low cost. Three simultaneous approaches used in the method are described: surveillance of the management of indicator conditions; evaluation of the clinical use of drugs; and assessment of referral decisions. The three approaches were used to compare the care delivered by three family practices located in the same building. The first practice consisted of two physicians, assisted by traditional office nurses and practicing in a conventional way, which served 1,060 families; the second practice used nurse practitioner - physician teams to serve 540 patients; and the third consisted of two family physicians practicing conventionally in close association with each other and serving 1,350 families. A peer advisory group of physicians in the study community selected indicator conditions and drugs, defined episodes, and developed criteria. Ordinary clinical records existing in the primary care practice under assessment were the principal data source for indicator condition and drug use components of the study. Nurses were trained to abstract information from the records and to score the abstracts according to predetermined criteria. Appraisal reports concerning referral decisions were obtained from the group of consultants providing services to the practitioners studied. The three approaches gave consistently similar results about the relative performances of the practices and were in agreement with concurrent outcome studies. The method is considered to be sensitive, credible, practical, and economical for assessing the quality of care in primary care practices. Supporting data are included.

Slome Cecil, Daly M, Meglen M, Thiede H, Wetherbee H
North Carolina Univ. at Chapel Hill. Dept. of Epidemiology.
Effectiveness of Certified Nurse-Midwives. A Prospective Evaluation Study.
Pub. in American Jnl. of Obstetrics and Gynecology v124 n2 p177-182 15 Jan 76.

The effectiveness of care provided by certified

nurse-midwives in a university hospital clinic setting in Jackson, Miss., is evaluated. The nurse-midwife service, operational at the University of Mississippi Medical Center since 1969, consists of certified nurse midwives, nurse midwife assistants, obstetricians, and residents in obstetrics and gynecology. The nurse-midwife service provides prenatal, intrapartal, postpartal, family planning, and infant health services. Variables selected to measure the effectiveness of nurse-midwife services and house staff services at the clinic included prenatal, intrapartal, and immediate postpartal outcomes in both mothers and infants. Two groups of pregnant women were studied from the time of registration for prenatal care through labor, delivery, and the immediate postpartal period. Study participants were selected from patients who registered at the clinic between October 1, 1972, and April 30, 1973. Of 1,880 patients admitted during the study period, 438 women were eligible for participation in the study. The results of statistical analysis showed that prenatal, intrapartal, and postpartal care provided by certified nurse-midwives, with physician consultant backup, resulted in health outcomes equivalent to those of traditional physician service. It was observed, however, that certified nurse-midwife patients overcomplied with routine care procedures. Extra visits were made by nurse-midwives and there was a higher rate of premature babies among nurse-midwife patients than among physician patients. It is concluded that the study results support the use of certified nurse-midwives in caring for clinically low-risk maternity patients.

Soper Michael R, Bystram Sharon F, Collis Peter B, Morgan T. Ward, Cello John R
Rochester Univ., N.Y. School of Medicine. NA
Evaluation of a New Nurse Practitioner Role in a Medical Clinic.
Pub. in Military Medicine (140) n11 p772-776 Nov 75.

A system for providing medical monitoring, patient education, and emotional support for patients with stable, chronic diseases is described and evaluated. Developed at the U.S. DeWitt Army Hospital, Fort Belvoir, Va., the chronic care program is readily adaptable to the civilian community hospital. The program uses registered nurses with baccalaureate educations and at least 1 year of medical - surgical experience to act as patients' primary contacts with the health care system. The nurses are responsible for monitoring the patients' problems and providing educational and emotional support. The nurses complete a 1-week training program and use a chronic care manual consisting of a problem-oriented set of guidelines covering 10 common chronic illnesses (e.g., obesity, hypertension, diabetes mellitus). Evaluation of the program 2 years after its introduction

involved a survey of patients' opinions about the program and a comparison of the appointment no-show rate of the chronic care clinic with that of the hospital's internal medicine clinic in general. Responses to 162 of the 200 questionnaires distributed in the patient survey indicated strongly favorable attitudes of patients toward the chronic care program. The program's 6 percent no-show rate compares favorably with the 12 percent rate for the internal medicine clinic. A time-and-motion study of the chronic care unit indicates that individual nurses can monitor 400 patients per year. Supporting data are included.

Spitzer W O, Roberts R S, Delmore T
Nurse Practitioners in Primary Care. VI. Assessment of Their Deployment With the Utilization and Financial Index.
Pub. in Canadian Medical Association Jnl. v114 n12 p1103-1108 19 Jun 76.

Spitzer W O, Roberts R S, Delmore T
Nurse Practitioners in Primary Care. V. Development of the Utilization and Financial Index to Measure Effects of Their Deployment.
Pub. in Canadian Medical Association Jnl. v114 n12 p1099-1102 19 Jun 76.

Spitzer Walter O, Sackett David L, Kergin Dorothy J, Hackett Brenda C, Olynich Anthony.
McMaster Univ., Hamilton (Ontario).
Burlington Randomized Trial of the Nurse Practitioner.
Pub. in New England Jnl. of Medicine v290 n5 p251-256 31 Jan 74.

A study is reported that was conducted to assess the effects of substituting nurse practitioners for physicians in primary care practice. The study was conducted between July 1971 and July 1972 in a large, suburban Ontario, Canada practice of two family physicians. The two family practices had no previous affiliation with a university or other institution, and patients in each practice were free to seek any desired source of primary care. The costs of care, regardless of source, were completely covered by universal health insurance in Ontario. A randomized controlled trial process was used in the selection of patients to assess the effects of substituting nurse practitioners for physicians in the two primary care practices. Before and after the trial study period, the health status of patients who received conventional care from family physicians was compared with the status of those who received care primarily from nurse practitioners. Both groups of patients had a similar mortality experience, and no differences were found in

physical functional capacity, social function, or emotional function. The quality of care rendered to the two groups appeared to be similar, as assessed by a quantitative indicator-condition approach. Satisfaction was high among both patient groups and professional personnel. Although cost-effective from society's point of view, the method of providing primary care through nurse practitioners was not considered to be financially profitable for doctors because of restrictions on reimbursement for nurse practitioner services.

Tahir M E
Economic Analysis of the Utilization of Pediatric Nurse Practitioners.
Available from University Microfilms International, 300 North Zeeb Rd., Ann Arbor, MI 48106.

Ward M J M
Study of Family Nurse Practitioners: Perceived Competencies and Some of Their Implications for Nursing Education.
Available from University Microfilms International, 300 North Zeeb Rd., Ann Arbor, MI 48106.

Williams Carolyn A
North Carolina Univ. at Chapel Hill. School of Nursing.
Nurse Practitioner Research: Some Neglected Issues.
Pub. in Nursing Outlook v23 n3 p172-177 Mar 75.

The characteristics of the practice setting must be included in studies of the types of patients seen and services provided as well as the quality of care provided by nurse practitioners. Graduates of the Family Nurse Practitioner Training Program at the University of North Carolina at Chapel Hill (1) provide primary care to patients of all ages with a variety of presenting problems, (2) assume screening, assessment, and management responsibilities for patients, and (3) provide both community-oriented and family-oriented care. The family nurse practitioner differs from the traditional nurse in scope of patient care activities and autonomy of clinical decisionmaking. In one study, the setting in which graduates were practicing were rated according to the potential service provided by the family nurse practitioner to all family members within the unit. Out of a total of 41 units, 15 were categorized as having high or medium high potential, 15 medium, 2 low, and 9 no potential. Questions are raised regarding the determination of criteria and evaluation of care. A questionnaire concerning specific cases was submitted to 987 physicians; the findings suggest that there were different responses in 28 percent of the test situations. The nature of collaboration between nurse

practitioner and physician also raises questions about evaluation, and the most suitable procedure might be to study care rendered by the team rather than care provided by the nurse practitioner. Research into the relationship between particular care strategies and patient outcomes is suggested.

Yankauer Alfred, Tripp Sally, Andrews Priscilla, Connelly John P
Bunker Hill Health Center, Boston, Mass.
Outcomes and Service Impact of a Pediatric Nurse Practitioner Training Program - Nurse Practitioner Training Outcomes.
Pub in American Jnl of Public Health p347-353 Mar 72.

Yodrat K, Fidel J, Eliakim M
Analysis of the Work of Nurse-Practitioners in Family Practice and Its Effect on the Physicians' Activities.
Pub in Jnl. of Family Practice v4 n2 p345-350 Feb 77.

Abdellah Faye G
American Public Health Association, Washington, D.C.
Nurse Practitioners and Nursing Practice.
Pub. in American Jnl. of Public Health v66 n3 p245-246 Mar 76.

The expanding role of nurses has caused considerable change in the legal and professional definitions of that role. More than 30 States have changed, or are changing, their Nursing Practice Acts. The new laws permit professional nursing to advance into broader practice areas, when such advances are accompanied by extended education. Complex problems arise when the expanded nurse's role begins to overlap that of the physician, and the legal resolution of these problems is not complete. Nurse practitioners are now providing primary care in many settings. Nurse practitioners, as licensed individuals, are responsible for their own practices and are responsible for maintaining standards of practice. The American Nurses Association has defined the term nurse practitioner to mean an individual who has completed a program of study leading to competence as a registered nurse in an expanded role. In order to fully implement the concept of nurse practitioners, it will be necessary to make changes in the system of nursing education.

Adamson T. Elaine
California Univ., San Francisco. Medical Center.
Critical Issues in the Use of Physician Associates and Assistants.
Pub. in American Jnl. of Public Health v61 p1765-1779 Sep 71.

Issues surrounding the delegation of physician tasks to physicians' associates and physicians' assistants are explored. Physicians' associates are health workers educated to the level where they can make some independent judgments as well as carry out tasks in health counseling. Physicians' assistants are less educated and less independent than associates. They carry out tasks that are specifically delegated to them, such as collecting information about patients and presenting it to the physician. Studies are cited in which nurse practitioners and other physicians' associates and physicians' assistants have proved valuable in increasing the productivity of a medical care delivery unit. Legal issues involving the tasks that associates and assistants may perform, together with those specifying responsibility or liability for suit by a patient for actual or supposed injury, are discussed. It is noted that the legal issues partially reflect the conflict within the health care field concerning the use of auxiliary personnel, which in turn creates uncertainties in associate and assistant training programs, several of which are described briefly.

Conflict over training programs is said to suggest that the main factor affecting productivity in associate or assistant utilization is the reluctance of many physicians to accept the roles of assistants and especially of associates. Indications of quality of care delivered by assistants and associates, possible future directions for these manpower categories, and consumer acceptance of the new professionals in different types of communities are discussed. It is suggested that one means of facilitating physician acceptance of the new roles and of building mutual trust would be to train assistants and associates with medical students in team situations.

American Nurses' Association, Kansas City, Mo.
Three Challenges to the Nursing Profession. Selected Papers from the 1972 ANA Convention.
28p 1972 Available from the American Nurses' Association, 2420 Pershing Rd., Kansas City, Mo. 64108.

Selected papers from the 1972 convention of the American Nurses' Association are presented. The convention was held in Detroit, Michigan from April 30 to May 5, 1972. The role of nurses in the delivery of patient care is examined, and studies are cited which were conducted to evaluate patient needs. In one study, five types of patient needs were identified: trusting relationship; skilled understanding of behavior; patient agent or advocate; medical technologies (physical examinations, x-rays, etc.); and medications. The relationship between nurses and physicians as a health team is discussed along with the expanded role of nurses. The significance of nurse clinicians and nurse specialists is reviewed. Six factors are noted which are believed to have had an impact on the clinical practice of nursing: (1) reward of teachers and administrators rather than practitioners; (2) psychological and intellectual dependency of nurses; (3) development of multiple power bases in the health system; (4) fragmentation of nursing care; (5) recognition of health care as a human right; and (6) utilization of developing behavioral sciences. Recommendations are made for improving patient care through nurse clinicians and specialists. It is suggested that the term nurse specialist be used to designate those nurses who have mastered certain diagnostic or therapeutic procedures and techniques, while the term nurse clinician should be used when referring to the expanded role of nurses. Distinctions between nurse practitioners and general nurses are also noted.

Andreoli K G
Ambulatory Health Care and the Nurse Practitioner.
Pub. in Alabama Jnl. of Medical Sciences v14 n1 p57-63 Jan 77.

Appel Gary L, Lowin Aaron
InterStudy, Minneapolis, Minn.
Physician Extenders: An Evaluation of Policy-Related Research.
111p Jan 75 Available NTIS PB-245 891/7

The purpose of the report was to determine the degree of usefulness of physician extenders (physicians' assistants, nurse practitioners and the like) in alleviating the alleged shortage of primary care physicians. The study was based upon a critical review of the research existing as of January, 1975. Specific issues addressed in the study include: (1) productivity of PEs; (2) expected supply to 1980; (3) expected demand for PEs; and (4) specialty and geographic distribution. (NTIS)

Applied Management Sciences, Inc., Silver Spring, Md.
Effects of Task Delegation on the Requirements for Selected Health Manpower Categories in 1980, 1985, and 1990.
202p May 74 Available NTIS HRP-0006201

The final report of a study to assess the impact generated by the spread of task delegation from highly trained health personnel to personnel classifications requiring less training and the impact of task delegation on manpower requirements in 1980, 1985, and 1990 is presented. The study's methodology was based upon a preliminary manpower requirements model developed by the Division of Manpower Intelligence (DMI) which uses present and future population estimates, applies different care utilization factors to different population cohorts, and projects future manpower requirements against baseline data. The following job categories were analyzed with respect to task delegation: dentists and dental auxiliaries; physicians and physician extenders; RNs, LPNs, and nurses's aides; and pharmacists and pharmaceutical technicians. If dental task delegation occurs, the requirement estimate for dentists will be four percent less than those originally predicted by the DMI model for 1990. With task delegation and public acceptance of physician's extenders, the estimate of the need for physicians in the target years could be lowered by as much as 22 percent. Analysis of the nursing profession indicates that most of the task delegation from RNs to lower echelon personnel which can occur in hospitals and nursing homes has already taken place. As a result of increased task delegation to pharmaceutical technicians, a median estimate of between 31 and 37 percent fewer pharmacists in community pharmacies is forecast. All data are illustrated by charts and and tables. Bibliographies are included for each chapter and a description of the DMI model is appended. Portions of this document are not fully legible.

Are More Doctors the Only Answer to Rural Health Care. Pub. in Medical World News v12 n21 p29-35 28 May 71.

Alternatives to the solo practitioner as the foundation for health care delivery in rural settings are discussed. Following an introductory review of the scope of the health care crisis in rural America and a discussion of the limitations imposed by rural environments on private practice, several examples of innovative approaches to the problem are described. With the help of the University of Alabama and the Appalachian Redevelopment Commission, six physicians in rural Lawrence County, Alabama, initiated a project based on a physician team approach to health care delivery. Each team includes a physician, a physician's assistant, social caseworker, and clerical personnel as the in-office component, and a public health nurse and two or more aides as the outreach component. Two environmental specialists divide their time among five such outreach teams. An experimental community transportation system is also part of the project. A local community action program resulted in the creation of the Central Virginia Community Health Center, serving three central Virginia counties from six mobile trailers. The Center plans to move into a permanent building and then to set up satellite clinics, serving eventually 7,000 to 10,000 financially eligible patients with a permanent staff of four physicians aided by nurse-clinicians and home health workers. The current activities of the Center are described. Other approaches to rural health care delivery are mentioned, including a solo practitioner whose diagnostic equipment is hooked electronically with a university medical school; a county health clinic; a nurse practitioner; and others. It is noted that successful rural health delivery systems usually have some link with a major medical center and usually involve some form of team medicine and in-home care. Photographic illustrations are included.

Ayers Rachel
City of Hope National Medical Center, Duarte, Calif. Div. of Nursing.
Nursing Service in Transition: A Description of Organization for Classification and Utilization of Nurse Practitioners. 124p 1972 Available from City of Hope National Medical Center, 1500 E. Duarte Rd., Duarte, Calif. 91010.

Significant components of the City of Hope Medical Center's organized nursing service in Duarte, California are outlined. The fundamental premises of the nursing service are detailed in 'Thirteen Articles of Faith.' The philosophy of the nursing service is examined in relation to the nature of the nurse and the nursing team, the nature of the patient, and the interrelationship between patients and nursing personnel. An experiment in reorganization of the City of Hope's nursing

service is described. The program and its process of evolution are delineated, followed by a compilation of nursing departmental objectives, associated job descriptions, and procedures. Consideration is given to a classification and appraisal system for nurses, nursing education, and nursing research. Standards for the City of Hope's nursing service are outlined, and performance appraisal procedures are noted. Objectives of the nursing service are identified: give high quality nursing care to meet patient needs, assist physicians in the medical care of patients, promote programs of nursing education, promote and encourage nursing research studies, assess the quality of the nursing service, and promote participation in allied health organizations and supportive community activities.

Ayers Rachel
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Barkin Roger M
Colorado Univ. Medical Center, Denver. Dept. of Pediatrics.
Directions for Statutory Change: The Physician Extender.
Pub. in American Jnl. of Public Health v64 n12 p1132-1137 Dec 74.

The status of licensure and legislation related to physician extenders is examined. Since licensure has evolved as a barrier to the utilization of physician extenders, it is felt that legislative action appears to be the most appropriate means of effecting change. Four criteria for use in evaluating statutory change are noted: (1) protection provided to the public; (2) control exercised over Type A physician extenders; (3) amount of flexibility in manpower utilization; and (4) potential risk assumed by a physician in employing Type A physician extenders. Type A physician extenders are able to pursue an expanded role through legitimation embodied in nurse practice acts. These acts encompass observation, care, counseling, health maintenance, and the administration of medication or treatment. It is noted that 37 States had enacted physician extender legislation as of May 1, 1974. Tabular data on legislative actions by State are provided. The delegation of physician functions to Type A extenders by making an exception to medical practice acts is discussed. The feasibility of licensing each category of Type A physician extenders, such as child health associates, is explored. The malpractice issue is considered to be a barrier to the use of physician extenders because of the reluctance of physicians to accept additional liability.

