Fourth Workshop on WHO Family Health Nurse Multinational Study: Intercountry Evaluation

Report on a WHO workshop
Glasgow, Scotland
20–21 January 2005
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ABSTRACT

The Nursing and Midwifery Programme is one of many programmes within Country Policies, Systems and Services (CPS) in the Division of Country Support (DCS), WHO Regional Office for Europe. The Nursing and Midwifery Programme has a big influence on the stewardship, human resources allocation and service delivery.

The fourth WHO Family Health Nurse Multinational Study Workshop was planned as a knowledge-sharing and action-learning workshop for all countries participating in the Family Health Nurse study. It aimed to:

- review progress on the implementation of the family health nurse projects in each participating country;
- prepare participants from each country for the data collection phases of the intercountry evaluation;
- assist participants in the preparation of country plans for the data collection for this study;
- to review the challenges faced in implementing a new nursing service in a country and identify issues that will inform future projects.

Representatives attended the meeting from ten European Member States. The establishment of the WHO Regional Office for Europe Multinational Study on the Family Health Nurse is in line with the spirit of the Declaration. The outcomes of the overall study are intended to inform policymakers on the most effective

Keywords

- NURSING – trends
- FAMILY NURSING
- PROGRAM EVALUATION
- DATA COLLECTION
- EUROPE

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Introduction and background to the Family Health Nurse project

The Munich Declaration (2000a, 2000b) calls for the enhancement of the role of nurses particularly in the field of public health. Furthermore, it promotes the establishment and support of family focused community nursing and midwifery programmes and services. It also reinforces the importance of a sound evidence base for practice in nursing and midwifery. The establishment of the WHO Family Health Nurse (FHN) Multinational Study is very much in line with the spirit of the Declaration. The outcomes of the overall study are intended to inform policymakers on the most effective way of developing community nursing and related services in the future.

The aim of the WHO Family Health Nurse Multinational Study is to test the FHN concept within the different health care systems in Europe, as defined by WHO within the Health Policy Document – *HEALTH21* (WHO 1998) and as described within the *Family Health Nurse – Context, Conceptual Framework and Definitive Curriculum* (WHO, 2000c).

After receiving information about criteria and guidelines for inclusion, all Member States were invited to participate in the study. In the first instance twelve countries expressed an interest. The original time line for the Multinational Study was two years starting in 2001. Since that time, it has been recognized that the participating countries were in very different states of readiness and therefore flexibility has been built into the timeline of the study. The intercountry study, evaluation phase, is now ready to commence, with the aim of producing the final evaluation report by the end of 2005.

The evaluation process will assess the structures, processes and outcomes associated with the implementation of this model of community nursing. The levels of evaluation are mentioned in the guidelines for Member States to become sites for the WHO FHN Multinational Study.

The levels are:

a) in-country evaluation

b) WHO Europe Region evaluation

c) European wide intercountry evaluation.

The tools and guidelines to be used for this next stage were developed and assessed during a pilot study in Scotland and the report from this pilot was completed in April 2003 (WHO 2003a).

The third workshop, held in Slovenia in 2003 and this current workshop form part of the Intercountry (Regional and Europe-wide) Pilot Evaluation (stages (b) and (c) from above).
The objectives of the fourth meeting of the WHO Multinational Study on the Family Health Nurse

The meeting was planned as a knowledge-sharing and action-learning workshop for all countries participating in the FHN Multinational Study. It aimed to:

- review progress on the implementation of the FHN projects in each participating country;
- prepare participants from each country for the data collection phases of the intercountry evaluation;
- assist participants in the preparation of country plans for the data collection for this study;
- review the challenges faced in implementing a new nursing service in a country and identify issues that will inform future projects.

Following the Maribor meeting in 2003 (WHO 2003b) it was recognized that participating countries were all at very different stages in the development of their FHN programme. During this fourth workshop, facilitators planned to work with study sites to ensure that they would be able to contribute to the data collection process, regardless of their stage of development. Importantly, there were to be opportunities for sharing experiences in education and practice. Learning opportunities for the participants were seen as important as the setting up of the data collections procedures with the participating countries.

The Workshop programme (Annex 1b) was devised to enable the participants to learn about the tools and the guidelines being used in the intercountry evaluation, and to work through them in detail to ensure full understanding of the requirements prior to starting the evaluation. All the workshop participants who had attended the previous Maribor meeting had received copies of the tools and guidelines prior to leaving for Glasgow, translated into Russian for those countries that required them. Participants who had not received the tools in advance were given copies at the workshop. The workshop was conducted in English with Russian translation provided by both Elena Galmond, of the WHO Europe Nursing and Midwifery Programme and Nazira Poolaatovna Artykova, Liaison Officer, WHO Country Office, Tajikistan.

Report of workshop activities

Day one: Thursday, 20 January 2005

Introductory session

Ian Johnston, Vice Chancellor and Principal of Glasgow Caledonian University, initiated this first workshop session. He welcomed the participants, the Deputy Health Minister and the Chief Nursing Officer for Scotland, to the meeting, to Scotland and to the University. He noted that nursing education formed a large part of the activity of the University, with over 1000 students on nursing related courses. The government in Scotland was very interested in community nursing activities and was watching the developments in the FHN multinational study with interest. He was proud of the University’s role as a WHO Collaborating Centre.
Paul Martin, Chief Nursing Officer for Scotland, then welcomed everyone on behalf of himself and his department. He introduced Rhona Brankin, Deputy Minister for Health and Community Care for Scotland.

The Minister delivered a speech to the participants and conference organizers:

“I am delighted to join you today at the start of this multinational workshop. It is a real achievement to have nine countries represented, and I extend a very warm Scottish welcome.

Over the next two days you will be reviewing the progress of the implementation of the FHN role, a role that focuses on health improvement whilst maintaining the clinical support which is so crucial for families when caring for someone who is ill. Although you are at different stages in the development of this role, everyone will have a valuable contribution to make in the evaluation of this project. Partnership and collaboration need to be at the heart of health policy.

It seems to me that the family health nurse project provides a very real example of intercountry working where problems, solutions and successes are shared. In the Scottish pilot, we have learned from other pilot countries the valuable asset of communities themselves, about how members of these communities can support and help each other. With the help of education programmes they can develop vital skills such as first aid, or establish groups that promote healthier lifestyles. I know from experience the contribution that our family health nurses are making to the lives of families in some of our remotest communities.

Events like this workshop are crucial. They provide a forum for you, the leaders in nursing, to come together to share not only experiences from family health nursing but to debate wider issues involved in the associated process of change. Networking is the key to developing intercountry working. Last week I attended the WHO European Ministerial Health Conference on Mental Health, in Helsinki. I saw at first hand the valuable networking and learning opportunities, which this type of international event creates. Evidence on innovative ways to achieve better mental health, was presented from countries across Europe. Another example of working together and finding solutions to a health challenge which is a priority for all member states.

Through your participation in this World Health Organization pilot you are contributing to the creation of primary care services that will make a real difference to the communities we serve. I wish you a successful, stimulating and enjoyable workshop and look forward to meeting with you over coffee.”

Paul Martin, Chief Nursing Officer for Scotland thanked the Deputy Minister for her encouraging and enthusiastic talk. He highlighted the emergence of new roles for nurses and the importance of this project and this workshop in terms of evaluation of this particular role. The evidence from this project would provide a clear message on the impact of the role, and on its importance.

Professor Barbara Parfitt, Dean of Department of Nursing, Midwifery and Community Health and Director of the WHO Collaborating Centre, based at the Glasgow Caledonian University, welcomed the participants to the workshop and extended the hospitality of her department and her colleagues to all those attending.
Dr Lis Wagner, Manager, Nursing and Midwifery Programme, WHO Europe, thanked the speakers, participants and organizers for their efforts in a fantastic opening session and for organizing this workshop for the FHN multinational study, on behalf of the WHO Europe Nursing and Midwifery Office.

