

PRIMARY CARE NURSE PRACTITIONER IN THE FMG

The primary care nurse practitioner (PCNP) provides health care to ambulatory clients throughout their lives. She/he intervenes with patients, families, and the community in activities that promote health and explore illness and accident prevention. She/he contributes to treating patients who have common health problems or stable chronic diseases, as well as providing pregnancy follow-up. She/he performs activities ranging from evaluation to determining and implementing a treatment plan.

The PCNP is authorized to perform certain medical activities, according to the *Rule on Activities Referred to in Article 31 of the Medical Law* that can be performed by groups of professionals other than doctors.

The PCNP works independently, but in partnership with one or more family doctors. She/he can consult other professionals and ask them to intervene with the patient to ensure that all of the patient's needs are met. Owing to her/his in-depth knowledge and expertise, she/he plays a leadership (in her/his area of expertise) role among the other team members.

CLIENTS

The PCNP cares for various types of clients, including newborns, children, adolescents, adults, pregnant women and seniors.

ROLE OF THE NURSE PRACTITIONER SPECIALIZING IN FRONTLINE CARE

1. Common health problems

- evaluates common health problems
- performs targeted physical exams
- synthesizes subjective and objective data
- explores differing diagnostic hypotheses
- prescribes diagnostic examinations and interprets the results, which are transmitted to the patient
- determines, along with the patient and her/his family, the care objectives according to established priorities
- prescribes, adjusts and ceases medication and other substances according to the classes and sub-classes that are described in the regulations
- prescribes, adjusts and ceases medical treatments
- uses invasive techniques to establish a diagnosis or meet therapeutic needs
- ensures that follow-ups take place
- issues a certificate for a limited, one-month absence from work for common health problems

2. Stable chronic health problems (initial diagnosis established by the doctor-partner)

- performs anamnesis based on signs and symptoms of the disease and possible complications
- repeats or adjusts the medical treatment
- monitors side-effects of treatments
- prescribes diagnostic examinations
- plans clinical appointments with the doctor-partner, as needed

3. Prevention and promotion

- performs periodic medical exams according to that person's age
- evaluates the growth of babies and the development of an individual, according to that person's age, as well as determining whether anything is lacking
- evaluates risk factors and performs recommended screening exams
- helps the patient make a decision that enables her/him to give free and informed consent for her/his participation in Quebec's screening programs
- intervenes to prevent physical and psychosocial problems, such as early pregnancy, sexually or blood-transmitted infection, or substance abuse.

4. Pregnancy follow-up

Contributes to the pregnancy follow-up until the 32nd week, in the case of a pregnancy that has no risk factors or complications. After 32 weeks, the doctor-partner and the SNP-FLS agree on follow-up modalities.

- establishes a pregnancy history and evaluates the maternal and fetal risks
- provides prenatal counseling to prevent the mother from consuming harmful substances during pregnancy
- encourages safe physical activity and suggests a well-balanced diet
- proceeds to the initial physical exam
- prescribes lab analysis and diagnostic imaging
- prescribes prenatal screening for Down syndrome
- prescribes prenatal vitamins and other medication
- evaluates and treats common medical conditions associated with pregnancy
- monitors fetal movement and the fetus' heart
- measures uterine height
- performs post-natal follow-up for mother and infant
- supports breastfeeding
- provides post-partum counselling about contraception, as well as prescribing it

5. Family and community care

- evaluates and intervenes, depending on the structure, development and functioning of the family in its community
- recognizes the capabilities and competencies of the patient, her/his family and the various communities, with respect to health and disease management, by using new educational strategies

- supports the empowerment of patients and their families

6. Plan, coordinate and provide links to care and services

- ensures the continuity of care in collaboration with the client and his/her family and with all relevant individuals
- directs patients to appropriate resources, depending on their availability in the local network

7. Requests for mandatory medical intervention

Between them, the PCNP and the doctor-partner agree on the types of requests for intervention and transfer, and on the various ways of consulting another doctor.