Bates Barbara, Lynaugh Joan E
Rochester Univ., N.Y.
Laying the Foundations for Medical Nursing Practice.
Pub. in American Jnl. of Nursing v73 n8 p1375-1379 Aug 73.

The patient care process forms the basis for the curriculum for nurse practitioners developed at the University of Rochester (N.Y.) Medical Center. In the expanded role of medical nurse practitioner, the nurse has greater scope and decisionmaking involved in her responsibility for gathering data, making hypotheses, identifying problems, implementing management, and evaluating the results. The educational program teaches a systematic approach to history taking. Skills in physical examination are emphasized, using a textbook developed for this program. Common health problems -- hypertension, diabetes, depression, arthritis, etc. -- are described in seminars, case studies, and lectures. Issues in role change and collegial relationships are discussed. Guided clinical experience is included under the dual preceptorship of a nurse and physician. The curriculum begins with a 6-week full-time segment, followed by a

part-time 26-week segment during which the nurses can develop their skills further in their own work settings. The faculty includes both nurses and physicians, and the physicians' roles are spelled out: planning the curriculum, teaching (including clinical preceptorship in ambulatory care), public relations and liaison with the community, and formal evaluations. Access to patients, classrooms, and library is essential. After special training, five potential blocks that might prevent nurse practitioners from applying their skills are discussed: lack of demand for services; an inimical philosophy of health care; psychological problems of nurses and physicians; economic barriers; and legal fees. Experience indicates that these problems can be resolved and that a nurse and physician together can provide better care.

Bergeson Paul, Melvin Nancy
Good Samaritan Hospital, Phoenix, Ariz.
Granting Hospital Privileges to Nurse Practitioners.
Pub. in Jnl. of the American Hospital Association v49 p99-101 Aug 75.

The experience of Good Samaritan Hospital in Phoenix, Arizona, illustrates the problems encountered in delineating the privileges of nurse practitioners in hospitals. The hospital's legal counsel believed that nurse practitioner privileges could not be granted to the pediatric nurse associates who asked for the privileges without rules and regulations formulated by the Arizona State Board of Nursing. The pediatric department, pediatric nurse associates, and other personnel worked with the Board to produce the State Nurse Practice Act which covers pediatric nurse associates, nurse midwives, and family nurse practitioners. Because they believed there is inherent danger in unilateral action, the hospital staff determined that hospital privileges should be granted by the nursing and medical staff in consort. Nursing administration was placed in charge of initial review of credentials for nurse practitioners, but to fulfill the stipulation that non-physician practitioners must practice under medical staff direction, medical staff was involved in credential review. After training, the hospital asks the nurse practitioner / physician team to produce a list of items the nurse practitioner is qualified for. The hospital's regulations for granting privileges to nurse practitioners include: certification by the Arizona State Board of Nursing, practice in collaboration with medical staff, sponsorship by a physician, and review of performance by nursing administration and departmental committees.

Bible Bond L
American Medical Association, Chicago, Ill. Dept. of Rural Health.
Health Care Delivery in Rural Areas.
49p Jul 72 Available NTIS HRP-0002652

Models of several innovative ways to provide health services to people living in rural areas are described. To cope with a lack of resident physicians in rural areas, the University of Florida established a county health center which provides teaching and training experience for medical and nursing students, furnishes medical care, provides a facility to study community health care delivery, and demonstrates the effectiveness of cooperative participation. In Oklahoma, residents in Family Practice and Preventive Medicine, medical students, and other health professionals serve on rotation at a rural clinic facility. New Mexico's Hope Medical Center, a pilot program in rural medical care, staffs a rural clinic with a nurse practitioner, and the Presbyterian Medical Services operates ten rural facilities of various types in north central New Mexico and southern Colorado manned by physicians employed by PMS Group Medical Practice. In Lawrence County, Alabama, a multidisciplinary team of four participating physicians aided by other health professionals emphasizes health education, preventive medicine, and primary care. A multi-county approach in central Pennsylvania provides a variety of facilities from hospitals to outpatient clinics. Other models utilize prepaid care, medical corpsmen, and computer link-ups. Community involvement in the development of rural health care delivery is stressed. A summary of the model is presented in tabular format including sponsors and contact persons.

Bicknell William J, Walsh Diana Chapman, Tanner Marsha M
Massachusetts Dept. of Public Health, Boston.
Substantial or Decorative. Physicians' Assistants and Nurse Practitioners in the United States.
Pub. in Lancet v2 n7891 p1241-1244 23 Nov 74.

The role, status, and potential of the physician assistant in the U.S. is analyzed. Although in many areas of the world physician assistants share a substantial measure of the responsibility for health care delivery, their impact in the U.S. is uncertain. Part of this problem is due to the fact that the U.S. health care system is hospital-based, specialist - intensive, and resource - rich (in contrast to the developing countries where the physician assistant model has proved most successful). While the U.S. has the resources to develop innovations, it lacks the discipline to reassess the underlying base in order that sufficient money can be reallocated for support of innovations. The fee-for-service payment system encourages the use of

physician assistants or nurse practitioners as technicians who see a narrow range of problems and handle only their overt manifestations. For the assistants, job satisfaction depends largely on whether the physicians with whom they work are capable supervisors who are willing to delegate real responsibility. The characteristics of the supervising physician have been recognized as essential to the success of the assistant, but in most instances traditional roles remain inviolate. It is stressed that before physician assistants can begin to function well, there will have to be substantial change in the U.S. system. Consumer discontent with lack of access to good care for day-to-day problems is seen as a driving force for medical reform.

Bliss Ann
Yale Univ., New Haven, Conn. Dept. of Surgery.
Nurse Practiti9oner: Victor or Victim of an Ailing Health Care System.
Pub. in Nurse Practitioner v1 n5 p10,11,13,14 May-Jun 76.

The survival of nurse practitioners in the health care system is discussed. The need for hard data on the role of nurse practitioners is emphasized. Examples of hard data are given, including the intellect of the nurse practitioner, utilization, task analysis, practice setting, cost, educational programs, clinical competence, and outcome measures. The concepts of autonomy and accountability are examined in relation to the functioning of nurse practitioners. It is pointed out that health care settings vary in their expectations and needs for nurse practitioners. Economy is often the primary motivating facotr for the use of nurse practitioners by institutional clinics, health maintenance organizations, and private entrepreneurial practitioners. Consideration is given to the importance of teaching reality-based expectations to nurse practitioners, the effectiveness of the team approach to health care, and quality of care. A comparison is made of the perceived role of nurse practitioners. This role falls along the continuum between physician surrogate and physician complementarity. The incorporation of nurse practitioner preparation into baccalaureate nursing education is explored. It is concluded that nurse practitioners can function effectively in the delivery of patient care.

Bliss Ann A, Cohen Eva D
Yale Univ., New Haven, Conn. School of Medicine.
New Health Professionals -- Nurse Practitioners and Physician's Assistants.
451p 1977 Available from Aspen Systems Corp., 20019 Century Blvd., Germantown, MD 20767.

The emergence of the nurse practitioner and physician's assistant as health professionals is the topic of this book. Nurse practitioners and physician's assistants are categorized as new health practitioners, a generic term referring to mid-level health practitioners who perform tasks traditionally within the purview of physicians. An overview of these practitioners is presented, and the findings of a comparative study in Connecticut are presented. Major determinants of a practitioner's practice pertain to the credentialing of continuing education programs for nurse practitioners, the National Commission on Certification of Physician's Assistants, the legal scope of practice in this profession, third-party payment for practitioner services, the economic effectiveness of family nurse practitioner practice, the cost-effectiveness of rural practices staffed by family nurse practitioners versus physicians, physician supervision of physician's assistants, and problems encountered by physician's assistants and Medex personnel. The clinical impact of the personnel is assessed, and a number of studies illustrating this impact are detailed. Additional information on the education of the new health practitioners and their legal scope is appended. An index is included.

Boston City Hospital, Mass.
Nursing Home Telemedicine Project. Volume 2. Collected Appendices.
167p 1976 Available NTIS PB-260 405/6

A hospital-based 'telemedicine' system has been established at Boston City Hospital to provide higher quality and more accessible medical care to nursing home patients. The system contains the basic components of: (1) a center of medical expertise and technology (Boston City Hospital); (2) nurse practitioners; (3) a communication system; and (4) a transportation system. This report consists of the following appendices: (1) the nurse practitioner in a nursing home telemedicine system; (2) nursing home telemedicine nursing home selection process; (3) data collection forms and code books; (4) digoxin toxicity in nursing homes--a prospective study; (5) contract between the Trustees of Health and Hospitals of the City of Boston, Inc. and the Department of Public Welfare, Commonwealth of Massachusetts; and (6) index of clinical fragility. (NTIS)

Bowers John Z, Purcell Elizabeth
Josiah Macy Foundation, New York.
National Health Services: Their Impact on Medical Education and Their Role in Prevention.
178p 1973 Available from Josiah Macy, Jr. Foundation, 1 Rockefeller Plaza, New York, N.Y. 10020.

The proceedings of the 1972 International Macy Conference on National Health Services are presented. The conference dealt specifically with the impact of national health service programs on medical education and on illness prevention. The purpose of the conference was twofold: to assemble a body of information on national health services, and to provide an opportunity for individuals from the United States who hold responsible posts in medical care or medical education to become better informed on national health services. The countries whose national health services are described and discussed include Great Britain, France, Spain, Denmark, Sweden, Norway, Yugoslavia, Israel, India, The People's Republic of China, Japan, and New Zealand. Several papers deal with health care in the United States. These papers include discussions of the implementation of nationwide health programs, national health insurance and medical education, national health insurance and graduate medical education, curricular changes in medical education, and the future role of physicians' assistants and nurse practitioners. The history of public health in national health services in Great Britain is reviewed. Questions raised in several of the presentations are addressed in a final commentary. The papers describe systems which range from emphasis on secondary care with a hospital base, as in Sweden, to emphasis on primary care and the general practitioner, as in Denmark. Still other countries stand at a middle point. The discussions demonstrate that national health services do have a profound effect on medical education, influencing both the number of physicians graduated and their career orientation. An index and a list of conference participants are provided.

Braun John A, Howard D. Robert, Pondy Louis R
Duke Univ., Durham, N.C.
Physician's Associate: A Task Analysis.
Pub. in American Jnl. of Public Health v63 n12 p1024-1028 Dec 73.

The relationship between physicians' assistant training and task performance is analyzed and graphically illustrated. Participating in the task analysis were 10 physicians and 11 physicians' assistants in four private general practices in rural areas and five urban institutional settings. The questionnaire for the analysis was divided into six major task categories: history taking, physical examination,

laboratory procedures, medical tasks, surgical tasks, and other medical care tasks. Each physician's assistant was asked to indicate how often he performed various tasks during his work experience. Questions were also asked about the frequency of task performance before, during, and after training. Physicians were requested to judge the level of responsibility and competence in the performance of tasks by physicians' assistants. It was found that history taking, physical examination, and medical tasks were performed more often on an independent basis than other task categories and were the duties most frequently expected of assistants. Some physicians' assistants in institutional settings had lower perceptions of their levels of independence than did the supervising physicians. Private practice physicians' assistants performed significantly more tasks on a frequent basis than physicians' assistants in institutions.

Bronx Health Manpower Consortium, Inc., N.Y.
Symposium on New Health Practitioners in Primary Care.
107p May 75 Available from the Bronx Health Manpower Consortium, Inc., 1882 Grant Concourse, Bronx, NY 10457.

The proceedings of a 1975 symposium on the use of new health practitioners in primary care which was sponsored by the Bronx Health Manpower Consortium, Inc., are reported. The symposium focused on nurse practitioners and physician's associates. The objectives of the meeting were to provide the general public and potential employers of new health practitioners with information on a variety of issues pertaining to these workers, and to use the information generated by the symposium to further the activities of the consortium in the education, employment and evaluation of new health practitioners. The topics addressed included education, performance, State regulations, third party reimbursement practices, cost-benefit considerations, and the impact on the quality of care. Panel discussions were held on the new health practitioner in institutional and noninstitutional settings, and on evaluation of the new health practitioner. Questions and discussions follow each of the presentations. Appendixes contain a list of the members of the symposium planning committee and of physician's associate and nurse practitioner training programs in the New York City area.

Campbell Rita Ricardo
Stanford Univ., Calif. Hoover Institution on War, Revolution and Peace.
Effect of Emerging Health Roles on Financing and Health Payment Plans.
20p 15 Jan 75 Available from University Microfilms International, 300 N. Zeeb Road, Ann Arbor, MI 48106.

The financing of health care is discussed within the context of the changing health care system environment. It is felt that the use of health workers such as physicians' assistants may offer an effective way to deliver quality medical care at less cost. Quality maintenance and cost-effectiveness concepts of health care are explored. The productivity of physicians and other health professionals is considered. The statement is made that, in the health sector, the assurance of a given level of quality is virtually impossible. The differing tasks performed in the health sector are examined in relation to who should perform them. The goal of health care is identified as the improvement of health rather than the production of hospital days and physician visits. The effectiveness of physicians' assistants and nurse practitioners is assessed. The impact of the practice setting of a health worker on third party financing is discussed. Problems associated with the reimbursement and utilization of physicians' assistants are cited, and the extent of their acceptance is addressed. Governmental policies related to quality and cost in the health care field are reviewed. An appendix contains a price list developed by Creative Health Services, Inc., in 1974 for medical / surgical, psychiatric, pediatric, and prenatal health services. A selected bibliography is provided.

Chow Rita K
National Center for Health Services Research and Development, Rockville, Md.
Research Plus PRIMEX Equals Improved Health Services.
Pub. in International Nursing Review v19 n4 p319-327 1972.

Health care resources can, through the medium of research, be transformed into effective health care delivery systems. A problem-solving model is illustrated, and then Garfield's model of a medical care delivery system of the future is discussed. The nurse will play a vital role in the proposed health picture, for a medical center's interdisciplinary systems research team will involve her with many new responsibilities. In her primary care role of the future, the nurse will be a communicator, coordinator, and expediter, scholarly and skilled in her practice, and interceding for the patient as necessary. This category of family nurse practitioner, named 'PRIMEX' (primary care extender) is already practicing in a hospital clinic in rural Leslie County, Kentucky. Here the nurse decides whether a patient should be referred to a physician after she has taken the patient history, conducted a medical examination, and made laboratory tests. Nurses at the Kentucky clinic also operate six 'outpost' clinics for primary medical care in outlying areas around the hospital. Their experiences have confirmed the need for post-RN training. Their new role is that of a

clinical nurse specialist. Massachusetts General Hospital recognizes four distinct levels of clinical competency. At the uppermost level, the nurse clinician is a master practitioner who will be competent to apply research methodology to nursing problems. At this level of competency, the nurse will be a nurse - scientist, fully qualified to share in research.

Cleland Virginia
Wayne State Univ., Detroit, Mich. Coll. of Nursing.
Implementation of Change in Health Care Systems.
Pub. in Jnl. of Nursing Administration p64-69 Nov-Dec 72.

Economic, interprofessional, and intraprofessional barriers to effective incorporation of nurse clinicians into health care systems are discussed. Among the economic problems are those involved in educating the nurse clinician and in determining her salary level. It is proposed that instructional costs for nurse clinician programs be assigned in four ways: (1) Federal capitation grants to the school; (2) tax and endowment funds normally available to institutions; (3) revenue received for health care services rendered by graduate students in nursing; and (4) tuition paid by students or by organizations providing student support. The problem of developing systems of payment in line with the nurse clinician's qualifications as a graduate-trained, clinically experienced health care provided is considered, as is the need for physicians to have the opportunity to work with nurse clinicians. It is further observed that problems associated with the use of nurse clinicians may be greatest within the occupation of nursing itself. Six principles essential to the education and utilization of nurse clinicians are identified: (1) professional services rendered by nurse clinicians must be appropriate and acceptable to members of every socioeconomic level; (2) preparation of the nurse clinician must be structured within institutions of higher education; (3) emphasis will be placed on the physicial assessment and health history of the patient as part of the total data gathering for nursing assessment; (4) the nurse clinician's education must prepare her to function in a variety of health care settings; (5) development of new role for the nurse clinician requires cooperation among nurse educators, nursing service personnel, hospital administrators, and physicians; and (6) financial savings resulting from the use of nurse clinicians must be passed on to the patient as reduced health care costs or as broader, more comprehensive service.

Cohen Edward
Michigan Univ., Ann Arbor. Health Manpower Policy Studies Group.
Factors Affecting the Effective Introduction of Mid-Level Health Workers.
19p May 74 Available from the Health Manpower Policy Studies Group, University of Michigan, Ann Arbor, Mich. 48104, $.50.

Impediments to greater utilization of mid-level health workers (e.g., physicians' assistants and nurse practitioners) are identified and assessed. One such impediment is the view of the health consumer, as influenced by understanding of the mid-level health worker concept and of its implications for quality of care, costs, and access. The second impediment involves the attitudes of health professionals, including physicians, dentists, registered nurses, and the mid-level health workers and potential mid-level workers themselves. Consideration here is given to economic effects, power and status perceptions, and genuine concern for the public good. Provider agencies, health insurance agencies, health profession educators, and governmental agencies are discussed with a view toward their potential for encouraging or discouraging more effective utilization of mid-level health workers. Emphasis is placed on the obligation of government to support the mid-level health worker concept.