She recognized the gap in the meeting with the absence of Ainna Fawcett-Henesy, who was so important to the setting up of this multinational project and who has been on sick leave for almost a year. She hoped to be back soon and sent all her best wishes for this meeting. Dr Wagner noted that this meeting was a follow up from Ainna Fawcett-Henesy’s idea on the FHN, and that it was an indication of how strong her ideas were that of the 13 (12 initially and one joining later) starting countries, 10 were present today. Germany was not present because they were running their own nursing seminar, and Denmark was unable to take part as their project on Bornholm was not approved by their Minister of Health. However, the Danish Nursing Association has indicated its support for the FHN project by sponsoring the travel costs for two of the other participating countries here today, and some of the interpretation expenses. Estonia was not able to attend. All three countries will be asked to contribute to some of the data collection questionnaires.

Dr Wagner highlighted the fact that this workshop is focusing on the evaluation of the FHN multinational study, an indication that the project is not everlasting. This will be the last workshop, and the findings will be disseminated at a later conference, due to take place at the WHO Collaborating Centre in Berlin. During this workshop, participants will have to go through the evaluation tools to follow up from the work done in Maribor in 2003. The evaluation will look at both ‘outcomes’ and ‘processes’ relating to the study and both of these are equally important. The countries participating here will find out how they can contribute to the evaluation and also how to collaborate with other countries in the future. After the workshop, it is hoped that all these countries will continue developing the FHN model. On both days, Deborah Hennessy and Liz Gladin will guide the participants through this difficult evaluation material.

Dr Wagner observed that she would not talk in detail about the role of the FHNs, as planned, because the project teams in Scotland would talk about their experiences of such issues during the workshop. This would allow for more time to talk with the Minister from Scotland over coffee, which is a great opportunity and a fine start to the workshop, from a Minister who has shown great interest in the work.

Dr Wagner ended by saying that we now have to work hard in order to produce the evidence demonstrating the need for family health nursing, in order to provide a better public health service in the future. She wished all the organizers, researchers and participants good luck for the next two days of the workshop.

Dr Deborah Hennessy, WHO/Developing Health Care, went through the workshop programme in detail. She nominated Dr Lis Wagner as Chairperson for the workshop, and Liz Gladin, WHO/Developing Health Care and Dr Marjaana Pelkonen, from Finland as Rapporteurs. All those present supported these nominations.
**Session one**

The first part of this session was a review of the 2003 Maribor workshop, by Liz Gladin, focusing on the pre-workshop questionnaire completed detailing the country progress up to the 2003 workshop. This 2003 summary can be found in Annex 2.

After this introduction, Deborah Hennessy took participants through the country progress reviews for this fourth workshop. All participants had received the pre-2005 workshop questionnaire (Annex 3) relating to their progress with the FHN implementation, since the third workshop in Maribor in 2003. Dr Hennessy took a roundtable session with this progress questionnaire, with all participants contributing information for their countries. The results of this session can be seen in Annex 4. It will be noted that a number of questions could not be answered at the time.

**Session two**

This session, facilitated by Dr Deborah Hennessy and Dr Lis Wagner, aimed to identify the challenges involved in implementing a new nursing service, the solutions required in order to pursue these changes and the groundwork necessary to prepare the health system for the FHNs. It offered an opportunity to review the experiences of the participating countries. It also offered insights into learning that might inform future developments in the FHN role, as well as other health system development projects and intercountry working.

There were many comparisons to be made between countries regarding the challenges they have faced. Several countries reported problems with lack of general or explicit finance for the FHN Multinational Study, and many acknowledged the importance of international agencies and external governments in providing assistance.

The need for legislation to support the FHN role was identified by several countries, particularly in relation to supporting the necessary autonomy of the FHNs, in line with the WHO definition of the role. Several also highlighted the difficulties in establishing the necessary training infrastructure, for both FHNs and their trainers/educators/assessors.

Two of the issues identified as most challenging and crucial to the success of developments, were obtaining a sufficient level of government support and managing the perceptions both of other health professionals and the general public in relation to the scope of the FHNs. This latter issue was an area of much debate, as to how participants should address problems with defining the added value of the FHN, as opposed to other community nurses. At local levels the FHNs themselves were doing much to address these issues, but their lack of involvement in decision-making at senior levels was an obstacle for many. The summary of this session can be seen in Annex 5.

**Session three**

This session was facilitated by Dr Deborah Hennessy, and provided an examination of the intercountry evaluation tools and guidelines. Full details of the intercountry evaluation guidelines and questionnaires are covered in the Final Report of the Family Health Nurse Multinational Study for the Intercountry Evaluation, April 2003. The guidelines and tools had previously been translated into Russian, and during this session, the research team was given opportunity to check that the translations were accurate.
Copies of the English versions of all the evaluation tools (guidelines, comprehensive and standard questionnaires) are available upon request at WHO Regional Office for Europe, Nursing and Midwifery. During this session, the data collection guidelines for the in-country Link worker/Director of Nursing/FHN Manager were reviewed in detail. The research team is very aware that the countries involved in this intercountry evaluation are at different stages of development of their FHN study, and participants were encouraged to think about how they could adapt these guidelines to their individual circumstances. The participants were asked to develop their data collection timetables, using the timetable protocol specified in Annex 6, which will be returned along with the completed questionnaires.

**Session four**

This session was facilitated by Dr Deborah Hennessy and Liz Gladin, and provided a review of the intercountry evaluation tool ‘Comprehensive Questionnaire’. The participants were divided into two groups. Liz Gladin facilitated those who reviewed the questionnaire in English. Dr Hennessy, assisted in translation by Elena Galmond, facilitated those who reviewed it in Russian. The questionnaire is quite detailed and the session provided a detailed overview of the rationale for each of the four sections of the questionnaire. Each of four parts of questionnaire is to be completed by different workers within the health care system, and collection is to be coordinated by the in-country Link worker. In most cases this is the participant at the workshop.

Part One is to be completed by the in-country Link worker coordinating the study. It focuses on the organization of the FHN study in the country, including how it is being introduced and financed. Part Two is to be completed by senior management representative(s) from the Government/Health Department, and includes elements relating to epidemiological/socio-economic information, policy issues, nursing preparation, midwifery and obstetrics, the health system, the structure of the community nursing service prior to the introduction of the FHNs, equity and access to health care. Part Three is to be completed by the academic departments responsible for the training and assessment of the FHNs and part four by Directors of Nursing of the FHN locations, and the FHNs themselves. During the session, workshop participants were asked to identify the likely respondents for each part or question of the comprehensive questionnaire. They were also asked to establish a country plan for distributing and collecting the different parts within the project timescale, using the data collection schedule as specified in Annex 7. This schedule is to be returned to the research team with the completed questionnaires.

At the end of session four, all the participants agreed that they would organize the distribution and collection of Parts Two and Three of the comprehensive questionnaire in order for them to be returned to the research team by 31 March 2005. The remaining parts of the comprehensive questionnaire, Parts One and Four, would be returned to the project team by 31 July 2005. In addition, the data collection schedules will be returned by 31 July, with the final questionnaires. The completed tools and schedules would be returned via the WHO Liaison Officers in each country. The participants also agreed that all completed data collection tools would be translated into English as necessary prior to being dispatched to the research team.
The completed questionnaires should be sent to:
WHO Europe FHN intercountry evaluation
Mrs Elizabeth Gladin
102 High Street
Bridge, Canterbury CT4 5NJ
Kent, United Kingdom

Day one of the Fourth Workshop ended with an invitation from the hosts to a ‘Taste of Scotland Dinner and Scottish Piping Evening’

**Day two: Friday, 21 January 2005**

**Session five**

Dr Lis Wagner summarized the previous day and identified those countries that would take part in the intercountry evaluation. These were Armenia, Finland, Kyrgyzstan, Moldova, Portugal, Slovenia, and Tajikistan. Scotland had already been involved in the pilot study of the intercountry evaluation, and their data would be included in the analysis where possible. Spain and Lithuania had not yet started their FHN programme, and so would not take part in the full study. They would however contribute data to the study through their focus group interviews with Lis Wagner, and their participation in this workshop. In addition, Estonia, Germany and Denmark would be asked to contribute as much data as possible, particularly the baseline data obtained from the two pre-workshop questionnaires.