The PCNP is responsible for requesting a mandatory intervention by a doctor in the following instances:

- an evaluation that does not allow her/him to clearly identify the common health problem, unclear criteria for starting medical treatment, a situation that goes beyond the competency of the PCNP
- abnormal growth or development of a child
- a baby, up to the age of three months, who displays signs or symptoms other than thrush, seborrheic dermatitis, contact dermatitis or dacryostenosis
- suspicion of physical abuse, parental neglect or symptoms of sexually transmitted disease in a child
- increasing severity of a previously diagnosed chronic disease
- pregnancy beyond the 32nd week
- his/her evaluation identified a risk for a pregnant woman or unborn child
- a situation that endangers a person's the life or her/his physical or mental integrity

8. Interprofessional collaboration

- shares her/his frontline knowledge and clinical expertise
- contributes to the development of the nursing discipline
- gives clinical advice, in line with recognized practices
- supervises PCNP interns
- contributes to university teaching and research

TYPES OF INTERVENTION

- The PCNP usually monitors the patients of a doctor with whom she/he has an agreed upon partnership to ensure a joint follow-up.
- The PCNP can also monitor non-vulnerable clients who do not have a family doctor, as long as the types of care for these new patients are provided for in the partnership agreement with the doctor. The doctor-partner then becomes the attending physician and ensures the continuity of

medical monitoring if the patient's state of health is beyond the field of practice of the PCNP (OIIQ 2014).

- Many monitoring models can co-exist: consultative care, when the PCNP and the doctor both assume the care of various patient groups; and joint care, when the PCNP and the doctor both assume the care for a hybrid group of patients.

SPACE AND MATERIALS

- access to a private office where the layout facilitates exchanges, as well as ensuring the confidentiality of what is said
- access to a treatment room where the professional can accommodate more than two people for family or network meetings
- access to electronic medical files (reading and writing)
- access to a computer and telephone
- facilitating access to a treatment room, as well as to the necessary medical materials, depending on the services that are offered in the FMG.

REQUIREMENTS

- bachelor's degree in nursing sciences (103 university credits)
- minimum of two years of full-time practice as a frontline nurse clinician
- master's degree in nursing sciences, with a specialty in advanced practice (45 university credits)
- complementary degree in frontline care (25 university degree)
- specialty certificate after a successful certification exam (under the supervision of the *Ordre des infirmières et infirmiers du Québec* and the Quebec College of Physicians)
- licence to practice, issued by the OIIQ
- bilingualism

TRAINING IN THE FMG

- Ongoing education activities will be planned by nursing care managers and the SNP-FLS, depending on the needs, and in partnership between the CIUSSS and the GMF.

CLINICAL EVALUATION AND MENTORING

The SNP-FLS practices according to recognized quality and security criteria. She/he conforms to standards, rules, clinical protocols, collective prescriptions and care regulations in effect in the CIUSSS and the FMG.

Nursing Care Management is responsible for the quality of the activities that are carried out by the SNP-FLS in the course of performing her/his duties in the FMG, and provides the appropriate clinical support to the SNP-FLS.

The doctor-partner is obliged to perform general monitoring of the quality and the relevance of the medical activities, or of the observance of standards that are connected with the practice of medical activities by the SNP-FLS.

The SNP-FLS is subject to professional inspections by the OIIQ to ensure the protection of the public, as required by the *Professional Code*.

The College of Physicians ensures that the regulations regarding the practice of medical activities by the SNP-FLS are followed during professional medical inspections.

REFERENCES

CIUSSS du Centre-Ouest de l'Île-de-Montréal, (2014.) *Description des fonctions infirmier(re) praticien(ne) spécialisée* - Direction services généraux, spécifiques et de la santé publique, no 1915.