Collins M. Calgett, Bonnyman G. Gordon
Virginia Univ., Richmond.
Physician's Assistants and Nurse Associates: A Review.
61p Jan 71 Available NTIS HRP-0002227

The reported crisis in health care is the lack of delivery of health services to the consumer. The noted reasons for this are the insufficiency and maldistribution of primary care physicians, and the ineffective use of health manpower to deliver primary care. Physician's assistants and the expanded role of nurses in patient care as nurse associates are seen as two answers to this dilemma. There are over 82 programs at various stages of development which involve these manpower categories. Most are in the early developmental stage, although some are fully operational. Seventy percent of these programs are designed to train primary care personnel. Five national, professional organizations have established guidelines for the training of physician's assistants or nurse associates. Efforts are under way on a national scale to standardize programs by accreditation and to certify graduates. Federal expenditure for physician's assistants and nurse associate programs is large in relation to all categories of allied health personnel, and it is increasing. Medical - legal questions involving these programs and occupations are being studied and subsequently

resolved. There is much positive data concerning the acceptance of physician's assistants and nurse associates by both physicians and patients, and the effect assistants and associates have on productivity of health systems and quality of health services.

Community Health Administration: A Reader Consisting of Twenty-One Articles Especially Selected by the Journal of Nursing Administration Editorial Staff.
128p 1975 Available from Contemporary Publishing, Inc., 12 Lakeside Park, Wakefield, MA 01880.

A conceptual model for a comprehensive health team is discussed. Resources needed to innovate health care delivery are noted. The role of nurses in a comprehensive health care serivce delivery structure is explored. Community medicine is defined, and changing roles in staff development and recordkeeping are considered. The perceptions of community nurses are viewed as an aid to health care administrators. Difficulties involved in the functions of supervisor / consultant nurses are examined. The development of a family health service is discussed, as well as the concept, organization, and strategy for health maintenance organizations (HMO's). The perspective of a registered nurse on HMO's is presented. The importance of continuing education for nurses is stressed. An intersystem approach to ambulatory care program management is described, and the evaluation of ambulatory care program effectiveness by administrative means is assessed. The functions of nurses in comprehensive health centers is considered, along with nurse practitioners in community health agencies and nurses in neighborhood health centers. The concept of private practice for nurses is investigated. An organizational design for maternal and infant care projects is detailed.

Comprehensive Health Planning Council of the Big Bend Area of Florida, Inc., Tallahassee.
Big Bend Planning Study for Improved Delivery of Health Services to the Medically Indigent.
168p Apr 73 Available NTIS HRP-0003726

The ten most medically underserved rural counties in northwestern Florida were selected from a survey of the entire State for further study to evaluate the existing health care system and to identify deficiencies. All practicing physicians in the region were interviewed, with the exception of more heavily populated Leon County, where all primary care physicians and a stratified random sampling of all other specialists were interviewed. Data were gathered from each acute care general hospital by a ten percent random sample of the latest fiscal year's medical

records for age, sex, race, residence, method of payment, length of stay, and diagnosis. Consumer data were obtained from interviews with people who attended an Urban League Health Fair--most respondents were poor and Black. Part I of the study gives a detailed demographic and socio-economic analysis of the region, Part II examines the utilization of physician and hospital services, and Part III reports consumer data on use of the health care system as it exists. Part IV contains a summary of findings and makes the following recommendations: (1) provide 100 percent reimbursement of physicians' fees so that more physicians can be brought into the Medicaid program; (2) simplify claims procedures; (3) allow greater participation of the poor in Medicaid by relaxing some of the narrow qualifications; (4) provide incentives to furnish preventive care; and (5) encourage the training of physicians' assistants and nurse practitioners. Other recommendations include wider utilization of Tallahassee Memorial Hospital as a regional medical center, continuing education programs for health personnel, and provision of out-reach clinics and home health programs. A two-page bibliography is supplied. Portions of this doucment are not fully legible.

Comptroller of the United States, Washington, D.C.
Progress and Problems in Training and Use of Assistants to Primary Care Physicians. Report to the Congress.
71p 8 Apr 75 Available from the General Accounting Office, Distribution Section, Rm. 4522, 441 G St. N.W., Washington, D.C. 20548, one copy free.

The impact of physicians' assistants on the health care system was investigated in a General Accounting Office survey of 19 physician extender programs in 13 States. The purpose of the survey was to determine whether physicians' assistants represent a viable means of meeting objectives contained in the Comprehensive Health Manpower and Nurse Training Acts of 1971. Consideration was given to how physicians' assistants were trained, used, accepted, and deployed in medical practices. Programs selected for survey included four MEDEX programs, six physician's assistant programs, three family nurse practitioner programs, five pediatric nurse practitioner programs, and one child health associate program. The review was limited, however, to medical functions of physician extenders. A questionnaire was also sent to 461 persons who had graduated by June 1973 from 16 programs in the survey and to 351 of their employers. A total of 358 graduates and 229 employers responded. Program concepts and training methods varied considerably. Some programs emphasized training for performing specific tasks; others emphasized a broader understanding of theoretical and scientific medical concepts. The length of training provided by the 19 programs ranged from four months to four years.

The legal status of physician extenders also varied from program to program. Seven of the 19 programs sought to alleviate problems caused by an uneven geographical distribution of health manpower by developing systems for deploying graduates to areas with health manpower shortages. The use of physician extenders often minimized the amount of time spent by physicians on cases, and the cost of malpractice insurance and the potential threat of malpractice suits did not deter the hiring of physician extenders. Appendices provide additional information on the distribution and use of physician extender personnel.

Connelly John P
Bunker Hill Health Center, Charlestown, Mass.
Nurses and Pediatricians Collaborate.
Pub. in Pediatrics v47 n6 p996-998 Jun 71.

Cooperative efforts of the American Nurses Association and the American Academy of Pediatrics are discussed. The American Academy of Pediatrics' Committee on Pediatric Manpower conducted a survey during 1967 and 1968 to evaluate the distribution of task performances in the private practice of pediatric medicine. It was estimated that, if an allied health worker were to assume an expanded patient care load only for health services supervision, a minimum of 25 percent of a pediatrician's time would be freed. If other activities of the pediatrician were taken into consideration as well, such as clerical, technical, and laboratory tasks plus some aspects of illness care, at least 50 percent of an average practitioner's time would be freed. Relatively few nurses were being utilized by pediatricians in true interprofessional caretaking. Consequently, the Academy adopted an official policy statement that a physician may delegate to a properly trained individual, working under his supervision, the responsibility for providing appropriate portions of health examinations and health care for infants and children. The Committee on Manpower also established a close working relationship with the American Nurses Association which was equally concerned about the number of children receiving less than adequate care and the fact that nursing potential was not being fully utilized to deliver ambulatory health care. A joint statement of the American Nurses Association and the American Academy of Pediatrics is presented which concerns guidelines on short-term continuing education programs for pediatric nurse associates.

Creighton Helen
Wisconsin Univ., Milwaukee. School of Nursing.
Changing Legal Attitudes: The Effect of the Law on Nursing.
23p 1974 Available from National League for Nursing, Inc., Ten Columbus Circle, New York, N.Y. 10017.

Legal aspects of nursing are discussed in a paper which was presented to an open forum on changing legal attitudes toward nursing at the 1973 convention of the National League for Nursing. The effect of changing legal attitudes toward nursing practice is examined in relation to licensure and the extended role of nurses. It is recommended that nurses assume a more dominant role in the extension of health services and concern themselves not only for nursing service but also with membership on the health team. The issue of whether continuing education should be mandatory for the renewal of nursing licenses is discussed. Also considered is the role of physicians' assistants, position of nurses with regard to the 1973 Supreme Court abortion ruling, the problem of patient consent prior to the initiation of treatment procedures, and the increase in malpractice suits against nurses.

Crockett Pernell W
National Technical Information Service, Springfield, Va.
Nurses: Emerging Roles (A Bibliography with Abstracts).
70p Jul 77 Available NTIS NTIS/PS-77/0558/5

The bibliography cites studies on the assessment and effectiveness of nurses as nurse clinicians, practitioners and administrators. The acceptance of these roles by physicians and consumers are delineated. Requirements for education, licensure and credentialing are discussed. (Contains 65 abstracts)

Darnell Richard E
Michigan Univ., Ann Arbor.
Promotion of Interest in the Role of the Physician Associate as a Potential Career Opportunity for Nurses: An Alternative Strategy.
Pub. in Social Science and Medicine v7 p495-505 Jul 73.

Frameworks for understanding the development of interest in the physician associate role among members of the nursing profession are offered, and alternatives for promoting the selection of this career opportunity by nurses are offered. One major approach to explaining the development of interest among nurses in the physician associate career views such development as a function of professional role identification. A second approach holds that the development is a function of career mobility patterns. Deficiencies are

noted in both professional role identification and mobility models using horizontal and vertical mobility as a basis for the development of interest in the physician associate as a potential career opportunity for nurses. Examination of factors in the development of the physician associate in emerging nations leads to the identification of several cross-cultural considerations that make possible an integrated approach to understanding the development of interest in the physician associate role. Attention is focused on interest development as a function of individual competencies, aspirational patterns, the structure of opportunities that are made available, and specific career strategies. Examination of these factors indicates that a major deterrent to career development by nurses in the role of physician associate is the pervasive psychosexual deference associated with nursing practice. It is suggested that attention to this factor in both training and practice settings is needed to facilitate role alteration by nurses.

DeAngelis Catherine, Curran William J
Wisconsin Univ. - Madison. Medical School.
Legal Implications of the Extended Roles of Professional Nurses.
Pub. in New York State School Nurse - Teachers Association Jnl. v8 n1 p9-14, Fall 1976.

Expanded roles for nurses include those of the pediatric nurse practitioner or associate, family nurse practitioner, nurse midwife, and clinical nurse specialist. The two major forms of law affecting the scope of nursing practice are statutory law, which involves legislation, and common law, the body of precedent developed in the courts. The practice of nursing is regulated by nurse practice acts, which establish educational and examination requirements, provide for licensing or registration, and define the functions of the professional nurse in general and specific terms. These requirements vary from State to State in their degree of specificity and detail. Areas in which legal changes in the courts and legislatures and action among professionals may be necessary as nursing functions change include specific statutory revisions, medical practice acts and medical boards, institutional licensing, quality control and continuing education, responsibilities of nursing organizations in the legislative fields, and relationships of nurse practitioners to other extender personnel, such as physician's assistants. Attempts to deal with problems in these areas as they affect the development of extended roles for professional nurses are reviewed and assessed. All nurses are urged to become and remain knowledgeable in matters of health law.

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Devlin Mary M
American Medical Association, Chicago, Ill. Div. of Library and Archival Services.
Selected Bibliography with Abstracts on Joint Practice.
109p May 75 Available from National Joint Practice Commission, 875 North Michigan Ave., Suite 1864, John Hancock Center, Chicago, IL 60611.

A bibliography on joint practice patterns of nurses and physicians is presented, covering the period between the mid-1960's and July 1974. The emerging role of pediatric and other specialized nurse practitioners is covered. Patterns of collaboration or joint practice by nurses and physicians are also encompassed. Fifty-eight journal articles, books, and other sources are included, and comprehensive abstracts of each citation are given. The bibliography is designed for use by health professionals and students. Tools used to compile material included the International Nursing Index and Medical Socioeconomic Research Sources published by the American Medical Association.

Downey Gregg W
Model Healthcare Goes to Jail in Miami.
Pub. in Modern Healthcare v5 n6 p41-48 Jun 76.

The provision of health care within the penal system of Miami, Florida by Jackson Memorial Hospital is reported. The 1,172-bed public health facility operates its jail health care program through the use of nurse practitioners, a compendium of standing medical orders, and a telemedicine system. American Medical Association statistics from 1972 show that 16.7 percent of the 4,000 jails in the U.S. have no provisions for health care, 65.5 percent have only basic first aid facilities, and 7.9 percent have clinics or dispensaries. Given these figures, hospitals should be aware of the potential admission of an arrested person who is ill or injured. Jackson Memorial serves approximately 1,500 inmates of the Dade County jail system and has a $12 million jail health care budget. The hospital's dispensary is in the maximum security main jail; the physical and social conditions there are discussed. The kind of person necessary for jail health care work, it is commented, must have intelligence above average and a degree of idealism. The experience of one of the seven nurse practitioners of the prison health team is examined. The audiovisual network between three Dade County correctional facilities and the emergency ward at Jackson Memorial is a two-way, black-and-white television system through which physicians at the hospital can direct the care provided by nursing personnel stationed at the jail clinics. There is said to be no difference in the quality of the care provided by nurse practitioners and that provided by physicians. Conclusions on the cost effectiveness of nurse practitioners and telemedicine note that the cost per patient visit dropped by 38 percent upon the addition of nurse practitioners, but increased by 9 percent with the telemedicine system. Jackson Memorial's is considered to be a model prison health care system. No references are provided.

East Central Michigan Comprehensive Health Planning Council, Saginaw.
Comprehensive Study of Health Facilities and Service Needs. 1975. Saginaw, Michigan.
156p Jan 75 Available NTIS HRP-0004175

A study of health service and facility needs in the Saginaw, Michigan service area is presented. Following an introductory overview of the study, methods used in determining the hospital service area and service area population are presented, and utilization of inpatient services in the area is assessed. Acute care bed needs are presented by service, including bed needs for intensive care and coronary care. Methods by which use of inpatient service

can be reduced are discussed, including methods requiring cooperation among providers and coordination of services (alternative delivery systems, increased use of ambulatory care and home care services, shared hospital services, utilization review, health insurance benefits structures) and institutional methods for reducing use of inpatient services (pre-admission testing programs, mechanical shortening of length of stay). Existing ambulatory, home care, mental health, and substance abuse services in the area are described. It is noted that no general medical outpatient service exists in the area, resulting in a high volume of non-emergency patients in hospital emergency rooms. A comprehensive medical outpatient service could serve to identify base problems (e.g., mental disturbance, alcoholism, etc.) which often go unrecognized and untreated in a specific incident-oriented emergency room situation. A similar assessment of long-term care services and facilities is presented, including a determination of long-term care bed needs for Saginaw County. Health manpower considerations are limited to an analysis of medical staff of Saginaw hospitals and a discussion of the use of physician's assistants and extended - role registered nurses. Future trends in facility planning are outlined, and a summary of major recommendations is presented. Supporting tabular data, a list of persons interviewed in the course of the study, an explanation of determination of use rates, and other supporting documents are included in the appendices. Portions of this document are not fully legible.

Eberle Betty J, Gonzales Lois, Mortimer Edward A, Oseasohn Robert, Quenk Naomi L
New Mexico Univ., Albuquerque. School of Medicine.
Outreach Program of Medical Care. A Rural Nurse Practitioner Backed by a Medical School.
57p Aug 74 Available NTIS HRP-0004235

An experimental health care delivery project, in which a nurse practitioner served the medical needs of the rural population of Torrance County, New Mexico, is described. The largest of the county's 12 communities has a population of 1,000. Half of the people have Spanish surnames and / or have Spanish as their first language, and 54 percent of the Spanish - American families have incomes below the poverty level. The project, which was a cooperative effort of the Hope Medical Center in Torrance County and the nearby University of New Mexico School of Medicine, included the selection and preparation (five months of training) of a registered nurse to assume extended duties at the Medical Center. Continuing education for the nurse practitioner was built into the program operation. A laboratory aide / receptionist, a full-time clerk, and part-time maintenance personnel were also employed. Overall management of the

program was assumed by a supervisory physician at the University Medical Center, and medical supervision was provided by written instruction and telephone contact with physicians in Albuquerque. The program operation is described in detail, including evaluations of utilization, disposition of patients, quality of care, and fiscal performance during the 3.5 - year pilot phase. It is noted that the medical care model was not financially sound during its pilot phase, although policy changes have since been implemented which have contributed to the current viability of the model. Reasons for the original financial failure are discussed at length. The role of the University School of Medicine, the use of public money due to the experimental nature of the program, and the costly time - consuming procedures and extensive equipment incorporated into the program are thought to detract from the applicability of this model to usual systems of health care delivery in the United States. A bibliography and supporting tabular data and diagrams are included. Portions of this document are not fully legible.

Edwards John A, Lindsey Phoebe
Nurse Practitioner: Idaho's Experiment to Improve Rural Health Care.
Pub. in Northwest Medicine v71 n11 p812-844 Nov 72.

A 1971 pilot project in Idaho which used nurse practitioners in a rural setting to supplement scarce physician's services is described. Two registered nurses were trained as nurse practitioners and placed into service in Cambridge and in Council, Idaho. The nurse in Council worked with two physicians, while the Cambridge nurse operated a local clinic in the isolated town, with weekly visits from the Council physicians. The nurses performed various testing and emergency services, and prescribed medications for patients. When problems arose, the physicians were consulted. The nurse working alone in Cambridge was able to treat about 85 percent of her patients without the assistance of the physicians. Community acceptance and use was high, with approximately 48 percent of Cambridge area residents receiving care from the nurse practitioners during 1971. The importance of flexible legislation concerning the use of nurse practitioners is also discussed, as is the role of continuing education.

Fink Donald L, Greycloud Mary Ann, Cohen Marna, Malloy Mary J, Martin Florence
California Univ., San Francisco.
Improving Pediatric Ambulatory Care.
Pub. in American Jnl. of Nursing v69 n2 p316-319 Feb 69.