Liz Gladin provided a brief overview of the outcomes from the previous day in the first session of day two. This review focused particularly on a summary of the challenges, solutions and preparations for the introduction of the FHN programme as identified by the participants during session two of the workshop (the summary is attached as Annex 5). These issues are important outcomes of the workshop as they provide an opportunity for learning from the experiences of others.

The session continued with a review of the intercountry evaluation tool ‘Standard Questionnaire’. This questionnaire is complex and time-consuming to complete and the participants were taken through each question in detail, to discuss what was being asked and how to determine the appropriate response.

As in the previous sessions, the participants were divided into those who were using the English versions, facilitated by Liz Gladin, and those using the Russian translation, facilitated by Dr Hennessy assisted by Elena Galmond. This allowed all participants the opportunity to go through the questionnaire at their own pace. During the session, workshop participants were asked to identify the likely respondents for the standard the questionnaire. They were also asked to establish a country plan for the cascade process of distributing and collecting the questionnaires through the Directors of Nursing at the FHN sites. The data collection schedules for this process are specified in Annexes 8 and 9, and these will be returned to the research team with the completed questionnaires. Annex 8 identifies the distribution and collection activities of the Link worker, who will distribute the questionnaires to the FHN locations. Annex 9 identifies the distribution and collection activities of the Directors of Nursing at the FHN sites, and these are to be returned to the Link worker for dispatch to the research team.
This process and the completion of the collection schedules will allow the researchers to evaluate this ‘cascading’ method of data collection, through a designated link worker. This will form part of the ‘process’ evaluation in the final reporting of the study, complementing the ‘outcomes’ evaluation and informing future intercountry evaluation activity. **Countries were advised that it might be more effective if respondents for the standard questionnaire could be brought together. This would permit the data collector to explain the questionnaires in detail and it would provide the respondents with a learning opportunity.**

At the end of session five, the participants agreed that they would organize the distribution and collection of the standard questionnaire so that they could be returned to the research team by 31 July, together with the data collection schedules, as well as, the comprehensive questionnaires Part 1 and Part 4. The completed tools and schedules would be returned via the WHO Liaison Officers in each country. The participants also agreed that all completed data collection tools would be translated into English as necessary prior to being dispatched to the research team.

**The completed questionnaires should be sent to:**
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Kent. United Kingdom

**Session six**

This session consisted of a presentation by some of the representatives from the Scottish pilot study. It provided an opportunity for the participants to gain an understanding of how the Scotland pilot had been established and developed to its current position. The FHN study in Scotland is far more established than in any of the other participating countries, and the learning opportunities available from their experiences were valuable. There were three 45-minute presentations.

- **Ian Murray, Director of the Family Health Nurse Education Programme, Stirling University** provided an overview of the Curriculum development process, the evaluation of the educational programme, details of the syllabus, assessment and mentoring and feedback from students of their experience of the programme (Annex 10).

Ian Murray noted that the curriculum development for the Scottish programme was based on the WHO curriculum, and adapted in order to meet national statutory requirements. Further modifications were carried out after the evaluation of a pilot study. One issue they faced was the need to incorporate sufficient flexibility into the training programme in order to meet the needs of students from both community and non-community backgrounds. Changes were made to the assessment framework so that it was more relevant to the theoretical programme. Practice-based assessment was identified as being an important thread throughout the course, and students had to produce evidence-based portfolios to support their competencies.

The preparation of mentors and assessors also underwent modification and improvement, following feedback from students, educators, mentors and assessors.

The main lesson to be learned from this experience is that the development of the curriculum and the programme as a whole is a process rather than a radical step-change. Everyone involved in
and impacted by the new FHN developments need to change and adapt to the new system, and this will not happen overnight. After five years of development, the programme is only now fulfilling its potential.

Current developments are aiming to identify key indicators for practice and obtain evidence to demonstrate these, and these will continue to inform the educational programme.

- **Collette Mackenzie, Family Health Nurse from Achiltibuie, Highland Region, Scotland**, described her own experiences of working as a FHN in a remote part of the Scottish Highlands (Annex 11).

Collette Mackenzie described her experiences of working as a FHN in a remote area of Scotland. She noted that some of her student colleagues had gone to work in new stand-alone posts, some returned to their previous jobs with their new skills and perspectives from their FHN training, and some like herself returned to their previous locations but were now working as FHNs. She previously worked as a ‘quadruple nurse’ in Achiltibuie, a combined district nurse, health visitor, community midwife and school nurse. The area had a small resident population of about 100 families, with no GP within 20 miles, and the nearest hospital being 80 miles away. Collette described her use of a Genogram in the process of conducting a family needs assessment, and her role as the first point of contact for the families on her caseload. Through needs assessment processes, she makes specialist referrals as appropriate, although her actual practice was very much dictated by the needs of the community she served.

Collette observed that one of the major challenges of her new role, as opposed to her previous role, was the need to keep up to date with statutory guidelines and policy across such a wide range of disciplines. She stated that a major challenge was to define the added value of her role, to her colleagues and her community, and that whilst FHNs could do much about changing perceptions through their work, they needed support from educators, managers, other health professionals and policy-makers.

Collette noted that one of the main benefits from having completed the course was that she was more aware of the different agencies involved in family care, and more able to act as a liaison between these with the result that she felt more competent in her decision-making.

- **Charlotte Dickson, Family Health Nurse Practice Facilitator, Western Isles, Scotland**, described her perceptions of the role of practice facilitator, providing support to FHNs working in the Western Isles and enabling change to assist the development of the role (Annex 12).

Charlotte Dickson described her role as a FHN facilitator, based in a remote location in the western isles of Scotland. She noted that one aspect of her role was to support the FHNs across the region. She was also seeking to facilitate the changes required from within the health system and the perceptions of other professionals and the general public. Her role was not a permanent one, and she felt that over time, the impacts of the FHN programme would reinforce the adjustment in perceptions and organizational structures. However, supporting evidence from the FHN projects would be needed to initiate such changes.

After the presentation, there was opportunity for the workshop participants to question the presenters and the wider Scottish Family Health Nurse project team.
Tamara Saktanova, Government Chief Nurse, Kyrgyzstan, stated that it was very impressive that Scotland had achieved so much, and sharing their experiences with the workshop provides many useful insights. She asked for clarification regarding the types of community nurses there were within the health system, and how they had managed to establish the FHN within a system that has so many established community nursing roles.

Paul Martin and Lesley Whyte provided a summary of the community nursing service. There were about eight or nine different community nurses, and whilst many of their functions overlap to an extent, four main functions can be defined:

- public health nurses: primarily involved in health promotion/illness prevention activities within the community. Many public health nurses dealt with issues of child protection, included health visitors and school nurses;
- district nurses: provide nursing care and treatment interventions in a non-hospital setting;
- community midwives: provide support to women and their families during and after pregnancy;
- community psychiatric nurses: provide care and treatment to those with mental health problems and learning disabilities in their home environment, including crisis intervention measures.

The FHN can be seen to work across all these disciplines in a generalist role, especially in communities where there is only limited access to the full range of these health professionals, such as remote and island populations. Their expertise in assessing the needs of the families within their communities means they can act as an effective link between communities and specialists, as well as providing care and support themselves. Paul Martin indicated that the next stage of the project was to expand the locations in which they were working to include urban areas, to assess whether this model could apply here as well.

Tamara Saktanova asked whether or not the Scottish project team felt that there might be a need to amend the basic pre-registration training in light of the education framework of the FHNs. Paul Martin agreed that it was an interesting point, and that at some point the pre-registration training curriculum may require adapting to include a more family-focused perspective. Barbara Parfitt noted that the competencies of the two programmes could be compared to see how they differ. She felt the driver for such activity was not so much the family-focus but the need for capacity-building, to strengthen the capacity FHNs to participate in reform developments. This process would take too long if left to post-graduate provision, and by expanding this framework to pre-registration training, with perhaps a three year basic training followed by a one year family health nursing component, such capacity could be advanced. However evidence of the effectiveness of this approach would be required before any such changes could be contemplated, and this emphasized the importance of this study.