Code des professions, L.R.Q., c. C-26

MSSS (2015). *Programme de financement et de soutien professionnel pour les groupes de médecine familiale. Guide d'intégration des professionnels en GMF/l'infirmière praticienne spécialisée en soins de première ligne.*

MSSS, (2011) Circulaire : *Soutien financier pour l'intégration des IPSPL et des candidates IPSPL. Normes et pratiques de gestion, tome II répertoire*
www.msss.gouv.qc.ca «Normes et pratiques de gestion»

Ordre des infirmières et des infirmiers du Québec (2013). *Le champ d'exercice et les activités réservées des infirmières*. 3^e édition.

Ordre des infirmières et des infirmiers du Québec, Collège des médecins du Québec (2014). *Lignes directrices, pratique clinique de l'infirmière praticienne spécialisée en soins de première ligne*, 2^e édition.

RAMQ (2011). *Intégration de l'infirmière praticienne spécialisée en soins de première ligne (IPS-SPL) et de la candidate infirmière praticienne spécialisée en soins de première ligne CIPS-SPL dans un cabinet privé, dans un CLSC ou dans une UMF*, Lettre d'entente no ° 229. Infolettre 250, 22 février 2011.
www.ramq.gouv.qc.ca

APPENDIX I: MEDICAL ACTIVITIES OF THE NURSE PRACTITIONER SPECIALIZING IN FRONTLINE CARE¹

The SNP-FLS works according to the recognized field of practice and the activities reserved for nurses; she/he is authorized to carry out certain medical activities, according to the *Règlement sur les activités visées à l'article 31 de la Loi médicale qui peuvent être exercées par des classes de personnes autres que des médecins (Regulation on activities referred to in Article 31 of the Medical Law that can be practiced par classes of person other than doctors)*:

- **Prescribing diagnostic exams**
Radiology exams: head and neck, chest, spine, upper limbs, lower limbs, abdomen, mammogram, osteodensitometry
Ultrasound: breast, abdomen, obstetric, surface genitals (peripheral venous system), ECG at rest, pulmonary function test, ambulatory blood pressure monitoring (MAPA)
Laboratory analysis: microbiology, biochemistry/blood/urine, cytology, hematology, prenatal screening, pathology: superficial skin lesions
- **Using invasive diagnostic techniques, or techniques that pose the potential for harm**
Pelvic exam, pap smears, digital rectal exam
Radial arterial puncture, oleocranial puncture
- **Prescribing medication and other substances²**
Prescribing for a 12-month period, ceasing or renewing a prescription for medication for a limited time, depending of the class of medication and the permissible codification (RAMQ classification):
P: prescribing, renewing or ceasing for a 12-month period, except if a limit is indicated
R: renewing the medication prescribed by the doctor-partner for 12 months; cannot be ceased
A: adjusting the dosage according to the treatment plan established by the doctor-partner; cannot be ceased
- **Prescribing medical treatment**
Prescribing, applying, adjusting or ceasing certain medical treatments, such as:
ocular irrigation, fluorescein coloration, ear irrigation, oxygen therapy, peripheral venous access, oxygen therapy, enema, urinary catheterization, nasal gastric tube, open splint cast or fibreglass if there is no fracture and for a short duration, cryotherapy except for the face and internal genitals.
- **Using or applying invasive techniques or medical treatments for therapeutic reasons that pose the potential for harm**
Suturing a wound above the fascia, except in the presence of underlying lesions, cutting and draining an abscess above the fascia, placing a double pipe tracheoesophageal canula, partial onyctectomy, removal of superficial skin lesions: molluscum pendullum or contagiosum/keratosis with a scalpel/small lipoma ≤ 1 cm., placing an IUD except for a nulliparous, removing an IUD for any client.

¹ OIIQ, CMQ (2014). *Lignes directrices, pratique clinique de l'infirmière praticienne spécialisée en soins de première ligne*, 2^e édition. / et disponible à <http://legisquebec.gouv.qc.ca/fr/ShowDoc/cr/M-9,%20r.%2013/>.

² Under review