The effect of staffing patterns on the delivery of pediatric ambulatory care is discussed with emphasis on the expanded role of nurses. Patients were selected for study from the acute care clinic of the University of California San Francisco Medical Center. Those patients who complained of upper respiratory infection were assigned to four study groups: (1) patients seen by regular clinic staff (pediatric house officers and clinic nurses); (2) patients seen by one of the regular clinic physicians but also by a project nurse acting as family health management specialist; (3) patients seen by a regular clinic nurse but with a project physician who gave special attention to planning management; and (4) patients seen by a project nurse and a project physician to investigate whether the combination of special care services would differ in results. Nursing services included general health education, counseling, coordination of care for other family members, and traditional clinic nursing services. Effectiveness in care was assessed by measuring family compliance in taking prescribed medications, carrying out procedures acceptably, and keeping appointments. Patients who received the least effective care were those who received traditional ambulatory services. Effectiveness was significantly improved in the study groups in all measured categories. It was suggested that the approach taken in managing patient care is more important than the professional background of an individual.

Fish M S
What Are the Legal Risks Inherent in Performing the Role of the Nurse Practitioner?
Pub. in Nurse Practitioner v1 n2 p52-53 Nov-Dec 75.

Fish M S
When Does One Choose Which Legal Structure in Which to Practice as a Nurse Practitioner?
Pub. in Nurse Practitioner v1 n5 p9,35 May-Jun 76.

Ford Amasa B, Ransohoff David F
Case Western Reserve Univ., Cleveland, Ohio. Dept. of Community Health.
Contribution of Non-Physician Health Workers to the Delivery of Primary Care.
86p Jan 71 Available NTIS HRP-0005769

The rapid and widespread trend toward training new workers or retraining existing workers to help physicians deliver primary care is summarized in this report prepared by Case Western Reserve School of Medicine for the Health Manpower Committee of the Ohio Comprehensive Health Planning Council. Also examined are the implications for health workers, the public, and educational institutions. Primary care is defined and eight functions within it are identified: intake; information collection; making the primary diagnosis; referral or consultation; establishing a treatment plan; giving treatment; continued observation and care; and health maintenance. The new programs include the retraining of existing health personnel, mainly nurses, as nurse clinicians, nurse practitioners, and nurse-midwives. The training of new workers includes: (a) physicians' assistants; (b) medical assistants, laboratory technicians, medical secretaries, and secretary - receptionists; (c) dental assistants, dental hygienists, and dental laboratory technicians; (d) community health aides; and (e) community mental health workers. Because of new patterns of health delivery care, most new health workers will be working in group practices or neighborhood health centers. The new movement has the potential of opening up more rewarding careers in the health care field. Although some doubt has been expressed and some obstacles encountered, leaders in the field believe the greatest difficulty is lack of money. The appendix contains supplemental material.

Frank D J, Chaney P
Eighty-One PNA's Later. A Professional Appraisal.
Pub. in Clinical Pediatrics v13 n9 p790-793 Sep 74.

Freeman Ruth
Johns Hopkins Univ., Baltimore, Md. School of Hygiene and Public Health.
Nurse Practitioners in the Community Health Agency.
Pub. in Jnl. of Nursing Administration v4 n6 p21-24 Nov-Dec 74.

Administrative considerations involved in the integration of the nurse practitioner into community-based agencies are identified and discussed. Among the problems related to job design are those which occur in differentiating the responsibilities of the nurse practitioner from those of other staff members. Matching the skills and responsibility levels required by agencies with those of the applicant may also prove difficult because of differences in training programs. When the nurse practitioner is introduced into the agency the administrator must answer questions related to the way the agency can use the specialist in a generalized service, the way the nurse should balance 'doing' and

'supporting' responsibilities, and the role of the nurse practitioner in relating health services to the medical care system. The nurse practitioner's introduction may result in role conflicts -- the community health nurse may resent the fact that the 'most interesting' families are assigned to the practitioner and the expectations of physicians and administrators may conflict with those of the nurse practitioner. Problems of cost control may also arise. Several administrative strategies for dealing with these issues are clarified. Clarification of nursing service goals is considered particularly important.

Fryzel Ronald J
Jamestown General Hospital, N.Y.
Hospital-Based Group Practice Provides Accessible, Less Costly Primary Care.
Pub. in Jnl. of American Hospital Association v50 n17 p109, 110, 112 1 Sep 76.

The primary care services provided by a medical group practice at Jamestown (New York) General Hospital are described. This hospital-based group practice, known as the Family Health Center, is composed of primary care physicians supported by nurse practitioners, aides, and clerical personnel. The goal of the center is to provide readily accessible primary health care services, with appropriate linkages to backup services, to the Jamestown community, and to surrounding rural areas. The service uses a health care team concept and offers preventive services through a coordinated, family-centered, single entry point approach. Preventive care consists of multiphasic screening, annual physical examinations, immunizations, and special clinical testing. Diagnostic and therapeutic services are also available through the hospital. Services are available 5 days a week, with evening and Saturday hours planned. Primary care is available to both scheduled and walk-in patients, and a physician is on call when the center is closed to guarantee uninterrupted access to care. A continuous record of care is maintained, and chronological reports from all practitioners who see the patient are included. During the first 14 months of operation, more than 2,000 persons received care at the center. The Family Health Center provides improved primary care services to the community at approximately which cost 30 to 50 percent less than they would in the hospital.

Galton Robert
Columbia Univ., New York.
Nurse Clinician Coordinator: A Study of an Expanded Role for Nurses in Ambulatory Care.
570p 1974 Available from University Microfilms International, 300 N. Zeeb Road, Ann Arbor, Michigan 48106.

The use of nurse clinicians to provide health maintenance care for Medicare patients is examined in a group of private, prepaid group practices participating in an incentive reimbursement experiment carried out by the Health Insurance Plan of Greater New York. The first hypothesis of the investigation was that highly qualified nurses could be introduced into such an ongoing system and be accepted by family physicians as participants in the care of their adult patients with chronic disease. The second hypothesis was that, in gaining the acceptance of the physicians, the nurses would begin to demonstrate more autonomy in their patient care activities. Activities performed during each patient visit by the nurse clinician coordinators were recorded over an 18-month period. Questionnaires were administered to the 35 family physicians and 6 nurses participating in the study at the end of the observation period. Analysis of these and other sources of information leads to the acceptance of the first hypothesis and negation of the second. The implications of the findings are considered in light of a review of health manpower issues addressed in background discussions. Particular attention is directed to the question of the purported physician shortage and the need for better utilization of manpower. The inhibitory effect of the 'master - servant' relationship between physicians and nurses on the development of an expanded role for nurses in ambulatory care is considered. The selective nature of most of the programs in which an expanded role for nurses has been developed -- e.g., pediatrics, obstetrics and gynecology, rural programs, care for the poor -- is noted. The nursing profession's striving for professional recognition and the hostility toward the medical profession that has often accompanied that effort are examined as to their effect on the development of collaboration between physicians and nurses in the care of adult patients in the private sector. Supporting data are included.

George J E
Legal Ramifications for the Ed Nurse Practitioner.
Pub. in Jnl. of Emergency Nursing v1 n4 p8 Jul-Aug 75.

Goldstein Harold M, Horowitz Morris A, Calore Kathleen A
Northeastern Univ., Boston, Mass. Dept of Economics.
Improving the Utilization of Health Manpower
52p 15 Jul 74 Available NTIS PB-236 324/0

The report represents progress for the first two years of a three-year project to implement the techniques and methodology of the previous project, Restructuring Paramedical Occupations (RPO), in five hospitals, each quite different in characteristics from each other. The general objectives of this study are to determine whether one can motivate users of health personnel, such as hospitals, to modify their hiring-in requirements to the actual needs of the job, to restructure health occupational skills, and to develop in-service training programs which permit upward job mobility. Further, this report includes a summary of the activities of the newly-created Center for Medical Manpower Studies (CMMS). The progress of a sub-study of health manpower in the Boston area (1968-1973) is also discussed. This report contains a statement of the problem, objectives, research design, progress since July 1972, preliminary observations, activities outside the Boston area and analysis of requests for the RPO study. (NTIS)

Herzog Eric L
Alfred P. Sloan School of Management, Cambridge, Mass.
Underutilization of Nurse Practitioners in Ambulatory Care.
Pub. in Nurse Practitioner v2 n1 p26-39 Sep-Oct 76.

The increased use of nonphysician health personnel in the delivery of ambulatory care is advocated. Two approaches are identified for accomplishing the increased use of nonphysician health personnel: (1) use of ancillary medical (paramedical) personnel to act as physician extenders; and (2) expansion of the role of registered nurses to include more primary care. Empirical studies are reported which indicate that, in many situations, nurses are underutilized and are not able to function in an expanded role. Reasons why such situations exist are noted. Approaches to closing the gap between what nurse practitioners are capable of doing and what they actually do are described. Three major reasons are cited for the underutilization of nurses: (1) the physician and / or administrator does not know what skills nurse practitioners have and how to blend them with his own; (2) the desires and expectations of nurses may differ from those of their teachers, physician colleagues, administrators, and others; and (3) the lack of adequate support and acceptance. Five potentially useful approaches are given as solutions to the problem of underutilization. These approaches relate to improving the skills of nurses, building the role of educators as links to the health care delivery system, improving the educational curriculum,

increasing the awareness of physicians and / or administrators, and improving the amount of basic research and evaluation.

Hull F. M
New Roles for Nurses in General Practice -- A Lesson from America.
Pub. in Jnl. of the Royal College of General Practitioners v25 p151-153 1975.

Use of the physician assistant (PA), family nurse practitioner (FNP), and pediatric nurse practitioner (PNP) to alleviate a shortage of physicians in certain areas of the United States is described in an article that suggests the possibilities for such physician substitutes in Britain. Tasks listed that are performed by these practitioners include eliciting and recording the history, performing physical and psychosocial assessment, arranging for the interpretation of laboratory data, making diagnoses, prescribing therapy, assessing community resources, providing emergency therapy, and supplying appropriate information to patients and relatives. A 6-month course for nurses to learn physical diagnosis, examination techniques, and the use of the laboratory is described. The role of the FNP in managing 75 percent of a physician's patients with hypertension, heart disease, arthritis, psychiatric disease, obesity, and diabetes, without referral to the physician, is depicted. The use of nurses to carry out screening of requests for visits, chronic visits, and simple diagnostic tests would enable British physicians to have more time for thoughtful diagnosis. A survey of six general practices in England showed that the nurse contributed to the diagnosis in less than 1 percent of the cases; about 65 percent of new patients were seen only once by the physician, suggesting that many of them had diagnostically simple conditions. Standing orders for nurses to refer patients to physicians if they have certain symptoms should provide a 'fail-safe' system; unresolved problems would become mandatory reasons for referral to the physician.

Imai H. Rose
Department of National Health and Welfare, Ottawa (Ontario).
Report of Cross-Canada Survey to Examine the Emergence of the Nurse Practitioner.
73p 1973 Available NTIS HRP-0002114

Results of a Canadian survey on the training, activities, and utilization of nurse practitioners are reported. Due to the newness of programs designed to expand the roles of nurses, the survey data on current inventory was not complete. These programs fall into three basic categories which are largely

determined by the setting involved: physician's office, health agency or university center, or underserviced areas. Preparatory programs tend to enhance the nurses' assessment and history-taking skills with an added emphasis on community services. A review of pilot projects of the program revealed the necessity for changes in the health service structure in order for nurses to perform to their fullest potential. These changes were in the area of payment structures, health service locations, and attitude of workers and the public. Respondents agreed that nurse practitioners should be remunerated by salary. While the use of a nurse practitioner in a family practice was found to be efficient from society's standpoint, the degree to which it would be economical to society will be determined by the financial attractiveness to the physician. Other manpower problems arising from the use of nurse practitioners as assistants to or associates of physicians are discussed. Existing legal statutes were found to present no barrier to the new programs. The results of the survey are presented for each province. Appendices provide a sample questionnaire and statements on various programs and issues.

Ingles Thelma
Rockefeller Foundation, New York.
Where Do Nurses Fit in the Delivery of Health Care.
Pub. in Archives of Internal Medicine v127 n1 p73-75 Jan 71.

Trends in the increased functioning of nurses in the health care system are examined. The statement is made that qualified nurses with advanced preparation can carry more responsibility and that they should be given authority and remuneration commensurate with the additional responsibility. The management of pregnancies by nurse midwives and the acceptance of nurse practitioners as essential members of intensive care teams are discussed. The provision of quality care by nurse practitioners to patients in general medical clinics and to hospital patients is considered. The role of nurses as consultants is explored. It is felt that nurse practitioners can assume greater responsibilities for patient care in hospitals and at home. Graduates of associate degree and diploma nursing programs, with the assistance of licensed practical nurses and nurse aides, can provide traditional care. In fulfilling their responsibility for establishing quality nursing care, the following functions of nurse practitioners are identified: setting up standards and policies on care, carrying out meaningful research in nursing, evolving changes when appropriate, and developing effective criteria for measuring the effectiveness of care. Conflicts in the functional role of health professionals are addressed.

Jeffers J. R
Michigan Univ., Ann Arbor. Health Manpower Policy Studies Group.
Need, Demand, and Utilization of Mid-Level Health Workers.
22p May 74 Available from the Health Manpower Policy Studies Group, University of Michigan, Ann Arbor, Mich. 48104, $.50.

Mitigation of health manpower shortages is discussed, with emphasis on the factors determining need and demand for and utilization of mid-level health workers, such as physicians' assistants, pediatric nurse practitioners, dental hygienists and auxiliaries, and other nonphysician and nondentist personnel. The concept that demand for any element of health manpower essentially is derived from the demand for health services, and that the demand for mid-level health workers is derived from both the demand for health services and the demand of physicians, dentists, and nurses for mid-level manpower services, is elaborated upon. The discussion departs from traditional ratio-criterion analysis in which ratios of health manpower to population are used to assess needs for health personnel. It is suggested that this technique, while granted the virtues of simplicity, does not deal with many of the determinants of the utilization of health manpower. Several studies which have estimated the productivity gains to physicians and dentists resulting from employment of mid-level health workers are reviewed. Potential productivity gains to be realized from utilization of mid-level health workers are pointed out. Greater efforts to educate physicians and dentists, as well as consumers, as to the benefits of utilization of mid-level health workers are recommended.

Jennings C P
Third Party Reimbursement and the Nurse Practitioner.
Pub. in Nurse Practitioner v2 n5 p11-13 May-Jun 77.

Jones Arnoline
Columbia Univ., New York. Graduate School of Arts and Sciences.
Overview of a Nursing Center for Family Health Services in Freeport.
Pub. in Nurse Practitioner v1 n6 p26-31 Jul-Aug 76.

The provision of primary health care services to residents of a housing project in Freeport, New York through a facility staffed by a nurse practitioner and a community aide is described. The Nursing Center for Family Health Services, at the time the article was written, had registered 74 families from the Moxey Rigby Housing Project and 167 persons from the surrounding community and from a nearby housing project. The health problems presented by the center's clients are

summarized by age group: elderly, middle years, young adults, adolescents, and infants and children. For each group, health problems are identified and examples of nursing intervention are described. A statistical review of client contacts between September 1, 1974 and June 30, 1975 is provided. The activities of two groups -- the Protocol Committee and the Internal Multi-Disciplinary Audit Committee -- formed to assist the professional staff in implementing the center's objectives are described. Health - related programs through which the director and staff of the nursing center have become involved with the community are noted. Also discussed, are the responsibilities of the advisory board of consumers, community leaders, and health professionals who counsel the center's director and her staff and serve as liaisons to the community. The center's role in clinical training for nearby schools of nursing is described briefly. A list of referral facilities cooperating with the center is provided.

Kallstrom Marta C, Yarnall Stephen R
Medical Computer Services Association, Seattle, Wash.
Advances in Primary Care. Conference Proceedings.
195p 1974 Available from Medical Computer Services Association, 1107 NE 45th St., Seattle, WA 98105.

The proceedings of a conference on advancements in the delivery of primary care are reported. The conference was held in Honolulu, Hawaii, on February 16 through 11, 1974. Twenty-five conference presentations are included under the following four headings: (1) definition and overview of advances in primary care; (2) nurse practitioners, MEDEX, and physician's assistants in primary care; (3) the problem-oriented record in primary care; and (4) automated multiphasic health testing in primary care. Conference contributors are innovators in primary care in each of the four areas. The effective use of nurse practitioners and allied health workers in 'share care' clinics as well as in health appraisal centers is described. The economical use of multiphasic testing in primary care is examined. Experience with nurse practitioners is reported and it is shown that nurse practitioners are able to deal effectively with at least 25 percent of a physician's workload. The originator of the MEDEX program discusses his experience with the program. He states that 40 to 60 percent more patients can be cared for and that a physician's workload can be reduced by approximately 15 percent using MEDEX personnel. The problem-oriented medical record system is detailed, with relevant tips given on how to implement the system in order to improve efficiency and team work in patient care. In a discussion in pioneering efforts in the use of protocols in primary care, it is indicated that acute minor illnesses account for over 400 million episodes of disabling conditions

in the United States each year and that 70 percent or more of such episodes can be covered by a small group of protocols. New concepts in primary care are examined in relation to the division of responsibility between the public and the health care system.