Elena Stempovscaia, Government Chief Nurse, Moldova, said that the meeting had shown her how she might progress developments in Moldova, and she raised the issue of the lack of a research and professional training culture in many of the countries attending the workshop, which meant that developing an evidence base for nursing was difficult, regardless of the problems of introducing a new community nursing framework. Ian Murray agreed this was a problem and that the FHN study as a whole was a process aiming to make the most of opportunities for learning and networking. There is a need to pool knowledge develop
competencies through working with one another. Lesley Whyte noted the partnership exchanges between Scotland and Tajikistan. There are opportunities for competencies and standards developed for the project in Scotland to be adapted for local circumstances. Barbara Parfitt agreed that many of the standards and competencies might be relevant across countries, and we need to seek out such opportunities.

Marjaana Pelkonen of the Ministry of Social Affairs and Health, Finland, asked Charlotte Dickson for more information about the role of the Family Health Nurse Practice Facilitator. Charlotte explained that she worked with a local steering group who comprised family doctors (GPs), community health professionals, managers, members of the public and FHNs, and they acted to manage the changes involved in establishing the FHN framework.

Dr Deborah Hennessy summarized the main points of this session.

- The concept of evidence-based portfolios, and their link with competencies, was very important for the development of FHN framework in many countries.

- The process of identifying key indicators of family health nursing was also vital, and outcomes from this work must be disseminated to the other participating countries as soon as it was available. The indicators do not have to be complex, simply the measurable outputs which demonstrate the contribution of FHNs to service provision. They could be drawn from the evidence-based portfolios and competencies.

The Practice Development Facilitator role was very important, especially for countries where changing the perceptions of other stakeholders was crucial to enable the FHN to function effectively. It was essential their role was not confused with line management or mentoring functions, but was structured as a role to help promote change.

Session seven

This session concluded any outstanding business from the previous reviews of the evaluation guidelines and tools, particularly focusing on the development of the timetable protocol and the country plan schedules (Annexes 6, 7, 8, 9 and 13). In addition, Lis Wagner facilitated a focus group interview involving Lithuania and Spain, who are not taking part in the full evaluation. The transcript of this interview will follow in the final project report.

Closing session: Review of workshop and next steps

Dr Lis Wagner, Chair of the workshop, reviewed the meeting, declaring that the final evaluation workshop had been a highly interactive learning event, and a great success. Deborah Hennesssey had managed to guide the participants through the difficult guidelines and questionnaires. Seven countries had promised to participate in the full evaluation and to send the first group of completed questionnaires by 31 March 2005. They agreed to send the remaining questionnaires, and all the appropriate schedules by 31 July 2005, and to ensure that all the completed questionnaires were translated into English as necessary. The number of questionnaires sent out, and received by the Link workers would be noted.

The interview tapes from the focus group with the representatives from Spain and Lithuania will be transcribed, and will add valuable data. The pre-workshop baseline questionnaires will be sent out to Estonia, Germany and Denmark for their contribution. All of these will be sent on to Liz Glad an a member of the research team. The final intercountry evaluation report is expected before the end of the year, which will be reviewed by the WHO Jury Panel in 2006. Dr Christa
Schrader, of the WHO Collaborating Centre in Berlin, Germany has already offered to host a conference event for the presentation of the final report in the spring of 2006.

One of the presentations from Scotland emphasized the FHN as the first point of contact for individuals and families. This issue is at the heart of why this role is so important, providing ‘cradle to grave’ care and support. Paul Martin explained so clearly what the value of the FHN is from the Scottish experience. At this workshop there have been ten different countries all trying to reach the same goal, in their own way and to meet their own circumstances.

Finally, Dr Wagner wished everyone well in their evaluation, sent her greetings to all the FHNs in all the participating countries and thanked the hosts and the research team.

Paul Martin, Chief Nursing Officer for Scotland, closed the meeting with thanks from Rhona Brankin, the Deputy Minister who had appreciated the opportunity to join the workshop. He noted that the meeting had been exceptionally productive, and there was every indication that strong data would emerge from the different countries involved. Occasions such as this create learning opportunities for all of us, regardless of our different stages of development. He thanked Dr Lis Wagner and the WHO staff for their support, Deborah Hennessy and Liz Gladin for their input into the programme, Barbara Parfitt and the staff at the WHO Collaborating Centre for their hard work in organizing the workshop, and Lesley Whyte for her support and advice. He expressed his enjoyment at his experience of the real commitment and enthusiasm for the work being done with the FHN studies across Europe, and plans to explore further the prospect of more collective working. He was looking forward to meeting again in Germany, but in the meantime, he wished everyone a safe journey home.

**Intercountry collaboration: Knowledge-sharing and action-learning**

This workshop was planned to facilitate the data collection processes for the intercountry evaluation of the FHN multinational studies. The data collection processes will now be set up in each of the participating countries, and it is hoped that much high quality data will be collected. Clinical practice in many countries is being transformed to be evidence-based and a similar transformation in the assessment of health policy and performance is required (Murray & Frenk 2001). This project will produce evidence to determine the effectiveness or otherwise of a new model of community nursing, and will inform future developments across Europe. According to the World Health Report 2004 (p73) ‘harnessing the power of research to achieve treatment targets and to build health systems that respond to … complex health issues, requires an innovative approach to gathering and sharing information’.

The importance of intercountry collaborations on projects of his kind cannot be understated. The health systems of the countries at this workshop are all at different stages of development, as are the FHN projects being carried out. Comparing and sharing information on their achievements and experiences will provide valuable evidence as to the appropriateness of the framework in different organizational settings. The coming together of different perspectives and approaches on common themes can significantly enhance initiatives for health improvement and can help reinforce confidence in a particular approach. Rhona Brankin, Deputy Minister for Health and Community Care, Scotland, in her speech at the opening session of this workshop, noted the importance of ensuring partnership and collaboration are at the heart of health policy, and the
highly interactive exchanges between participants here at this workshop have proved this point very strongly. The strengths of such intercountry collaborations are found in the opportunity to share problems, solutions and successes. Without collaboration, different countries seeking similar goals are likely to duplicate unnecessary activities and lose opportunities for learning from others (Ollenshlager et al, 2004).

References


WHO Regional Office for Europe (1988), *HEALTH21*: An Introduction to the health for all policy framework for the WHO Europe Region. Series No. 5 Copenhagen


World Health Organization (2000b) Nurses and midwives for health. A WHO European strategy for nursing and midwifery education. Copenhagen, WHO Regional Office for Europe


Annex 1a

FOURTH WHO FAMILY HEALTH NURSE MULTINATIONAL WORKSHOP:
AIMS AND OBJECTIVES

Glasgow, Scotland, UK
20–21 January 2005

The workshop will be in English

Objectives:
Review challenges to implementing a new nursing service in a country and learn lessons.
Prepare each country for managing the FHN intercountry evaluation data collection process efficiently:
• review the Tools for the FHN Pilot Intercountry evaluation
• explain the proposed data collection process for intercountry evaluation and
• each country prepare a data collection plans and schedule.

Expected Outcomes
• A review of progress of FHN implementation pilot countries.
• Identification of challenges and lessons when implementing a new nursing service.
• Each country will develop a detailed data collection plan with identification of suitable respondents for the data collection to be done in second half of 2005.
• Each country will know what has to be accomplished to be included in the intercountry evaluation.

Participants
Senior officers in the Government responsible for the implementation of the FHN Pilots, with the responsibility for handling the data collection process.

Each FHN Pilot implementation country received a copy of the research tools and guidelines in September 2003.

The January 2005 participants should bring translated copies of these tools and guidelines to the workshop. This is essential for two reasons: firstly, to verify that the translations match the originals and secondly, to plan the data collection process.

The participants should, if possible, bring both an electronic and a hard copy of the translated tools and guidelines.

Equipment needed: It will be really helpful if a number of computers are available for use by workshop participants.
Annex 1b

WORKSHOP PROGRAMME

Thursday, 20th January 2005,
Room B221, Board Room, Britannia Building,
Glasgow Caledonian University, Cowcaddens Road, Glasgow

08.30–08.50  Registration
  Elena Galmond, Secretary Nursing and Midwifery programme, WHO Europe

0900–10.00  Welcome, refreshments and informal discussion with international delegates
  Ms Rhona Brankin, Deputy Minister for Health and Community Care, Scotland

1000–10.30  Opening Remarks
  Paul Martin, Chief Nursing Officer, Scotland
  Professor Barbara Parfitt, Dean, NMCH/Director of Collaborating Centre Glasgow Caledonian University
  Lis Wagner, Manager, Nursing and Midwifery WHO Europe
  Appointment of Chairperson and Rapporteur

1030–11.00  Session One.
  Presentation of Country Reports on progress of FHN Pilot Implementation
  (Each country to prepare a summary Report following the attached framework. Participants should bring an English translation of their country report to the workshop for the Researchers. This information will be included in the evaluation).

11.00–11.15  Coffee /Tea Break

11.15–13.00  Session Two facilitated by Dr Deborah Hennessy and Dr Lis Wagner
  Identify challenges to implementing a new nursing service and review lessons learnt

13.00–1400  Lunch

14:00–15.30  Session Three (on-line) facilitated by Dr Deborah Hennessy
  • Re-present outline of material – guidelines and tools
  • Purpose of data collection guidelines for in-country link worker and Director of Nursing or Manager of FHN posts
  • Clarification of meanings
  • Adaptation of data collection guidelines by each country as appropriate

15.30–15.45  Coffee/tea break

15.45–17.00  Session Four (on-line) facilitated by Dr Hennessy
  • Review of Comprehensive questionnaire
  • Rationale for different sections and the specific questions
  • Each country plans respondents and method for data collection

19.00–23.00  A Taste of Scotland Dinner and Piping Experience, Piper’s Tryst Hotel, 30 McPhater Street, Cowcaddens, Glasgow. International delegates should meet in the reception of Holiday Inn Express, 6.50pm
08.30–10.00 Session Five (on-line) facilitated by Dr Deborah Hennessy
Review the Standard Questionnaire as well as the process for completion.
• Test of the completion of the questionnaire by participants.
• Discuss the proposed respondents and method of completion.
• Each country plans proposed respondents and method for data collection

10.00–10.15 Coffee/tea break

12.30–13.30 Lunch Hospitality Suite, Hamish Wood Building

13.30–14.30 Session Seven (on-line) facilitated by Dr Deborah Hennessy
Using Appendices in Guidelines each Country Plans the method of distribution and collection of the data as well as the timetable.

Session Seven (concurrent) Lis Wagner and Elena Galmond A523, Govan Mbeki Building.
Focus Group Interview with Countries who have not commenced the pilot

14.30–15.00 Session Eight Lis Wagner
Review of workshop

15.00–15.30 Next Steps Lis Wagner
Closure of the meeting Paul Martin, Chief Nursing Officer, Scotland
### Annex 2

#### 2003 COUNTRY PROGRESS SUMMARY
(summarized from 2003 Slovenia Workshop)

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<tr>
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<tbody>
<tr>
<td>National health reforms priority is primary care</td>
<td>Aim to develop community services. Good previous experience with WHO multi-studies</td>
<td>Match developments in national health plans, encompassing ‘family health nurse’ role</td>
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<table>
<thead>
<tr>
<th>Agreement with WHO FHN definition?</th>
<th>Yes but issues with concept of nurse-doctor substitution</th>
<th>Yes</th>
<th>Yes but some variation in substitution level of doctors by nurses</th>
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<tr>
<th>Agreement with WHO Curriculum?</th>
<th>Yes. Need to map current skills to WHO curriculum and identify gaps</th>
<th>Helsinki graduates (12/03) WHO curriculum. Espoo (03/03) curriculum adapted. FHN employment varies in areas.</th>
<th>Yes. Developed 2000/2001</th>
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|-----------------------------------|--------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|

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<thead>
<tr>
<th>Funding:</th>
<th>Uncertain. None from ministry – technical help only. Possibly World Bank</th>
<th>Full funding by Min. Education who funds training costs. Health centres support students and employ them afterwards.</th>
<th>Money from WHO Europe.</th>
</tr>
</thead>
</table>

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<thead>
<tr>
<th>Location of pilot sites:</th>
<th>Rural areas</th>
<th>Urban (Helsinki) Urban/Rural (Espoo)</th>
<th>Urban and rural in Family Group Practices.</th>
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<tr>
<th>Selection of nurses:</th>
<th>District nurses with established careers. 15-20 in total</th>
<th>Helsinki: 8 (2003). Espoo: 20 &amp; both with further intake. Community, public health, midwives.</th>
<th>Family Medical Nurses convert to FHN. 10 in each area.</th>
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<tr>
<th>Problems identified:</th>
<th>Financial support. General support for concept of family health nursing.</th>
<th>Recruitment of students to new service</th>
<th>Management by Minister. Local physicians need to change perceptions.</th>
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<tr>
<th>Solutions identified:</th>
<th>Sponsors to be sought: religious bodies; Armenian groups in US; seek support from WHO Liaison Officer</th>
<th>More pro-active recruitment</th>
<th>Define role and highlight benefits colleagues/patients. Use evidence from other countries</th>
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<tr>
<th>Education:</th>
<th></th>
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<tr>
<th>Structure of training:</th>
<th>116 community nurses currently funded by World Bank / 10 month FHN training (2003). Some of these will enter pilot study.</th>
<th>Basic 40 weeks with full &amp; part time training options</th>
<th>Full time 3 months in education centre. This covers theoretical training only. Practical training still not clear.</th>
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<tr>
<th>Subjects included:</th>
<th>Fundamentals of nursing/physiology/sociology/inter-personal relations/psychology/management &amp; leadership</th>
<th>As WHO curriculum with adaptation in Espoo only</th>
<th>As WHO curriculum</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Armenia</td>
<td>2. Finland</td>
<td>3. Kyrgyzstan</td>
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<tr>
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<tr>
<td><strong>Education providers:</strong></td>
<td>National Institute for Health</td>
<td>Polytechnics</td>
<td>Basic training by medical vocational schools. FHN training: Continuing Education Institute</td>
</tr>
<tr>
<td></td>
<td>Workshops for FHN trainers employed through FHN Chair at NI Health, qualified FHN teacher</td>
<td>Existing nurse teachers Masters qualification, family nurse experience</td>
<td>10-month course for FHN educator qualification, aided by WHO consultants.</td>
</tr>
<tr>
<td><strong>Educator preparation:</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Practice Assessor preparation?</strong></td>
<td>As above</td>
<td>Workshops on FHN concept/training requirements</td>
<td>Drawn from family medicine programme. Physicians and nurses in primary care centres. Some patient feedback.</td>
</tr>
<tr>
<td><strong>Student assessment:</strong></td>
<td>Commission of representatives of Public &amp; Health Institutions/NGO’s, family medicine specialists/FHNs. 2 phases – practical testing/theoretical examination</td>
<td>Following the existing polytechnic protocols: structured questions; essays prior and during course; practical assessments; portfolios; case studies; feedback from community nurses and possibly families</td>
<td>Situational problem solving. Still require consultancy input with assessment protocols.</td>
</tr>
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<tbody>
<tr>
<td><strong>Reasons for participation in international FHN study:</strong></td>
<td>Previous experience of WHO projects. Strengthening nursing influence. Already have nurses with autonomy (Red Cross).</td>
<td>Doctor support concept. In line with reforms. Regulation underway to support FHN role.</td>
<td>See it as supporting service development</td>
</tr>
<tr>
<td></td>
<td>Yes but interpretation of initial contact and referral by FHNs needs addressing</td>
<td>Yes but some work needed on concept of autonomy. Some medicines are nurse prescribed.</td>
<td>Supporting Munich Declaration. Supported by public.</td>
</tr>
<tr>
<td><strong>Agreement with WHO FHN definition?</strong></td>
<td>Yes but needs more debate</td>
<td>Yes. Have identified training gaps.</td>
<td>Yes but lead doctors find issue with autonomy.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes. Have adapted to meet our needs assessment, with WHO input.</td>
</tr>
<tr>
<td><strong>Agreement with WHO Curriculum?</strong></td>
<td></td>
<td>Yes</td>
<td></td>
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<tr>
<td><strong>Implementation &amp; Planning groups:</strong></td>
<td>(Head) Minister, Chief Nurse, Health Minister, Nursing &amp; Midwifery Assoc. Medical Directors. (Local) Physician, Nurse, Manager, Aid Agency, and Patients.</td>
<td>Directed by Minister. Primary Care head, Minister for Professional Training, Director of Family Medicine. Local group meet weekly.</td>
<td>Minister, Chief Nurse, Minister of Education, Nursing &amp; Midwifery Assoc., Medical Leaders. (Local) 5 senior nurses and Tatjana Gec.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Head: Minister of health. Nursing &amp; Midwifery Assoc., Chair of Family Medical Institute. No local group.</td>
</tr>
<tr>
<td><strong>Funding:</strong></td>
<td>From existing budgets.</td>
<td>State budget for theoretical training in first year of project. No extra to pay FHN salaries.</td>
<td>Both course and student support funded through existing funding through health centres.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Relying on international agencies, Aga Khan Foundation, World Bank.</td>
</tr>
<tr>
<td><strong>Location of pilot sites:</strong></td>
<td>One rural, one urban.</td>
<td>Not yet identified.</td>
<td>Urban - Maribor</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Rural – not yet identified.</td>
</tr>
<tr>
<td><strong>Selection of nurses:</strong></td>
<td>Community nurses (October 2003). Red Cross nurses already have autonomy.</td>
<td>Not yet identified.</td>
<td>21 selected from community nurses.</td>
</tr>
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<td></td>
<td></td>
<td>10 nurses/midwives selected by Chief Doctor in rural areas.</td>
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<tr>
<td>Releasing nurses from current work for training. Especially in rural areas.</td>
<td>Very positive response but ongoing funding not yet clarified. Fieldwork training not funded.</td>
<td>None</td>
<td>Poor equipment in rural areas. Low salaries. Issues relating to autonomy in nursing.</td>
</tr>
</tbody>
</table>