Kodadek Sheila
Western Interstate Commission for Higher Education, Boulder, Colo.
Inventory of Innovations in Nursing. Analysis and Planning for Improved Distribution of Nursing Personnel and Services.
149p Nov 76 Available NTIS HRP-0023110

In response to letters requesting information and other publicity activities, descriptions of 159 examples were submitted of nurses in new and emerging roles, practice sites, and payment mechanisms. The examples include educational programs that prepare nurses for new roles and settings and descriptions of the new roles. Capabilities commonly identified as practitioner skills (e.g., physical and psychosocial assessment, diagnosis, treatment) are described in 89 of the 159 projects. The practice settings range from independent nursing practices to hospital outpatient departments. Counseling, health teaching, and prevention are commonly given as primary concerns. The 20 community clinics describe examples of nurses who have found ways to improve access to and quality of health care, generally for clients who are geographically and/or socioeconomically isolated from the mainstream of health care delivery. Nurses' activities in 28 community health agencies and 3 specialized health organizations are portrayed. Inpatient programs in hospitals and nursing homes account for 24 programs, with another 6 programs offering ambulatory or outreach services. Other types of projects include home health care agencies (6), school health programs (8), education programs (42), independent nursing practices (10), and physician's offices (5). Seven demonstration projects are documented and analyzed for cost effectiveness. Financial reimbursement emerges as a recurring problem when physicians are not part of the formal structure. Other barriers include tradition - bound institutions, the need for outside funding, an illness orientation, and preconceived ideas about the nursing role in health care.

Kuba Anna, Illes Lynne M, Hall Virginia C, Frizzell Jean S
American Nurses' Association, Kansas City, Mo. Program on State Boards of Nursing.
Four Perspectives -- Certification and Licensure of Nurses in Expanded Roles.
Pub. in Nurse Practitioner v2 n8 p6,7,9 Nov-Dec 77.

Four professionals from different fields -- Anna Kuba, an official of the American Nurses' Association; Lynne M. Illes, Executive Director of the Iowa State Board of Nursing; Virginia C. Hall, an attorney; and Jean S. Frizzell, an adult nurse practitioner -- present their views on certification and licensure of nurses in expanded roles. Kuba provides a review of relevant State laws and suggests that, for the purposes of licensing law, the definition of nursing practice should be stated in terms that are sufficiently broad to permit flexibility in the utilization of nursing personnel within the bounds of safety and to permit changes in practice consistent with educational developments. Illes points out that, while certification is under control of professional groups as it should be, changes in licensure are now being imposed by the political sector with or without the assistance of the professions and occupations affected. Lack of early involvement by the professions in the political process is the most frequently encountered problem in licensure changes. This has caused unnecessary barriers to the expanding role of nurses. Hall contends that, while there is every reason to believe that certification is valuable in maintaining high standards in the expanding nursing profession, it is ill-advised for the various States to embark on certification programs of their own through their licensing boards. Frizzell asserts that it is the right and responsibility of each State to license and regulate the practice of health care professionals and provides a brief review of the Maryland 1975 Nurse Practice Act.

Lane Council of Governments, Eugene, Oreg. Comprehensive Health Planning Committee.
Ambulatory Care Study: Lane County, Oregon.
90p Apr 76 Available NTIS HRP-0011232

A study of outpatient medical services in Lane County, Oregon, undertaken in 1975 to provide baseline information for evaluation of the impact of evolving delivery system changes, is documented. The study included surveys of local providers of ambulatory care (physicians, chiropractors, podiatrists, and clinics) and of Lane County residents. The consumer survey examined utilization of ambulatory care according to choice of provider, frequency of use, use of preventive services, problems encountered, and method of payment. A total of 615 responses were received to questionnaires sent to a random sample of 930 households. The report presents narrative summaries, tables, and graphs on ambulatory care manpower, ambulatory care facility resources and utilization and methods of payment. Recommendations are presented relative to the need for more primary care physicians, particularly in rural areas; the recruitment of nurse practitioners and physician's assistants

to improve primary care; and expansion of an existing program to provide 24-hour information and referral service. A copy of the consumer survey instrument is provided.

Lee Philip R, LeRoy Lauren, Beck John, Stalcup Janice
California Univ., San Francisco.
Primary Care in a Specialized World.
224p 1976 Available from Ballinger Publishing Co., 17 Dunster St., Harvard Square, Cambridge, MA 02138.

The role of the Federal government in the development of national health manpower policies is investigated. Health manpower data are analyzed, particularly those relating to primary physicians. The implications of rapidly changing trends in specialty training are examined, and a desirable mix of primary care practitioners and specialists is described. Alternative strategies to modify patterns of specialty and the geographic distribution of physicians are described. Six major issues are considered in the examination of Federal health policies affecting health manpower and primary care: (1) primary health care and Federal health manpower policies; (2) health manpower data deficiencies, methodological problems, and projections; (3) the role of U.S. and foreign medical graduates in meeting the need for primary care physicians; (4) the role of nurse practitioners and physician's assistants in primary health care; (5) the role of graduate medical education in specialty distribution and primary care; and (6) the improvement of access to primary care services. It is recommended that the Federal government continue to provide financial support for undergraduate medical education, encourage and not force medical school graduates to practice in areas where there are health manpower shortages, provide a setting in which all professional participants can redress specialty maldistribution, and encourage medical schools to reassert their role as a national resource.

Lewis Charles E, Cheyovich Therese K
California Univ., Los Angeles. Dept. of Medicine.
Clinical Trial as a Means for Organizational Change: Report of a Case Study.
Pub. in Medical Care v14 n2 p137-145 Feb 76.

An experiment in organizational change was conducted at a Veterans' Administration outpatient clinic. The experiment involved the provision of direct patient care by nurse practitioners to patients who had received care from medical staff members of the clinic. A survey of staff physicians was conducted to obtain their opinions on the use of nurse practitioners and evaluate their willingness to participate in the experiment. Patients were selected for inclusion in

the survey, based on two criteria: (1) they were known to the physician who was asked to assess their acceptability for nurse practitioner care; and (2) they had not been hospitalized within the past 6 months. Eight staff physicians who evaluated more than 15 patients and 2 nurse practitioners were requested to reevaluate each patient's acceptability for care by nurse practitioners 1 year after the initial survey. Twenty-nine physicians had participated in the initial survey. The results of the experiment demonstrated that decisions on the acceptability of patients for inclusion in the study were based upon both biological disease factors and demographic characteristics. The majority of physicians responded favorably to the care of patients by nurse practitioners. The initial assessments by physicians of acceptable patients for nurse practitioner care were associated with such variables as age, race, and level of education. The medical status of patients, rather than personal characteristics, was related to decisionmaking in the reevaluation phase of the experiment. More positions were created for nurse practitioners at the clinic as a result of the experiment.

Lewis M A, Lewis C E
Protocols for the Nurse Practitioner: Uses and Problems.
Pub. in American Jnl. of Nursing v76 n8 p1312-1313 Aug 76.

Lippard Vernon W, Purcell Elizabeth F
Josiah Macy Jr. Foundation, New York.
Intermediate-Level Health Practitioners.
239p 1973 Available from Josiah Macy, Jr. Foundation, 1 Rockefeller Plaza, New York, N.Y. 10020.

Papers presented at a conference to introduce the concept of intermediate-level health workers and to consider their role in the delivery of direct health services are reprinted. Among the topics which were discussed at the Conference, held in November 1972 in Williamsburg, Virginia, were: the interrelationships of physicians, nurses, and new health practitioners; methods of evaluating performance; accreditation of training programs; certification of personnel; and economic and legal implications. The discussions focused on the need for a better definition of the role of the physician's assistant (PA) and the nurse practitioner. The presented papers included discussions regarding: Federal support of physician extenders; the role of the National Health Service Corps; transforming nurses into PAs; training programs for PAs; utilization of extender personnel; reimbursement under Federal and private insurance; and a case study of patient care in an experimental delivery system. A list of participants is included.

Lipson A. J
Rand Corp., Santa Monica, Calif.
California Health Manpower: An Overview of Trends and Policy Issues.
158p Mar 74 Available from the Rand Corp., 1700 Main St., Santa Monica, Calif., 90406, $7.00.

Health manpower policy issues are examined in a report prepared by the Rand Corporation for the California Health Department. The overview of trends and issues of concern to California policy - makers includes analyses of physician and nurse supplies, medical education, health manpower licensure, and health manpower programming. New institutional arrangements and organizational changes are found to be necessary to develop and implement State health manpower objectives and policies. Toward this end, the following recommendations are offered: (1) the new Postsecondary Education Commission should be mandated on a continuing basis to develop and update a health sciences education plan; (2) the University of California should review the desirability of increasing medical school tuition, provided that liberal loan and repayment systems are available; (3) a focal point should be created in the State Health Department to monitor national and State trends and actions of the Federal Government that may have significant impact on manpower supply and distribution in California; and (4) the State Health Department should study the feasibility of creating a single personnel licensure system, encourage pilot projects utilizing health personnel in new roles, support legislation authorizing expanded role practice for nurse practitioners, undertake surveys to determine employment opportunities for nurses, undertake a comprehensive study to evaluate costs and benefits of alternative approaches to continuing education for the health professions, and develop programs to encourage nurses to expand their labor force participation. Supporting data and a bibliography are included.

Litke Michael
Health Manpower Council / Northeastern California, Chico.
Practical Considerations in Employing the Physician's Assistant or Nurse Practitioner.
51p 1974 Available NTIS HRP-0014700

Practical aspects of employing a physician's assistant or a nurse practitioner are explored in a study concerned with the costs of expanding a private practice by adding a physician extender and on interviews with physicians employing physician extenders in northeastern California. Cost data were obtained from a number of existing sources, while the survey drew on the experiences of nurse practitioners, physician's assistants, and their preceptor physicians in 19 of the 41 private practice offices to which questionnaires

were sent. Although the latter data base was not large enough to draw concise conclusions, the results show a mean starting annual salary for the physician extenders of $12,396. The survey also shows a basic patient load increase of 20 to 30 percent in practices employing physician extenders, and a commensurate increase in gross income. Physicians and extenders note that patient acceptance appears to be high. Employment of a physician's assistant or a nurse practitioner may require additional support staff, equipment, and facilities, depending on the individual practice. The study demonstrates that physician extenders represent a viable way of helping areas, particularly rural areas, to increase the availability and quality of health care. Presence of a physician extender can allow the preceptor physician to expand his practice, increase his own income, increase the quality of patient care, and improve the efficiency of office operations. Supporting data and documentation, a bibliography, case studies, and a copy of the survey instrument are provided.

Livers Eric L, McCormack Regina C, Allen Herbert M
Virginia Univ., Charlottesville. Dept. of Internal Medicine.
Family Doctors' Use of Office Assistants and Opinions Regarding Nurses in Primary Care.
Pub. in Southern Medical Jnl. v64 n4 p415-418 Apr 71.

The results of a 1968 survey of Virginia general practitioners, internists, and pediatricians undertaken to investigate the physicians' use of office personnel and receptivity toward an expanded role for nurses in primary care are reported. Of 113 private practice physicians in a 10-county, predominantly rural region of central Virginia, 104 completed personal interviews or mailed questionnaires. The study findings show that many of the physicians already delegated a significant amount of patient care to a registered nurse, licensed practical nurse, or other office employee. While a majority of the physicians allowed office personnel to make decisions regarding telephone calls from patients, others were hesitant to allow office personnel to perform generally accepted paramedical duties. Half of the physicians responded favorably to the concept of the primary care nurse. Physicians already employing a registered nurse in their offices were more likely than others to view this concept favorably. When asked whether they would prefer a primary care nurse or a specially trained corpsman, the physicians overwhelmingly chose the nurse. Interpretations of the findings are offered. Supporting tabular data are included.

Maine State Nurses' Association, Augusta.
Nursing Education in Maine, 1970-1985. Report of the Project: Statewide Planning for Nursing Education in Maine.
76p Sep 72 Available NTIS HRP-0006045

Current and projected nursing education needs and resources in Maine are assessed and a master plan for basic and continuing nursing education prerequisite to meeting increasing needs of Maine for nursing services is presented. Recommendations to implement the master plan are presented, with priorities projected to 1975, 1980, and 1985. A profile of the State of Maine is presented, including general and population characteristics, employment and income, urban development, transportation, poverty, health and health resources, education, and health manpower. Nursing services in the State are discussed, including emerging nursing roles, traditional occupational fields of nursing, and nurse practitioners. Nursing resources in Maine, including registered and licensed practical nurses, are documented and the educational preparation of Maine nurses is discussed. Professional and technical nurse education and practical nurse education in Maine are considered. Nurse manpower need projections and educational preparation projections for nurses are provided. Recommendations are presented with regard to masters level education, baccalaureate level education, continuing nursing education, diploma and associate level education, and practical nurse education in Maine. Tabular data are included throughout the text and in appendices. A bibliography is provided.

Mark Roger G, Willemain Thomas R, Malcolm Theresa, Master Robert J, Clarkson Thomas
Boston City Hospital, Mass.
Nursing Home Telemedicine Project. Volume I.
184p 15 Jul 76 Available NTIS PB-260 404/9

A hospital-based 'telemedicine' system is established at Boston City Hospital to provide higher quality and more accessible medical care to nursing home patients. The system consists of a team of specially trained nurse practitioners supervised by a hospital-based physician, and utilizes narrow-band telecommunication technology. A study is done to determine its cost effectiveness, and to examine the system in order to provide data that may be applied to other types of telemedicine networks. Results show that the system: (1) reduces the number of hospitalizations and days spent in the hospital by study patients; (2) reduces total costs for medical care; (3) reduces the use of hospital out-patient facilities; (4) causes more sophisticated medical care to be practiced in the nursing homes; and (5) makes medical care more accessible to nursing home patients. The program is generally very well accepted by patients and nursing home

professionals. The role of the nurse practitioner seems quite viable, and narrowband communications are completely adequate. (NTIS)

Massachusetts Inst. of Tech., Lexington. Lincoln Lab.
Ambulatory Care Project, 1969 - 1976.
18p 29 Feb 76 Available NTIS HRP-0015883

A project is described in which protocols were developed for use by health practitioners other than physicians, such as nurse practitioners and physician's assistants, in the delivery of ambulatory care. The protocols were derived for symptoms of acute illnesses and for chronic diseases accounting for approximately 50 percent of visits for ambulatory care. In the course of the project, 11 prospective controlled studies were performed in 8 different medical settings and involved 3,500 patients. A protocol is defined as an instrument to describe appropriate steps to be taken in managing a particular problem. It focuses on a specific disease or medical complaint and indicates the appropriate history, physical examination, and laboratory data to be obtained. After clinical data are obtained, a protocol prescribes medical action. Ten acute complaint protocols are identified for the following conditions: medical emergency, upper respiratory infection, urinary tract infection / vaginitis, low back pain, headache, chest pain, nausea / vomiting, dermatology, gonococcal and nongonococcal urethritis and prostatitis, and acute complaints. Four protocols related to chronic problems are listed: chronic disease management (hypertension, diabetes, and arteriosclerotic heart disease), cardiovascular disease, pediatric care, and prenatal care. Various other accomplishments of the protocol development project are described.

Mauksch Ingeborg G, Young Paul R
Missouri Univ. - Columbia. School of Medicine.
Nurse - Physician Interaction in a Family Medical Care Center.
Pub. in Nursing Outlook v22 n2 p113-119 Feb 74.

Necessary attitudinal changes for effective interaction between nurses and physicians in a partnership arrangement are described. The operation of the Family Medical Care Center, a model unit developed by the University of Missouri Medical School to provide educational opportunities for primary health care professionals, is discussed. The center is staffed by two full-time and four part-time family physicians, with consultants available in the traditional specialties. In addition to the six physicians, there are two nurse practitioners, two nursing aides, a laboratory technician, two secretary receptionists, a clinic

receptionist, and a clinic manager. Each patient at the center is assigned to a physician / nurse practitioner team. Attitudinal determinants which have an impact on team functioning are concerned with employer - employee relationships, legal considerations, economic factors, male - female relationships, and client expectations. A model for interaction between physicians and nurse practitioners is proposed that incorporates four parameters: (1) a specific way to resolve problems resulting from differences in practice patterns of physicians and nurse practitioners; (2) a joint decisionmaking process; (3) a division of labor in terms of client need categories; and (4) the assumption of major leadership responsibility for patient care by any practitioner. The experiences of both a physician and a nurse practitioner at the center are described.

Maxmen Jerrold S
Albert Einstein Coll. of Medicine, Bronx, N.Y.
Post-Physician Era: Medicine in the Twenty-First Century. 300p 1976 Available from John Wiley and Sons, Inc., 605 Third Ave., New York, NY 10016.

The technological, political, economic, social, and psychohistorical forces that the author, a physician, maintains will lead to the obsolescence of the physician and the establishment of a medic-computer model of health care delivery are examined in a book which also offers various proposals aimed at resolving the health care crisis. The text focuses on three different models of health care delivery. The physician-centered model, which is dominant in the U.S., is characterized by the fact that a physician makes diagnostic and treatment decisions, assisted at times by technology and other professionals but retaining full responsibility for these decisions. With the health-team model, diagnostic and treatment tasks would be conducted by allied health professionals, with the physician responsible for coordinating, supervising, and consulting with members of the team, in addition to executing certain highly specialized procedures. The medic-computer model would use computers to perform most of the technical diagnostic and treatment decisions and medics to perform supportive and some technical tasks. It is hypothesized that the latter model will eventually predominate, thus providing patients with medical care that is technically and humanistically superior to that offered by the other models. Among the specific topics discussed are the manner in which health care could be provided and the providers could be trained, future patterns of disease and its development, anticipated developments in biomedical communications, and the ethical implications of the 'new biology'. The appendixes deal with critical elements in future research and projected developments related to medicine.