| Solutions identified: | Distance & evening training options | Additional funds to be sought e.g. from employment budgets | None | Requires additional funding. Need to change perceptions of doctors. |


| Education: | | | | |
|-----------------|-----------------|-----------------|-----------------|
| Structure of training: | Distance and evening learning. No formal timescale. Emphasis on community and FHN included in basic training. | 40 week course, but would like one year. | New part-time 1-year university program. | 6-month postgraduate diploma. Aim to have 1-year diploma from 2006. |

| Subjects included: | As WHO curriculum. Needs further discussion with college directors | As WHO curriculum once training needs have been identified. | As WHO curriculum | Adapted to WHO curriculum after needs assessment process. |

| Education providers: | Existing college system, nurse teachers and guest lecturers, clinic nurses. | School of Continuing Education for Nursing (CEU). | University level training | Institute for Postgraduate Training |


| Practice Assessor preparation? | Existing community tutors. Further discussion with college directors. | Assessor currently in health centres, with additional training for FHN course. | As above. | Current staff in clinic to assess FHNs. Post-graduate trainer funded by Chair of Family Medicine. |

| Student assessment: | Theoretical and practical examinations. | Pre and post testing and practical exam. Diploma paper presentation with research and self-evaluation. Tutor feedback. | Each student has a mentor. Assessment is through case studies, essays, examination. | No detail currently available. |
Annex 3

**PRE-WORKSHOP QUESTIONNAIRE: COUNTRY REPORTS ON PROGRESS OF FHN PILOT IMPLEMENTATION**

January 2005

*IMPORTANT. Each country should bring an English translation of the completed report to the workshop*)

The questions below refer to the FHN as defined by WHO in 1998 (refer to FHN definition in Report on 3rd FHN intercountry workshop- October 2003)

1. Name of Country

2. Name of in-country FHN implementation Link Worker co-ordinator

3. Email address of in-country FHN implementation Link Worker/ co-ordinator

4. Have FHN Course teachers been trained?

5. When did the training of FHN teachers begun?

6. How many teachers have been trained to teach the FHN course?

7. When was the first intake of the FHN course?

8. How many FHNs have completed the FHN course?

9. If you have not begun the FHN training what date do you plan to start?

10. What preparations have been made to prepare the service for the introduction of trained FHNs?
Are any trained FHNs already working in the health service in your country?

11. How many trained FHNs are working in the health service in your country?

13. When did the first trained FHN start working in your country?

14. What challenges have you had in your country regarding

14a. Stakeholder commitment?

14b. Starting the FHN training?

14c. Preparing the health service for the introduction of trained FHNs?

15. How have you solved the above challenges?

16  (a new question added in 2004)

If you have made no changes, nor introduced qualified FHNs into the service, nor made progress on the FHN programme, could you explain what barriers you were up against.

(Not more than half a page please)
# Annex 4

## Country Responses to Pre-workshop Questionnaire

<table>
<thead>
<tr>
<th>1. Country</th>
<th>Armenia</th>
<th>Finland</th>
<th>Kyrgyzstan</th>
<th>Lithuania</th>
<th>Portugal</th>
<th>Moldova</th>
<th>Slovenia</th>
<th>Spain</th>
<th>Tajikistan</th>
<th>Scotland</th>
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<tbody>
<tr>
<td>2. Link worker</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Nijole</td>
<td>Antonio</td>
<td>Manuel</td>
<td>Elena</td>
<td>Tatiana</td>
<td>Pilar</td>
<td>Tachmina</td>
</tr>
<tr>
<td>3. Email address</td>
<td>See Participant List Annex 14</td>
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<tr>
<td>4. FHN course Teachers Trained?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>5. Start date FHN Teachers training</td>
<td>Not detailed</td>
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<tr>
<td>6. How many FHN teachers trained</td>
<td>22</td>
<td>3</td>
<td>16+ (82 before 2003)</td>
<td>9</td>
<td>0</td>
<td>20</td>
<td>8</td>
<td>0</td>
<td>25</td>
<td>3+3</td>
</tr>
<tr>
<td>8. How many FHNs qualified?</td>
<td>156</td>
<td>43</td>
<td>In 2005 (WHO course) 2800 (short course)</td>
<td>2005</td>
<td>25 (Similar course)</td>
<td>15 (WHO FHN) 700 short course</td>
<td>850 (Community nurses) 770/850 FHN</td>
<td>FHN not yet (but community role of general nurses)</td>
<td>180 FHN</td>
<td>31</td>
</tr>
<tr>
<td>9. Future training Start date</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>2005?</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>2006?</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>11. Any trained FHNs already working?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>12. How many trained FHNs working?</td>
<td>Not detailed</td>
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<td></td>
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<tr>
<td>Country</td>
<td>Armenia</td>
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<tr>
<td>13. Date of first FHN working in country?</td>
<td>Not detailed</td>
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<td>14 What challenges have there been?</td>
<td>See Challenges, Solutions and Preparation for FHNs 2005: Annex 5.</td>
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Annex 5

CHALLENGES, SOLUTIONS AND PREPARATION FOR FHNs 2005: COUNTRY SUMMARY

Armenia

Challenges:
- lack of legal framework for FHNs;
- insufficient government-level support for nursing generally;
- lack of financial resources and no addition funds;
- lack of awareness or understanding of ‘family medicine’ and ‘family health nursing’;
- misunderstandings among colleagues of FHN role and lack of support from non-nursing professionals;
- inadequate knowledge of evaluation processes for evidence gathering;
- managers are mostly physicians not nurses.

Solutions:
- introduce FHN amendments into the health care laws
- gain support from Minister of Health and international agencies for FHN
- World Bank funding available from 2005
- FHNs promoting change in behaviour and increasing awareness
- promote research work from other countries, encourage national research
- provide better salaries; raise profile of all nurses, including FHNs
- raise public awareness of the role and its importance.

Preparation for FHN Implementation:
- increasing government knowledge about the role
- highlighting the international nature of the study
- raise the profile of nursing (and FHN) among health staff
- prepare physician managers for managing FHNs.

Finland

Challenges:
- recruitment at the beginning
- length of the FHN training course compared with many others
- not all doctors support FHN role; issues e.g. division of work between doctors and nurses
- unclear perceptions of the concept of the FHN and ‘family nursing’.
Solutions:
- two employers recruited students directly, giving crucial support to the programme
- increasing the involvement of physicians in planning the new service developments
- wider discussions about concept of FHN, providing evidence to support the role.

Preparation for FHN Implementation:
- encourage ‘ownership’ by those involved: Directors of Nursing, students, teaching, other health staff, physicians;
- opted to participate in study - proactive approach to new developments;
- encourage student assignments on role development and disseminate these ideas to working community.

**Kyrgyzstan**

Challenges:
- lack of understanding of the FHN role
- absence of clear Terms of Reference
- lack of funding from health budget
- currently limited opportunities for FHNs after their training
- inadequate resources and lack of priority for FHN
- little coordination between education and practice.

Solutions:
- raising awareness through media sources
- develop new Terms of Reference and documents for staff to work from
- identify new sustainable funding opportunities
- build nursing capacity within the health system
- raise profile by active involvement of FHNs in decision-making
- establish a coordination council to manage nursing issues, including education.

Preparation for FHN Implementation:
- prepare Terms of Reference to identify roles and responsibilities of FHN and identify potential ‘added value’;
- disseminate to the media the concept of the ‘family health nurse’.

**Lithuania**

Challenges:
- current regulatory framework is not adapted to FHN activity
- lack of finances for teaching
- duration of FHN course is longer than many others
- still need support from external bodies/consultants
- problems understanding the concept of the FHN.
Solutions:
- implement changes in professional standards to include FHN curriculum into the formal education programme;
- seek additional sources of funding and assistance from other WHO project sites;
- discussion of service and strategy with stakeholders and provision of evidence to support FHN concept.

Preparation for FHN Implementation:
- gaining Ministerial support
- regulatory and legislative changes to accommodate FHN.

**Moldova**

Challenges:
- lack of legislation identifying responsibility of FHNs
- lack of finance
- lack of experience in research, especially nursing research
- problems with training the FHN trainers
- inadequate formal information resources.

Solutions:
- raise profile and legally formalize the FHN role;
- identification of potential resources e.g. SOROS Foundation/CARITAS-Moldova;
- invite assistance from international experts and researchers;
- obtain assistance with FHN trainers e.g. agreement from Danish NGO to provide help with FHN training;
- professional FHN manual published (although information infrastructure not in place).

Preparation for FHN Implementation:
- build the capacity of all nursing speciality, including FHN role
- promote the need for a research agenda across the health system
- make links with international groups.

**Portugal**

Challenges:
- getting government support nationally and health centre support locally
- raising interest from schools of nursing
- adapting the WHO Curriculum
- training the teachers
- encouraging community health activity in family environments
- funding the implementation of the FHN nationally.
Solutions:
- WHO support and disseminate the results of this study to get the necessary support;
- gain commitment from senior nurses;
- focus on FHN training to emphasis the family in community health provide evidence for this approach;
- seek to obtain funding and services strategy based on strong evidence.

Preparation for FHN Implementation:
- raise the national profile of nursing generally
- indicate potential health gains based on available evidence
- involve the existing community nurses and build on this structure.

Scotland

Challenges:
- policy reforms elsewhere, especially in nursing and midwifery, are impacting on developments with FHN;
- introducing the new role within a well established existing system of community nursing, and defining its ‘added value’;
- developing the necessary education and support infrastructure;
- sustaining the role after training phase, providing sustainability.

Solutions:
- ensuring nurses are at the heart of the policy reforms;
- gaining commitment from Chief Nursing Officer and forming partnerships with education and service communities;
- articulating aspects of difference and value of the FHN through in-country/intercountry evidence quality assurance processes;
- provision of mentoring support in practice;
- challenging pre-conceived ideas and emphasizing that this is a new role not a replacement role, developing change management practices;
- continuing the FHN support arrangements after the end of the training period.

Preparation for FHN Implementation:
- provide a project website, conduct road shows and disseminate activity through conferences, publications etc;
- implementation group, chaired by the Chief Nursing Officer, includes educators, practitioners, other health professionals and community health councils;
- local groups are chaired by senior nurses;
- development of a joint community and workforce engagement strategy to provide information and promote partnerships.
**Slovenia**

Challenges:
- recruiting the required number of nurses
- providing definitive concept of FHN
- impacts on the Higher education system
- financial implications of a new system
- obtaining the necessary levels of cooperation between all parties (both in-country and for intercountry study).

Solutions:
- dissemination of information to community nurses to encourage applications
- highlighting the focal role of FHN, based on available evidence
- emphasis on higher education demands of role and high level of knowledge & expertise
- share experiences with others, especially international experience
- prepare unify guidelines and principles.

Preparation for FHN Implementation:
- needed to develop specialized education programme in advance
- ensure supporting legislation and identify evidence to support implementations.

**Spain**

Did not provide details as no plans to implement yet

**Tajikistan**

Challenges:
- lack of inter-sectoral cooperation and support from doctors and other professionals
- poor coordination with stakeholders
- lack of understanding of FHN concept within community, and by educators
- insufficient information and learning resources on nursing issues
- legal and regulatory frameworks do not support nursing sufficiently and this will impact on FHN development.

Solutions:
- increase the involvement of all stakeholders in developments
- develop a clear definition of the FHN role
- establish coordination council to support developments in nursing
- increase public awareness and provide evidence
- train more nurse teachers and developing teaching resources
- identify funding to enable research infrastructure development, e.g. from NGOs.
- set up a working group to develop new the regulatory framework, encompassing the FHN role.
Preparation for FHN Implementation:

- establish pilot sites with WHO/World Bank support
- establish Family Health Ambulatories to provide community services
- change legal framework to promote nursing
- mentorship training scheme established at national nursing centre
- information resources centre for nursing established
- nursing administration infrastructure developed in hospitals.
Annex 6

THE INTERCOUNTRY STUDY TIMETABLE FOR EVALUATION PROTOCOL

The Research Link Person (who is likely to be the FHN Co-ordinator) will be responsible for distributing, collecting in and returning, the Standard Questionnaire and the Four Detachable Parts of the Comprehensive Questionnaire according to the data collection schedule.

The Plan and Timetable for Testing the Evaluation Protocol in (Country name)

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>2003/2004</th>
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<tbody>
<tr>
<td>Co-ordinator received tools from WHO researchers</td>
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<tr>
<td>Distribution of Standard and Comprehensive Questionnaires</td>
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<tr>
<td>Interim return deadline for standard and comprehensive questionnaires</td>
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<tr>
<td>Follow up of delayed returns</td>
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<tr>
<td>Final return deadline for standard and comprehensive questionnaires to FHN Co-ordinator</td>
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<tr>
<td>Preparation and dispatch of final report</td>
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Annex 7

THE DATA COLLECTION SCHEDULE FOR THE COMPREHENSIVE QUESTIONNAIRE

(FHN Coordinator completes and returns with the completed questionnaires)