Medical Care Development, Inc., Augusta, Maine.
Mid-Level Health Practitioner Survey.
28p Jun 75 Available NTIS HRP-0017130

The purpose of this survey was to obtain information pertaining to midlevel health practitioners (MLHP's) in Maine. MLHP's are persons functioning between the traditional roles of nurse and physician -- e.g., pediatric nurse associates, physicians' assistants. Questionnaires developed for the MLHP's and their physician supervisors were used for data collection. The findings were used to develop profiles of the MLHP's, the practice settings in which they function, and the supervising physicians. The survey also yielded information about operational medical supervisory arrangements, the impact of the MLHP's on health care delivery, and the retrospective and prospective educational needs of the MLHP's. Among the major findings were the 75 percent of the MLHP's and 77 percent of the physicians believed quality of care had increased, that 71 percent of the MLHP's felt a need for additional training in psychiatry, emergency care, and pediatrics, and the 49 percent of the physicians and 52 percent of the physicians noted an increase in patient volume. The questionnaires and data representing the responses to each question accompany the text.

Metcalfe Robert M, Jenkins Judge Doyle, Bushong William R, Whitaker Carolyn
Meharry Medical Coll., Nashville, Tenn. Dept. of Family and Community Health.
Training and Utilization of Paramedical Personnel: A Symposium. The Experience in Macon County, Tennessee.
Pub. in Jnl. of the Tennessee Medical Association v67 n2 p107-112 Feb 74.

The use of nurses to meet increased demands for health care services is discussed, with particular attention to the experience of a rural community that established a family nurse service clinic. The nursing profession is capable of playing a major role in meeting increased demands for comprehensive health service. The potential of nurses for providing such care was demonstrated during a 1-year experiment carried out in a rural, medically underserved town in Macon County, Tenn. A group of citizens hired a family nurse practitioner to provide primary, preventive, and promotive health care services. Among the services she performed were physical examinations, multiscreening for tuberculosis, cancer and venereal disease, supervision of prenatal and postnatal care, laboratory services such as urinalysis and serum hemoglobin determinations, management of stabilized chronic diseases, and initiation of a weight reduction program. A protocol provided professional linkage with physicians. The nurse also consulted with a physician

at least once a week, and physicians within a 5-mile radius were invited to hold staff membership with the clinic. Referrals for patients without their own physicians were made from a rotating schedule of staff physicians. Patient's views of the clinic were positive. Although the experiment ended when a primary care physician became available, it was successful in providing quality medical care to a community that had experienced a crisis in health care service.

Mid-Coast Comprehensive Health Planning Association, Salinas, Calif.
First Health Manpower Plan for the People of Monterey, San Benito and Santa Cruz Counties. Volume III: Health Manpower. 84p 1974 Available NTIS HRP-0003871

The health manpower component of a comprehensive health plan for a three-county, mid-coast California region is presented. Major goals and objectives for health manpower planning in the area are presented. Recent trends in Federal legislation relative to health manpower and education are analyzed and certification, licensure, and accreditation procedures are outlined. The following elements of the health manpower system, their roles, training programs, and relationships to each other, are discussed: physicians, registered nurses, licensed vocational nurses, dentists, dental hygienists, dental assistants, pharmacists, optometrists, physical therapists, and chiropractors. Health manpower resources in the mid-coast area are described statistically, and areas of scarcity are indicated. An inventory of health manpower training programs in the area is presented. The importance of physician assistants and nurse practitioners in rural areas such as mid-coast California is noted; the necessity for new training programs in these fields is recognized. Three methods of determining physician need are presented: the one physician to every 1,000 population ratio; the Medical Economics and Texas Medical Association methods, which allow estimates of physicians needed by specialty; and the personal health services model, used to estimate physician need in terms of primary care and specialty care. Specific recommendations are made, and implementation methods are discussed briefly. Supporting data are presented in 10 tables and several charts and graphs.

Mid-Coast Comprehensive Health Planning Association, Salinas, Calif.
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Moore Gordon T, Willemain Thomas R, Bonanno Rosemary, Clark William D, Martin Albert R
Harvard Community Health Plan, Boston, Mass.
Comparison of Television and Telephone for Remote Medical Consultation.
Pub. in New England Jnl. of Medicine v292 n14 P729-732 3 Apr 75.

The effectiveness of television and telephone communications in permitting consultations between hospital-based physicians and remote nurse practitioners were compared in a study in Cambridge, Mass. Three neighborhood health stations were equipped with microwave television. Four physicians from the Cambridge Hospital served as consultants for the three stations, and each station had one nurse practitioner who was the primary participant in the study. Special encounter forms were devised to record data required for the evaluation of television versus telephone communications. The study period covered February 12 through September 28, 1973. A total of 1,408 visits were made to the three nurse practitioners participating in the study. Of the 1,408 visits, 354 (25.1 percent) resulted in a consultation. The frequency of consultation varied according to primary diagnosis. Television consultations took significantly more time than those performed by telephone, and resulted in significantly fewer immediate referrals of patients to

hospital physicians than telephone consultation. The study results did not demonstrate that television was more efficient than telephones for nurse practitioners requiring consultative assistance from physicians. Although there was no overall difference in satisfaction for the two modes of communication, participants preferred the television mode for medical decisionmaking and for its social interaction benefits.

Muller Charlotte, Marshall Carter L, Krasner Melvin, Cunningham Nicholas, Wallerstein Edward
Mount Sinai Medical School, New York.
Cost Factors in Urban Telemedicine.
Pub. in Medical Care v15 n3 p251-259 Mar 77.

The cost-effectiveness of a pediatric primary care system in New York City involving the use of nurse practitioners linked to a physician consultant through bidirectional interactive cable television is explored. Nurse practitioners provided both sick and well baby care at a single facility located in a Hispanic ghetto area, while the physician consultant was based at a large medical center approximately 2 miles from the facility. A bidirectional television link between the medical center and the clinic facility was established in 1972. To evaluate the cost-effectiveness of the pediatric primary care system, data were obtained on over 4,000 visits and 500 consultations that occurred between April and September 1974. Nurse practitioners handled 2,320 patient visits, 888 during remote physician coverage and 1,432 while a physician was onsite. It was determined that the instalation of a direct-line telephone, as an additional alternative consultative medium for use in conjunction with television, was accompanied by an increase in the overall consultation rate for both remote and onsite periods. The telephone was more convenient for therapy, while the television was more feasible for diagnostic decisions in which visual information was essential. Determining the economic efficiency of telemedicine in the clinic setting was problematic. The data indicated that the economic benefits of using telemedicine in an urban center are limited unless larger telemedicine networks using multipurpose transmission links are developed. Alternatives to television and the use of television in various settings are examined.

Murray R H
Issues Facing Health Practitioners.
Pub. in P.A. Jnl. v6 n2 p79-84 Summer 1976.

National League for Nursing, Inc., New York.
Maintaining Health - An Adventure in Transition.
41p 1973 Available from National League for Nursing, Inc., Ten Columbus Circle, New York, N.Y. 10019.

The maintenance of health as a basic concept, its theoretical base, and its implications for various aspects of practice were addressed at the fourth Mid-Atlantic Regional Conference. The conference sponsored, by the National League for Nursing, was held in New York City on June 9, 1972. A conceptual model and a community systems model were considered in two conference presentations in which health maintenance was viewed from a theoretical and conceptual standpoint. The implications of health mainteance for nursing practice and nursing education were addressed in another conference presentation. The remaining speakers at the conference gave concrete examples of the implementation of the health maintenance concept. An independent nurse practitioner discussed her practice, stressing that an independent nursing practice must be based on a carefully formulated theory of nursing. A pediatric nurse practitioner and a pediatrician considered the role of the pediatric nurse practitioner working in collaboration with pediatricians in private practice.

National League for Nursing, Inc., New York. Council of Home Health Agencies and Community Health Services.
Issue is Leadership.
118p 1975 Available as 21-1570 from National League for Nursing, Inc., Ten Columbus Circle, New York, N.Y. 10017.

Leadership in community health services was considered in a series of papers presented at the 1974 meeting of the Council of Home Health Agencies and Community Health Services. The papers were concerned with community health service agencies, challenges in agency management, the challenge of reviving home health care, government and health, home health legislation, program development in aging, social and rehabilitation services, the Social Security Administration, the role of nurse practitioners in the delivery of community health services, the use of nurse practitioners in community health nursing, preparation of the primary care nurse, and the role of the clinical specialist in nursing. Also discussed was the accreditation program of the National League for Nursing, accreditation and certification in the American Speech and Hearing Association, homemaker - home health aides, trends in accreditation, the energy crisis in relation to the health field, the role of the public health nurse in hemodialysis, the organizational structure of the Home - Health Services of Northeastern Pennsylvania, and approaches to discharge planning that have been adopted by the Visiting Nurse Association in Milwaukee, Wisconsin.

New Jersey Dept. of Higher Education, Trenton.
Analysis of the Need for Nursing Personnel in New Jersey.
84p 22 Nov 76 Available NTIS HRP-0016627

Supply and demand projections for registered nurses in New Jersey through 1985 are examined as they petain to State Department of Higher Education policies regarding support of undergraduate nursing education. The analysis uses data obtained from the department's health manpower information system. The report is in six parts: (1) an examination of the national perspective on nursing and nursing education in the 1960's and early 1970's; (2) data on the status and distribution of nurses in New Jersey as of January 1975; (3) supply and demand projections for all registered nurses and for nurses prepared at different educational levels from 1975 through 1985; (4) projections of shortages or surpluses of nursing personnel; (5) alternative models for taking into account the possibilities of increasing use of extender personnel (e.g., nurse practitioners and physician's assistants), phasing out of diploma nursing programs, and freezing enrollment; and (6) findings and conclusions. The analysis demonstrates that New Jersey will have a growing surplus of nursing personnel, beginning in 1979. On the basis of the analysis it is recommended that no new associate degree programs be authorized and that enrollments in existing programs be held at the 1977 level. Capitation funding ceilings are recommended for the State's diploma schools, as is a moratorium on the establishment or expansion of 4-year baccalaureate programs. Supporting data and technical materials are appended.

New Jersey Dept. of Higher Education, Trenton. Office for Health Manpower.
Study of the Potential Need for Nurse Practitioners and Physician's Assistants in New Jersey.
152p Jan 77 Available NTIS HRP-0016693

A study of the potential demand for and supply of nurse practitioners (NP's) and physician's assistants (PA's) in the private practices of New Jersey primary care physicians is documented. Linear programming is used to determine the physician and extender personnel requirements of an efficient, innovative, office-based primary care system, and to measure the potential gains in productivity associated with extensive use of extender personnel. Data for the analysis were gathered in a survey of 2,273 randomly selected primary care physicians in New Jersey (24.1 percent response). In addition, supplies of extender personnel are calculated on the basis of rates of graduation from New Jersey programs and immigration from surrounding States. Data from surveys of NP's and PA's, and registered nurses are used to assess substitutability between NP's and PA's and the

extent of interest in careers as NP's or PA's among nurses. A demand for 908 NP's and 759 PA's by 1985 is projected. It is estimated that with the efficient use of NP's and PA's, New Jersey's primary care practices could supply 40 percent more services. Reliance on existing programs in New Jersey and possible immigration will not meet the projected demand for extender personnel. Significant substitutability between NP's and PA's and substantial interest in expanded role careers among registered nurses are documented. Supporting data, study instruments, and a bibliography are included. Portions of this document are not fully legible.

New Mexico Univ., Albuquerque. School of Medicine.
Feasibility Study of a Telehealth Care Delivery System for Phelps Dodge Corporation at Playas Lake, New Mexico.
62p Apr 75 Available NTIS HRP-0004229

A proposed telehealth system for the delivery of health services to the residents of the new town of Playas Lake, New Mexico, is described and evaluated. The initial two-year operation of the plan is projected, including system implementation, operation, and management. In essence, the plan is to install and operate a two-way television communications link between the newly constructed Playas Lake Clinic and an established multi-specialty group practice in Silver City, New Mexico, approximately 110 miles away. The Playas Lake Clinic will be remotely supervised via television by group practice physicians; daily health services will be provided by nurse practitioners, physicians' assistants, and supporting staff. Backbone of the system is a multi-hop microwave telecommunications system. The new community in rural southwestern New Mexico provides residences for employees of the Phelps Dodge Corporation's new copper smelter site. This feasibility study of the health delivery system proposed for the community represents an investigation by the University of New Mexico Health Education Resource Center into the recruitment, training, and placement of paraprofessional personnel required to support a telehealth system; an understanding of personnel day-to-day working relationships; and a determination of the technological system requirements and overall projected implementation costs. The proposed system is described in detail, including the following aspects: operations, education / training, technology, evaluation, and potential add-on services. A system implementation work plan and management / business plan are included. As a result of its study, the University of New Mexico deams the system feasible.

Nuckolls Katherine B
Yale Univ., New Haven, Conn. School of Nursing.
Who Decides What the Nurse Can Do.
Pub. in Rhodesian Nurse v8 n1 p7-13 Mar 75.

Issues associated with the proliferation of expanded roles for nurses are examined in a discussion concerned with the question of who decides what a nurse can or cannot do professionally. Factors that have led to the schism between nursing and medicine are traced. It is noted that, by 1960, physicians were no longer involved in teaching nursing and had little idea of what nurses were taught or what could be expected of them. Since 1969, however, nurse practitioner and physician's assistant programs have proliferated, and physicians are beginning to realize that a specially prepared nurse might provide better medical management for hospitalized patients than can foreign residents who rotate among hospitals. Legislative limits on the practice of nursing are discussed. It is noted that such limits are in a state of flux, reflecting the continuing transfer of responsibilities between medicine and nursing. Other factors limiting the nurse's practice include the employing agency, the nurse's coworkers, the consumer, and the nurse herself. It is suggested that expansion of the role of nursing should not mean relinquishing traditional functions of care and comfort, but rather should mean integrating certain medical functions with improved nursing skills in the interest of the patient.

Ohio Commission on Nursing, Columbus.
Study of Nursing Needs and Resources.
104p Sep 75 Available NTIS HRP-0009385

The views of the Ohio Commission on Nursing concerning nursing and nursing education in Ohio as of 1975 are documented, and recommendations and plans of action for the development of Ohio's nursing resources through 1985 are presented. The report is the culmination of the efforts of three work groups which focused on preventive and maintenance care, acute care, and long-term care, respectively, and of a committee consisting of representatives from each group who studied nursing education and nursing research. The report includes narrative discussions, supported by tabular data and graphs, concerning utilization and distribution of nurses in Ohio, nursing education resources, and nursing research. Among the major recommendations stemming from the study are: (1) that the number of nurses prepared at the graduate level and working as teachers, supervisors, and administrators of nursing service, and clinical specialists increase from 1,100 in 1973 to 3,000 by 1985; (2) that by 1980 continuing education be a requirement for relicensure of any indivdual practicing nursing in Ohio; (3) that a State joint practice

committee be established by 1976 to clarify the roles of and relationships between physicians and nurses and to provide direction for joint efforts at physician - nurse collaboration in extending health care services to the public; and (4) that by 1985 the basic nursing educational programs prepare two types of nurses whose roles are classified according to collection of facts, use of facts, technical and relationship skills, health guidance and teaching functions, direction and supervision, and types of clients cared for. Rationale for these and other recommendations are provided, as are plans of action relative to each recommendation. Data on nursing and nursing eduation, distribution of service and educational facilities, hospital nursing service directors, and nursing supply projections are appended. A glossary and list of references are provided.

Oklahoma Health Planning Commission, Oklahoma City.
Study of the Utilization of Nurse Practitioners in Oklahoma. Abstract.
13p 1972 Available NTIS HRP-0010531

The utilization of nurse practitioners in the State of Oklahoma is addressed. Concerns related to the geographic maldistribution of health manpower, particularly for preventive and primary care services, are significant among Oklahoma residents living in rural communities and in underserved neighborhoods of urban areas. The findings of a study on the extension of preventive and primary care activities through nurse practitioners are presented. The study was sponsored by the Oklahoma Health Planning Commission. It is concluded that physicians and registered nurses are not well distributed and that primary care and preventive services are lacking in most areas of Oklahoma. The suggestion is made that the increased use of nurse practitioners will increase the quality and quantity of health care and that collaborative relationships must be developed among nurse practitioners, physicians, and other health disciplines. General functions of nurse practitioners are identified as health appraisal, clinical management, counseling, teaching, community assessment and organization, collaboration, accessibility, coordination, referral, consultation, and scholarship. The relationship between the nurse practitioner and the health care delivery system is examined. Legal issues pertaining to nurse practitioners are addressed, and third party reimbursement options and organizational arrangements for nurse practitioners are noted. Community acceptance of and physician attitudes toward nurse practitioners are explored. Recommendations are made which emphasize the increased use of nurse practitioners and the development of an educational program for nurse practitioners.

Oklahoma Univ. Medical Center, Oklahoma City. Health Resources Information Center.
Invitational Conference on Health Manpower Planning and Development.
137p Jun 71 Available NTIS HRP-0001981

Proceedings of a conference on health manpower planning and development held in Oklahoma City between June 20-25, 1971 are presented. The objective was to work toward improvements in health services in DHEW regions by fostering better planning for the development, deployment, and utilization of health manpower. Topics covered in the papers include: the educational implications of health manpower planning; manpower implications of innovations in health care organization and delivery; an economist's view of health manpower planning and development; use of systems analysis as a tool in manpower planning; perspectives and experiences in health manpower planning; and progress on a pilot project to develop a concept or model for a health inventory manpower system for the State of Louisiana. Other topics include: the components of a physician's associates program conducted by the University of Oklahoma to train baccalaureate level students; a rural medical care scheme adopted in New Mexico which uses a family nurse practitioner, or assistant, as a supplement to the physician; the use of carefully trained ex-medical corpsmen to aid rural Central Plains states' physicians in a MEDEX demonstration project; a progress summary of operation MEDIHC in Texas; the role of allied health schools in health manpower development; and a description of the health occupations training program of the University of Oklahoma Medical Center. Appendices list the conference advisory committee, Dallas regional office of DHEW, University of Oklahoma School of Health, and conference participants.

Pearson L B
Protocols: How to Develop and Implement Within the Nurse Practioners' Setting.
Pub. in Nurse Practitioner v2 n1 p9-11 Sep-Oct 76.

Pitcairn D. M, Flahault D
Fogarty International Center, Bethesda, Md.
Medical Assistant: An Intermediate Level of Health Care Personnel.
172p 1974 Available from the Q Corp., 49 Sheridan Ave., Albany, N.Y. 12210, $4.00.

Proceedings of an international conference on medical assistants and other auxiliary health personnel are presented. Sponsored by the Fogarty International Center for Advanced Study in the Health Sciences and the World Health

Organization, the three-day conference brought together representatives of selected developing countries, and persons engaged in training auxiliary health personnel in the U.S. Papers were presented on the following topics: trends in the education and training of health personnel; current programs in the U.S.; training physicians' assistants and associates, nurse practitioners, child health associates, and primary care medical practitioners, and MEDEX; and the community health medic in Indian America. Other topics included medical assistants as viewed by physicians and by nurses. Group discussions were held on the roles for the medical assistant -- training, career status, and public and professional acceptance. In the area of quality assurance, competence, and accountability, discussions of accreditation and legal aspects were held. The epilogue contains the principal accomplishments of the programs, principal obstacles and problems, and prospects for the future. A bibliography and list of participants is provided.

Porter Philip J, Leibel Rudolph L, Gilbert Cynthia K, Fellows Judith A
Cambridge Hospital, Mass. Dept. of Pediatrics.
Municipal Child Health Services: A Ten-Year Reorganization.
Pub. in Pediatrics for the Clinician v58 n5 p704-712 Nov 76.

A hospital-community clinic system for the delivery of health care to socioeconomically disadvantaged children in an urban environment is described. The establishment of pediatric neighborhood health centers in Cambridge, Massachusetts, is discussed. The goals of the hospital-community clinic system are to provide comprehensive medical care in an economical manner to children and families, reduce emergency room visits for minor illnesses, provide for continuity of patient contact, mazimize the use of pediatric nurse practitioners and paramedical personnel, and establish a unified health service suitable for use in the education of nurses, medical students, and house officers. Services of pediatric nurse practitioners in the clinics are designed to insure that every child from birth through 16 years of age receives appropriate medical care and that parents are given adequate education and support. A clinical program protocol for pediatric nurse practitioners is presented in tabular form. Functions of pediatric nurse practitioners relate to well child care, sick child care, and school health. The interrelationship between neighborhood services and the Cambridge Hospital is explored. The effectiveness of the hospital-community clinic system is demonstrated, and supporting data are provided on the number of preschool children enrolled in neighborhood health centers as of 1974 and on 1974 costs of primary care.

Public Health Service, Rockville, Md. Office of Nursing Home Affairs.
Assessing Health Care Needs in Skilled Nursing Facilities: Health Professional Perspectives.
70p Mar 76 Available NTIS HRP-0015367

Long-term health care needs are assessed from the perspective of key health professionals, primarily physicians and nurses, in the first of three monographs based on DHEW's Long-Term Care Facility Improvement Study. Issues concerning long-term patient care and the implications of these issues for the nursing profession are addressed. The role of the physician on the long-term health care team is examined, with an emphasis on the complementary roles of medicine and nursing. The function of the PRIMEX or family nurse practitioner in delivery of long-term care is considered, including the scope of practice of the PRIMEX, alternatives to institutional care, and continuing education. Issues involved in long-term care for nursing education include interinstitutional arrangements, interprofessional planning for education, changes in undergraduate nursing education, curriculums, opportunities for specialization, and investment in scholarship and research. The role of the nursing profession in PSRO utilization review is defined in terms of long-term care. Appendixes contain objectives for nursing practice, a model for identification of scope of practice, a family nurse practitioner protocol, diagrams illustrating the nursing profession's role in PSRO, a survey of State Nurses' Associations' involvement in PSRO's, and family / adult / geriatric nurse practitioner programs.

Reid Richard A
New Mexico Univ., Albuquerque.
Simulation and Evaluation of an Experimental Rural Medical Care Delivery System.
Pub. in Socio-Economic Planning Sciences v9 p111-119 Jun 75.

A simulation model is described which can be used to evaluate recommended changes in the operational configuration of a rural medical care delivery system. The computer simulation model imitates the processing of patients at a rural clinic staffed by midlevel health personnel (a family nurse practitioner and a laboratory aide) and linked by a communications system to supervisory physicians at an urban medical center. The model describes the patient-nurse practitioner-physician interactions which are relevant to system performance. The model is used to predict the results of various changes in parameters, based on time series data collected at a rural New Mexico location. The following proposed changes are evaluated: (1) a policy change which would require the supervisory physician to periodically

initiate telephone communication rather than relying solely on the nurse practitioner to initiate requests for consultation; (2) a reduction in the number of working days from 4.5 to three per week while holding the total number of patient visits constant; (3) a comparison between nurse practitioner-initiated and physician-initiated consultations as described in the first experiment under conditions of limited operation; and (4) a comparison of the normal and limited system operational configurations under varying rates of average patient visits per day. Results are presented and implications for implementation of the model are discussed. Flow charts and schematic illustrations are included.

Reid Richard A, Eberle Betty J, Gonzales Lois, Quenk Naomi L, Oseasohn Robert
Harvard Center for Community Health and Medical Care, Boston, Mass.
Rural Medical Care. An Experimental Delivery System.
Pub. in American Jnl. of Public Health and the Nation's Health v65 n3 p266-271 Mar 75.

An experimental medical care delivery system in an isolated rural community is described. The system links paramedical personnel serving patients at a rural clinic to supervisory physicians located at an urban university medical center. The system has been operating for over 3 years and has provided care to over 900 families residing in Torrance County, New Mexico, a community without a physician. The local clinic is operated by a family nurse practitioner, receptionist, and clerk, and is equipped with x-ray and laboratory facilities as well as examination and treatment rooms for the nurse practitioner and a part-time dentist. Medical support and supervision are provided over the telephone by an internist and a pediatrician located in Albuquerque. A telephone consultation usually includes a presentation and discussion of the patient's history and current symptoms and discussion of the results of diagnostic procedures performed. The physician may then request additional tests or prescribe a specific treatment. An analysis of a sample of over 400 patient visits during a 1-year period shows that 72 percent of the visits resulted in telephone consultation. An average of over 200 patient visits per month are managed at the clinic. The average visit cost is $23, and the average time per patient visit is approximately 80 minutes. The largest number of clinic patients are women of childbearing age. Elderly patients have visited the clinic most frequently. Illness problems have accounted for the majority of patient visits. The program has demonstrated the feasibility of providing high quality medical care in a rural community by extending medical resources concentrated in an urban area and the usefulness of the family nurse practitioner concept in such a

setting. It also represents a cooperative effort between a rural community and a university to solve a health care problem. Supporting data are included.

Rhode Island Health Science Education Council, Cranston.
Nurse Practitioner in Rhode Island.
49p Jan 76 Available NTIS HRP-0010325

A study of the future role of the nurse practitioner in Rhode Island is reported. The study was conducted by the Rhode Island Health Science Education Council under contract to the Rhode Island Department of Education, in response to a resolution of the 1975 General Assembly which requested an investigation of the need for and feasibility of establishing programs for the preparation of nurse practitioners. The nurse practitioner is defined as a registered professional nurse who has completed a formal postbaccalaurate program in nursing. The nurse practitioner is a primary care provider of direct patient care and functions as an associate of the physician. The recommended functions of a nurse practitioner are noted. Also discussed are: the results of an inventory of nurse practitioners in Rhode Island; the potential employability of nurse practitioners and employer attitudes, credentialing; educational programs; and economics and reimbursement. It is concluded that nurse practitioners will increase in number and improve the delivery of primary health services in Rhode Island, provided that all such practitioners meet specific minimum credential requirements and practice in a clearly delineated relationship to physicians. As of 1976, employment opportunities in Rhode Island for additional nurse practitioners are estimated at 32, in addition to the 17 who essentially practice the nurse practitioner role. It is estimated that another 94 nurse practitioners could be effectively employed within five years. Appended information concerns the need and availability of nurse practitioners. A bibliography is provided.

Richardson Russell H, Earles Audrey, Melton Brenda, Fabel Patricia
Emory Univ., Atlanta, Ga. Regional Training Center for Family Planning.
Three Year Follow-Up Report on Training Standardization and Utilization of Family Planning Nurse Practitioners.
31p Nov 75 Available NTIS HRP-0006873

Training and utilization of family planning nurse practitioners has received a high priority in the eight southeastern States for the past 3 years. Region-wide standards for training have been developed and applied by the five region-based training programs. Evaluation standards

for this training are being completed. Funding patterns have been revised and region-wide cooperation and communication have been maximized. Approximately 175 nurses have received training and are utilizing their new skills. This paper reports on the progress that has been made, the strategies that have been utilized, and the changes that are occurring in service delivery. Of special interest is the inclusion of a report on the more recent developments / extensions of nurses training in maternal and fetal health assessment. (APHA)

Riess John, Lawrence David
Washington Univ., Seattle. School of Public Health and Community Medicine.
Utilization of New Health Practitioners in Remote Practice Settings,
192p 9 Feb 76 Available NTIS PB-261 020/2

A study of 12 new health practitioners (NHP) (Physician's Assistants, Medex, Nurse Practitioners) in remote sites in the Pacific Northwest showed that remote practices are conceptually as well as operationally a viable model for providing health care to physicianless communities. A review of some 5,300 patient encounters managed by NHPs demonstrates that the type of problems and patients seen are comparable to expectations for a primary care clinic staffed by MDs. Data showed that 90% of the presenting problems seen by the NHPs were treated by them without referral to an MD. Mechanisms for physician backup such as telephone consultation, in-person consult between MD and NHP, chart review, on-site observations of the patient by the MD and referral of the patient by the NHP to the MD, are utilized so that clinical decision making by the NHP is subject to review and control. (NTIS)

Roghmann Klaus J
Rochester Univ., N.Y.
Looking for the Medical Care Crisis in Utilization Data.
Pub. in Inquiry v11 n4 p282-91 Dec 74.

The findings from a series of medical care utilization studies conducted between 1966 and 1972 in a New York metropolitan area are presented. Trends in medical care utilization are reviewed in terms of the medical care crisis, which is defined as the unavailability of medical services due to lack of manpower and facilities. General trends in the community that influence supply and demand in the health services market are also described. The development of physician utilization is analyzed for the child population, and trends in the use of emergency rooms by various population groups are examined as an indicator of health care

demand not met in the private sector. Hospital usage is reviewed because of its decisive role in evaluating overall medical care costs. Attitudinal data are presented to show that, if specific questions on access and quality of care are asked, improvement of the medical care situation is recognized. During the study period, the organization of medical care underwent major changes. Medicaid and Medicare had a strong impact on the funding and pricing of care. Federally funded health centers changed the care pattern in poverty areas, and a liberalized abortion law in New York strongly influenced health services for women. New health manpower such as the nurse practitioner relieved physicians of much routine work. The effect of all these changes was to improve health services for large population groups, although not all population segments profited equally from the changes.

Scott Jessie M
Public Health Service, Bethesda, Md. Div. of Nursing.
Changing Health Care Environment. Its Implications for Nursing.
Pub. in American Jnl. of Public Health v64 n4 p364-369 Apr 74.

The implications of changes in the delivery of health care for the roles of nurses in the health care delivery system and for the education of nurses to fulfill their roles are discussed. Changes in social thinking, new resources for health care with increasing focus on prevention and protection, the expanding scope of nursing education and practice, and a 'deepened sense of professional accountability among nurses' are said to have combined to produce a new environment for nursing, one in which the nurse's role is broadening. Examples of projects and studies sponsored by the Division of Nursing, Public Health Service, DHEW, directed toward identifying and meeting the educational needs of nurses, are cited. It is noted that emphasis in nursing education today (i.e., April 1974) is on curriculum change for nurse practitioner role development. Examples of recruitment and upward career mobility programs are described, as are studies of nursing manpower distribution and career patterns.

Sigel Lois
Illinois Univ. at the Medical Center, Chicago. Center for the Study of Patient Care and Community Health.
Non-Physician Personnel in Expanded Primary Care Roles.
53p Oct 76 Available from Mrs. Mary Vance, Editor, Council of Planning Librarians, Box 229, Monticello, IL 61856, Exchange Bibliography No. 1131.

A brief overview and discussion of the literature on

nonphysician personnel in expanded primary care roles accompany an annotated bibliography of role and training program descriptions, surveys and evaluations, and legal and social perspectives on the subject of physician extenders. Each entry in the bibliography is preceded by a code indicating whether the material concerns nurse practitioners, Medex personnel, physician's assistants, or general manpower. Approximately 110 journal articles and reports are listed and abstracted. Publication dates range from 1965 to 1976. It is noted in the introductory material that, although training and use of midlevel workers must not be regarded as panacea, the literature does suggest that the use of trained extender personnel can contribute to meeting the need for more primary care. A glossary is provided.

Silver Henry K
Colorado Univ., Denver. Dept. of Pediatrics.
New Health Professionals for Primary Ambulatory Care.
Pub. in Hospital Practice p91-98 Apr 74.

The University of Colorado's program for the training of pediatric nurse practitioners, child health associates, and school nurse practitioners to deliver ambulatory care is described. The aim of the program is to prepare these new categories of health manpower to contribute to more and better care for children, and to use their training and capabilities to free pediatricians and other physicians to function maximally. In the 4-month Colorado program, graduate nurses are trained to work in a variety of clinical settings. Each nurse rotates through various wards, clinics, and nurseries. She learns interviewing techniques appropriate for her expanded role, and becomes competent in assessing a child's health status. The nurse participates in the evaluation and management of healthy and sick children and acquires the ability to evaluate defects and impairments, learns to obtain laboratory specimens, and learns to assist in the management of emergency situations. The use of the nurse practitioner enables the pediatrician to act as a consultant to his own patients. The child health associate program provides a variety of clinical experiences in a number of settings where associates learn to diagnose and manage physical, emotional, and psychologic disorders. They also learn to provide preventive care and health education. The child health associate must complete 2 years of college study before entering the 3-year program. The third year of the program is an internship in urban or rural ambulatory care settings. The 4-month school nurse practitioner program concentrates on providing health care within the framework of existing community services.

Sloane Leonard
New York Times, N.Y.
What Business Structure Is Best for You.
Pub. in American Jnl. of Nursing v75 n10 p1869 Oct 75.

The selection of an appropriate business structure for becoming an independent nurse practitioner or developing an enterprise with other health professionals is discussed. Three types of business structures are considered: single proprietorship, general partnership, and professional corporation. Differences in taxes for these business structures are examined. It is pointed out that, in some States, special corporations for nurses, physicians, and dentists are identified by initials after the names of practitioners. In addition to taxes, other factors to consider in the selection of a business structure include ease of organizing, degree of risk, and attraction of capital. Data on the expenses of a private duty nurse organization as of 1901 are tabulated.

Spitzer W. O, Hackett B. C, Goldsmith C. H, Kergin D. J, Yoshida M. A
McMaster Univ., Hamilton (Ontario).
Nurse Practitioners in Primary Care. III: The Southern Ontario Randomized Trial.
Pub. in Canadian Medical Association Jnl. v108 p1005-1007, 1009-1010, 1013, 1016 21 Apr 73.

The effects of a nurse practitioner program on both physicians and nurses in family medicine practices is reported. The nurses of 14 such practices, with the physician's support and commitment to participation, applied for a special training program at McMaster University, Hamilton, Ontario. Seven applicants were randomly selected to receive the training and their practices became the experimental group, while the remaining seven nurses and their practices were retained as controls. The contrasting methods to be compared during the 12 months of the trial were: in the control group, office nurses would provide professional and non-professional assistance to the physician in the conventional way; and in the experimental group, the newly trained nurse practitioners would act as copractitioner with the physicians. Changes in affiliations caused four of the practices to be dropped from the study before the trial year ended; compliance among the remaining 24 practices is said to have been nearly perfect. Administration of questionnaires and motion studies and observation of the practices were undertaken by specially trained interviewers and observers of the Health Services Field Survey Unit of McMaster University. Specific research questions were: (1) how is job satisfaction of nurses and physicians affected; (2) are physicians' and nurses' views of each others' roles

changed; and (3) how are clinical and non-clinical activities of physicians and nurses altered. Survey response totals are tabulated and analyzed; a detailed description of methodology with samples from the instruments is included. References accompany the text.

Steeg Donna Ver
California Univ., Los Angeles. Primex Project.
Development of Physician's Assistants and Nurse Practitioners in California.
Pub. in Bulletin of the New York Academy of Medicine v51 n2 p286-305 Feb 75.

The increased use of physician's assistants and nurse practitioners in California is discussed. A law enacted in 1970 directed the California Board of Medical Examiners to establish a new category, the physician's assistant. In 1972, the category of nurse practitioner was enacted into law. Historical aspects of and problems associated with the development of physician's assistants and nurse practitioners in California are reviewed. Planning for alternative types of health workers is considered, with emphasis on the relationship between planning for physician's assistants and planning for nurse practitioners. Quality of care for consumers is identified as the overall goal of planning. The functions of California's Advisory Committee on Physician's Assistants and Nurse Practitioner Programs are delineated. Political and public involvement aspects of health extender personnel use are considered.

Steinwachs Donald M, Shapiro Sam, Yaffe Richard, Levine David M, Seidel Henry
Johns Hopkins Medical Institutions, Baltimore, Md. Health Services Research and Development Center.
Role of New Health Practitioners in a Prepaid Group Practice: Changes in the Distribution of Ambulatory Care Between Physician and Nonphysician Providers of Care.
Pub. in Medical Care v14 n2 p95-120 Feb 76.

A study of the use of new health practitioners (NHP's) such as physician assistants, nurse practitioners, and health associates in a prepaid group practice is reported. Information is provided on the changes in the distribution of ambulatory care between NHPs and physicians in the departments of medicine and pediatrics of the Columbia (Maryland) Medical Plan. The Plan's personnel and accounting records provided data on hours worked, and the encounter data information system provided diagnostic and utilization data. In the Department of Medicine, it was found that the annual number of patient visits per physician declined from an average of 4,175 before June 1973 to 3,175 in June 1974.

This decrease was partly attributable to an increase in the health associate staff. An increasing proportion of physician - patient encounters were with the physician as the second provider and the health associate as first provider. Physicians retained the primary role in the diagnosis, treatment, and maintenance of enrollees with chronic conditions, while health associates assumed a primary role in the diagnosis and treatment of acute self-limited conditions such as upper respiratory tract infection. Utilization trends were similar for health associates in the pediatric department. Health associates managed an increasing proportion of well-child care and assumed an expanded role in diagnosis and treatment of common ambulatory conditions. In adult medicine, the ratio of health associates to physicians was 2.6 to 1, while the ratio in pediatrics was approximately 2.1 to 1.

System Sciences, Inc., Bethesda, Md.
Physician Extenders: Annotated Bibliography.
459p Dec 76 Available NTIS PB-264 730/3

The bibliography contains annotations on 360 articles/documents organized alphabetically by last names of senior authors. This report contains listings of the principal contents by individual articles, summary tables by content areas, and cross references of data. Within each of the 9 major content areas -- Policy, Type of Physician Extender, Type of Degree, Practice Setting, Medical Specialty, Type of Care Rendered, Source of Data, Method of Data Collection, and Geographic Area -- numerous sub-areas have been identified. Over 95 percent of the classified articles deal with at least one policy issue regarding physician extenders. More than two-thirds of these are concerned with the impact of these providers on the health care system. This bibliography is considered to be the most extensive one on the subject. (NTIS)

Taller Stephen Lee, Feldman Robert
Kaiser - Permanete Medical Center, Oakland, Calif. Automated Multiphasic Health Testing Service.
Training and Utilization of Nurse Practitioners in Adult Health Appraisal.
Pub. in Medical Care v12 n1 p40-48 Jan 74.

The activities of a group of nurse practitioners in the areas of adult health appraisal, triage, health education, and referral at the Oakland, California, Kaiser - Permanente Medical Center are described. In the medical delivery program being tested at the Kaiser - Permanente Center, the health status of unselected adults entering the delivery system is evaluated by an automated medical history,

automated multiphasic physiological and laboratory studies, and a physical examination by a nurse practitioner. On the basis of this information, patients are classified as: well, concerned well, asymptomatic sick, or sick. This system revolves around health appraisal and triage, functions which specially trained nurse practitioners can perform. The training program developed at Kaiser - Permanente to train nurse practitioners in adult health appraisal consists of four sections: techniques of performing and interpreting the physical examination; history-taking and interpretation; interpretation of laboratory data and procedures of referral for future care; and evaluation of patients' needs for health education and counseling. A certification procedure is incorporated in the program. The program has enabled the delegation of considerable responsibility to nurse practitioners, and physician supervisors are favorably impressed by the dedication and motivation of the nurse practitioners. In addition, patient satisfaction is high. References are included.

Thornberry Helen
Rhode Island Health Services Research, Inc., Providence.
Community Health Care System Study, Rhode Island. Volume II. A Survey of Nurse Practitioners in Rhode Island, 1972-73.
49p Nov 73 Available NTIS PB-247 239/7

;Contents: Assessment of training; Changes in activities as a result of training; Acceptance by patients and other staff; Job satisfaction; Views on future programs and related issues; Discussion and committee recommendations; Membership of the Nurse Practitioner Committee; Description of training programs attended by respondents. (NTIS)

Travis Harold Richard
Oregon State Univ., Corvallis.
Identification of the Role of the Physician's Assistant in Oregon Utilizing the Delphi Technique.
272p Jun 74 Available from University Microfilms International, 300 N. Zeeb Road, Ann Arbor, Michigan 48106.

A study that was conducted to identify the role of physicians' assistants (PAs) in Oregon, to provide substantive data for recommendations on legislative changes in PA licensure, and to obtain information that can be used as a basis for PA training program development is reported. The study was undertaken in cooperation with the Oregon Comprehensive Health Planning Agency in Salem. The Delphi survey method was used and a series of three questionnaires was sent to an expert panel of jurors (28 members). Those items on the questionnaire on which there was consensus were used to describe the core functions of PAs. Professions

represented on the panel included 11 physicians, 2 medical educators, 5 nurses, 1 nurse educator, 3 nurse practitioners, 3 PAs, 1 member of the Oregon Board of Medical Examiners, 1 hospital administrator, and 1 medical sociologist. Panel members were asked to respond to five major issues: (1) the need for PAs in Oregon; (2) the core functions of PAs; (3) the degree of independence of PAs; (4) the relation of PAs to physician, nurse, and nurse practitioner; and (5) the background and training of PAs. The training program deemed most appropriate for the Oregon PA program is reviewed, and the success of the Delphi technique to obtain consensus and to change opinion is examined. Core functions of PAs are delineated, along with professional group differences. Recommendations on the use of PAs are made, and the implications of the study results are discussed in terms of the role of PAs. Included in the report is information on the study procedures, copies of the study questionnaires, and a bibliography.

University of the Pacific, San Francisco, Calif. School of Medical Sciences.
New School of Health Professions. Volume I.
258p Jan 75 Available NTIS HRP-0011587

The results of a 2.5-year feasibility study and initial planning project are presented in a report describing a proposed school of health professions and specifying requirements for implementing the proposal. The study was conducted by the University of the Pacific School of Medical Sciences in San Francisco, California under contract with the Health Resources Administration, DHEW. The proposed school focuses on primary health care, interprofessional education and care delivery, and self-paced curricula. Major features include: education of a variety of health professionals in one school by one faculty; provision of clinical training in ambulatory care settings, including model clinics to be developed by the school; a faculty trained in teaching as well as health care delivery and research skills; faculty employment based on continuing excellence in performance; a team-learning setting to allow students to develop interpersonal and interprofessional relationships and to practice communication skills in the context of pertinent patient problems; a modular curriculum organized around specific patient problems and professional tasks; increased responsibility for students in establishing their own sequence and rate of learning activities; a comprehensive evaluation system; and student evaluation based on competence in problem-solving. The proposal details aspects of the school relative to health professions to be included, curriculum, faculty, students, organization and governance, evaluation, communication system, development of the curriculum, involvement of health professionals in school

planning, accreditation and licensure considerations, implementation of the school, and financial considerations. A bibliography and list of educational institutions and patient care facilities visited in the course of the feasibility study are included. Supporting documentation is presented in a separate volume of appendices.

Uyeno Dean H
British Columbia Univ., Vancouver.
Health Manpower Systems: An Application of Simulation to the Design of Primary Health Care Teams.
Pub. in Management Science v20 n6. p981-989 Feb 74.

A method is presented for evaluating alternative primary health care team compositions and for examining the skill levels of new categories of personnel. The procedure determines the appropriate composition of primary health care teams for different demand levels and facility configurations. As part of the procedure, a simulation model of a general primary health care delivery unit was developed. Given demand schedules, team compositions, and facility levels, the model produces information on the efficiency and effectiveness of the alternative in question. The simulation model and the evaluation procedure are tested in a study of pediatric office practice. Time study data gathered from observations of three pediatricians were analyzed and used to create various demand schedules. Task - capability lists were then created for two categories of allied child health personnel (pediatric nurse associate and pediatric assistant). These personnel were incorporated into alternative team configurations which were then tested against varying facility and demand levels. Test results indicate that there are instances in which a team structure is inappropriate in the pediatrician's office. The results underline the importance of tradeoffs between delegation and the economic viability of the team approach. The findings also suggest that the first team member employed to aid the pediatrician probably should be a worker who can assume lower level, repetitive tasks. Supporting tabular data are included.

Virginia State Dept. of Health, Richmond. Office of Comprehensive Health Planning.
Health Services for Rural Virginians. Report to the Rural Affairs Study Commission.
130p 1971 Available NTIS HRP-0004960

Recommendations for the use of planning to aid in the effective utilization of health manpower are included in this assessment of rural Virginia's health needs. An overview of the national health crisis, federal health legislation, and

special features of the health care situation in Virginia are noted. Steps in the planning process -- definition, determination of goals, implementation and evaluation -- and the role of the Hill - Burton Act in health planning are discussed. Population characteristics for rural and urban areas in 1970 are examined and the scope of comprehensive health planning by planning district is described. Recommendations of the Office of Comprehensive Health Planning are: regionalization of health services delivery; an experimental field testing laboratory; and effective planning mechanism for best allocation of scarce resources; regular on-going evaluation of all health services; coordinated approaches to uneven geographic distribution of health manpower; increased enrollment in medical schools; increased scholarships for medical students, especially those in the family physician curriculum; operation of professional schools on a twelve month basis; legislation to protect physicians against liability suits; delegation of duties to allied health workers; legislation providing for registration of nurse practitioners and physician assistants; and consumer health education aimed at prevention and early entry into the health care system. Reasons for each recommendation are included. Portions of this document are not fully legible.

Wakerlin George E, Rikli Arthur E, Stoneman William
Missouri Regional Medical Program, Columbia.
Physician's Assistants -- Nurse Associates.
Pub. in Missouri Medicine p779-785,828-830,832-836 Oct 72.

An overview is presented of developments and issues relevant to the training and utilization of physician extender personnel. The history of the physician's assistant and nurse associate (expanded role nurse) are outlined, definitions are presented, and training programs are cited. The legal aspects of physician extender roles are discussed, as is the evaluation of the extender's performance and of the programs in which they are trained. Acceptance of the physician's assistant and nurse associate by physicians, allied health professionals, the public, and patients is discussed, with reference to the findings of attitudinal surveys. The status of physician extenders and training programs in Missouri is assessed, and recommendations for the development of extender manpower in Missouri are offered. It is noted that, since immediate State licensure of physicians' assistants risks early, rigid definitions and possibly undue restrictions, the 2-year moratorium on such licensure recommended by the American Medical Association should be adhered to in Missouri. It is also recommended that evaluation of physician extender programs be continued and expanded in Missouri and elsewhere and that role definitions await further experience with physician extenders in practice. A bibliography is included.

Webster Ann, Bosch Gigi, Saylor Brian
Michigan Univ., Ann Arbor. Health Manpower Policy Studies Group.
Physician Extenders and Their Utilization: Survey Data from Michigan.
104p May 74 Available from the Health Manpower Policy Studies Group, University of Michigan, Ann Arbor, Mich. 48104, $.50.

Results of a survey of physician extenders (physicians' assistants, nurse practitioners, nurse clinicians, and clinical nursing specialists) practicing in Michigan as of November 1973 are presented. The purpose of the survey of both physician extenders and their supervising physicians was to examine utilization in an effort to develop criteria and guidelines for defining the scope of practice of physician extenders and for delineating training standards. Survey instruments were designed to provide data on three issues: the market for physician extenders, the impact of physician extenders on health care delivery, and the satisfaction of physician extenders and their supervising physicians with training and with the physician extender role. Survey findings, representing the responses of 54 physician extenders (81 percent of the physician extender population) and 39 supervising physicians, are intended for use in evaluation of legislative proposals concerning credentialing of physician extenders in Michigan and as an analytical data base for relating the State situation to that of the Nation as a whole. Data are presented on distribution of population, physicians, and physician extenders in Michigan; characteristics of supervising physicians as compared with those of the total population of physicians; characteristics of physician extenders; utilization of physician extenders; effect on the physician's practice of hiring a physician extender; role satisfaction; and the market for physician extenders. Policy recommendations for the State, based on the survey data, are presented. Supporting data, details of survey methodology, and a copy of the survey instrument are included.

What Is the Current Status of Third Party Reimbursement for Nurse Practitioners?
Pub. in Nurse Practitioner v1 n4 p8 Mar-Apr 76.

Wise Harold
Montefiore Hospital, Bronx, N.Y.
Primary-Care Health Team.
Pub. in the Archives of Internal Medicine v130 n3 Sep 72.

The experience of the Dr. Martin Luther King, Jr. Health Center in South Bronx, New York is reviewed in relation to the development of interdisciplinary health care teams. The

purpose of the center is to make appropriate health workers available on the basis of family need and not to develop a rigid team model. While the family health worker usually is the prime contact with a particular family, any member of the team may serve in that role. Roles of the following team members are outlined: public health nurse practitioner, family health worker, and the physician. The center has eight health teams serving some 12,000 families. Each team consists of two public health nurses, six family health workers recruited from the community, an internist, and a pediatrician. Specialized back-up services are provided by a part-time psychiatrist and a mid-wife. Each team is assigned a health advocate and a dentist. The public health nurse serves as team coordinator, as supervisor of family health workers, and as a practitioner. Problems encountered in implementation of the team approach are described. These stem primarily from the inadequacy of physician and nurse training with regard to team practice and the diversity of cultural and economic backgrounds of team members. Issues of power and leadership, intrateam conflicts resulting from team members assuming familial relationships, and problems of communication are discussed in terms of team effectiveness. The importance of training potential health team members to function as members of a team is stressed.

World Health Organization, Geneva (Switzerland).
Community Health Nursing: Report of a WHO Expert Committee. 29p 1974 Available form Q Corporation, 49 Sheridan Ave., Albany, NY 12210.

The report of a World Health Organization (WHO) committee on community health nursing is presented. The committee met in Geneva, Switzerland, from July 30 to August 5, 1974. The objectives of the committee meeting were to clarify the contribution of nursing to the improvement of community health, define the functions and tasks of a community health nurse and her role on the health team, consider the education of personnel in terms of local needs, and make recommendations to promote the preceding objectives. Consideration is given to the following issues associated with community health nursing: concepts of health care; determinants of community health and health care; the community and community health; the family and family health; family and community health nursing; and midwifery and community health nursing. Proposals are made for changes in the conceptual framework of community health nursing, in nursing education, and in nursing services. Approaches for strengthening community health nursing are described, including the expansion of manpower resources for community health and changing the role and function of nursing personnel, nursing education, and evaluation. Recommendations are made for the improvement of health

through community health nursing.

Yedidia M J
Social and Political Ingredients of the Primary Care Process: A Study of Family Nurse Practitioners in North Carolina. Available from University Microfilms International, 300 North Zeeb Rd., Ann Arbor, MI 48106.

Zimmer Marie J
Wisconsin Univ. - Madison. School of Nursing.
Quality Assurance for Outcomes of Patient Care.
Pub. in Nursing Clinics of North America v9 n2 p305-315 Jun 74.

The need for quality assurance in health care is discussed, the roles of the registered nurse in quality assurance are defined, and steps in the development of a quality assurance program are outlined. It is pointed out that persons concerned with quality assurance in health care should be able to distinguish among outcomes, activities, and resources, should be familiar with the relationships among the three, and should recognize the importance of at least two influencing variables -- population characteristics and continuity of care. These definitions and relationships are reviewed and illustrated in a schematic diagram. Three specific roles for nurses in quality assurance are discussed: the nurse practitioner peer group or panel, the clinical nurse specialist, and the director of nursing service. The responsibilities of each are delineated. It is then observed that, of the many possible views of quality (e.g., accessibility, comprehensiveness, affordability, etc.), three have public priority: accessibility, effectiveness, and efficiency. To provide such an accounting of their services, health professionals must take the following sequential steps: (1) develop sets of patient health / wellness outcome criteria for very specific patient populations and compare the results of delivered care with the criteria outcomes to obtain a measure of effectiveness; (2) identify the minimum number of cost-effective activities and resources needed to achieve the criteria outcomes and determine the costs of the activities and resources in relation to the outcomes to obtain a measure of efficiency, or cost-benefit; and (3) determine the extent to which the supply of health care meets the demand, identify causes for any gap between supply and demand, and identify those causes that relate to the degree of ease with which citizens gain admittance to and continue care in the health delivery system to obtain a measure of accessibility. The need for registered nurses to change their functions to include quality assurance review is stressed.

Zoog Spring, Yarnall Stephen
Medical Communications and Services Association, Seattle, Wash.
Changing Health Care Team: Improving Effectiveness in Patient Care.
179p 1976 Available from MCSA Publications, 315 University District Bldg., 1107 NE 45th St., Seattle, WA 98105.

A compilation of 30 papers on improving the effectiveness of health care teams is provided. The papers are organized according to five categories: (1) team practice; (2) the process of change; (3) patient education and involvement; (4) effective management; and (5) quality assurance. Topics addressed in the papers cover a wide range, including specific models for team practice, studies of nurse practitioners as team members, patient involvement and education, Japanese innovations in health care, unique ideas for health care systems with incentives for health, effective management techniques, quality assurance ideas on PSRO's (professional standards review organizations) and audit, and theories on the process of change. A list of references is included at the end of each paper, and supporting graphs and tables on health care teams are included.