<table>
<thead>
<tr>
<th>PART</th>
<th>TITLE</th>
<th>SUGGESTED RESPONDENTS (Please complete names with contact number or email of actual respondents in this column)</th>
<th>Date Sent Out</th>
<th>Date Followed up</th>
<th>Date Returned</th>
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<tbody>
<tr>
<td><strong>ONE</strong></td>
<td>The FHN Project</td>
<td>Suggested - FHN Co-ordinator</td>
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</tr>
<tr>
<td>Category 1</td>
<td>Organization of FHN</td>
<td>Actual respondent/s:</td>
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</tr>
<tr>
<td>Category 2</td>
<td>Introduction of FHN</td>
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<tr>
<td><strong>TWO</strong></td>
<td>General Information</td>
<td>Suggested - Senior management</td>
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<tr>
<td>Category 3</td>
<td>Country Information Policy</td>
<td>Government Health Department</td>
<td></td>
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<tr>
<td>Category 4</td>
<td>Policy Context</td>
<td>Actual respondents:</td>
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<td>Nursing Preparation</td>
<td>Suggested - Senior management</td>
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<tr>
<td>Category 6</td>
<td>Midwifery</td>
<td>Government Health Department</td>
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<tr>
<td>Category 7</td>
<td>The Health System</td>
<td>Actual respondents:</td>
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<tr>
<td>Category 8</td>
<td>Community Health Nursing (not FHN)</td>
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<td>Category 9</td>
<td>Equity and Access</td>
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<td><strong>THREE</strong></td>
<td>Education of FHN</td>
<td>Suggested- FHN Academic Institutions</td>
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<td>Category 10</td>
<td>Educational Preparation</td>
<td>Actual respondents:</td>
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<tr>
<td><strong>FOUR</strong></td>
<td>FHN Practice</td>
<td>Suggested- Director of Nursing / Community team</td>
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<tr>
<td>Category 11</td>
<td>Work of FHN</td>
<td>Actual respondents</td>
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<tr>
<td>Category 12</td>
<td>Changes to the health system</td>
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<tr>
<td>Category 13</td>
<td>FHN Effectiveness</td>
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**Annex 8**

**THE DATA COLLECTION SCHEDULE FOR THE STANDARD QUESTIONNAIRE**
(FHN Co-ordinator to complete and return with completed questionnaires)

<table>
<thead>
<tr>
<th>SUGGESTED RESPONDENTS – Please complete names with contact number or email of actual respondents in column.</th>
<th>Date Sent</th>
<th>Date Followed-up</th>
<th>Date Returned</th>
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<tbody>
<tr>
<td>FHN Co-ordinator</td>
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<tr>
<td>Chief Nursing Officer for Country</td>
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<tr>
<td>Chief Nursing Education Officer for Country</td>
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<tr>
<td>Director of Education for FHN Training <strong>NB syllabus required</strong></td>
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<tr>
<td>Director(s) of other relevant Health Services Development and Co-ordination Offices.</td>
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<tr>
<td><strong>Director of Nursing at Site (1)</strong> (X number standard Questionnaires for FHNs/local stakeholders plus one for DoN)</td>
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<tr>
<td><strong>Director of Nursing at Site (2)</strong> (X number standard Questionnaires for FHNs/local stakeholders plus one for DoN) <strong>(and so on for each site....)</strong></td>
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Annex 9

THE DATA COLLECTION SCHEDULE FOR THE STANDARD QUESTIONNAIRE

(Directors of Nursing to complete and return to FHN co-ordinator with completed questionnaires)

<table>
<thead>
<tr>
<th>SUGGESTED RESPONDENTS –</th>
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<td>Please complete names with contact number or email of actual respondents for each site.</td>
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<tr>
<td>Date Sent</td>
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<table>
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<th>FHN (2)</th>
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<table>
<thead>
<tr>
<th>FHN (3) (and for all FHNs completing)</th>
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<table>
<thead>
<tr>
<th>General Practitioner or equivalent</th>
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<th>Local Stakeholder (1)</th>
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<table>
<thead>
<tr>
<th>Local Stakeholder (2)</th>
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<table>
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<tr>
<th>Local Stakeholder (3)</th>
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(Actual numbers and respondents will be dependant on local circumstances)
Annex 10

POWERPOINT PRESENTATION 1: THE SCOTTISH EXPERIENCE

Curriculum Development, Ian Murray

Family Health Nursing

The WHO Family Health Nurse
Multi National Study
and the
FHN Programme
at the
University of Stirling
WHO Curriculum

- Devised by WHO Europe Nursing & Midwifery Expert Group
- Post-registration 40 week modular programme
- Family Health Nurse’s preparation for the role as defined in Health 21
- Competency and research based
- Combination of theory and fieldwork

The WHO curriculum paper identifies the Family Health Nurse as a nurse who is a:

- care provider
- decision-maker
- communicator
- community
- leader manager
SEHD (2001) Identifies the potential role as:

- A skilled generalist role who is the first point of contact with the knowledge to refer on to specialists if required.

- A practitioner whose model is health rather than illness, taking a lead role in preventing illness and promoting health as well as caring for those people who are ill and require nursing care.

- A role founded on the principle of caring for families rather than just individuals within them.

Statutory Requirements

- Nursing and Midwifery Council
  - UKCC/NMC
  - Standards for professional practice
    - Content of course
    - Length of course
    - Theory and practice balance
      - 50:50
**External Evaluation from Original Pilot**

- The programme structure should be amended to enable APL for those students who undertake the course and are already qualified Community Nurse.
- There should be a generic community module at the start of the programme to facilitate credit exemption and closer articulation with the NMC Standards for Specialist Practice.
- The use of the OSCE assessment within semester two did not adequately address the assessment requirements of NM76 (Advanced Family Health nursing) and that this module required further development and closer articulation between content and assessment.
- Preparation of Mentors should be addressed to ensure that adequate support mechanisms are in place.

**External Evaluation**

- Students identified communication skills, family health assessment and health promotion skills as the most valuable skills they had learned from the previous programme.

- The mixed mode of learning with campus based sessions and the use of online distance learning was seen to be a key element of the programme.

- Family systems theory, communication, IT skills and research were highlighted by students as key elements of content.
Phase-two programme 2003/4

- NHS Education for Scotland
  - Competency framework
    In undertaking this work a panel of experts was put together by NES, which included a significant contribution from those FHNs who had undertaken the original programme.

This steering group considered a wide range of resources such as the WHO Competencies for Family Health Nursing; the International Council of Nurses (ICN) Framework and Competencies for the Family Nurse (2003); the NMC Standards for Specialist Practice (UKCC, 2001) and the Evaluation of the first phase of the SEHD FHN pilot (Macduff and West, 2003).
Programme of Study 2004

The programme was offered at Stirling Campus and required the successful completion of six degree level modules. Each credit is equivalent to 22 SHE Points.

- NM77 Research, Decision-Making and Evaluation in Clinical Practice (Practice Frameworks) 2 credits
- NM72 Working with Families in the Community 1 credit
- NM75 Communication 1 credit
- NM76 Principles and Practice of Family Health Nursing 2 credits

Semester One:
Research, Decision-Making and Evaluation in Clinical Practice (Practice Frameworks)

- Research methodologies
- Policy development and implementation
- Searching for best evidence
- Decision making in practice
- Clinical problem solving
- Epidemiology
- Ethical issues in Family Health Nursing
- Leadership
Semester Two:
Working with Families in the Community

Definitions of the family
Conceptual framework of family nursing related theory
Family systems theory
Models of care
Calgary family assessment and interventions models
Families in transition
Developmental family life cycle
Professional and organisational characteristics of care in the community
Health development models and models of behavioural change
Genetics and inter-generational effects
Crisis and coping
Team working in the community and Inter-agency working
Legal and ethical issues
Public health issues
WHO and Health 21

Semester Two:
Communication

Communication skills
Record keeping
Relationship building
Counselling
Family systems and dynamics
Family communication patterns
Empathy
Family diagnosis and intervention
Semester Three:
Principles and Practice of Family Health Nursing

- FHN role boundary.
- Community development & public health.
- Inclusive practice.
- Evidence-based clinical practice in family health nursing.
- Pre-conceptual care, the child, the young adult, the adult and the older person.
- Societal context of families (including barriers, socio-economic factors, urban factors, politics, etc.).
- Understanding the principles of lifestyle and behaviour change.
- Understanding the experience of families in relation to the social, psychological, physical and economical impact of illness.
- Therapeutic interventions with families involving a case study approach within the context of evidence-based practice.
- Understanding and working with families at risk.

Theoretical Assessment

- Semester One
  - Research Critique
  - Policy Analysis
- Semester Two
  - Student led seminar
  - Case Study
  - Examination
  - Video-taped interaction and analysis
- Semester Three
  - Annotated case reports
  - Systematic review of cases
  - Evidence-based portfolio
Practice Assessment

- Competency based
- Evidence based
- Supervisor evaluation

Mentor Preparation

• Experienced community nurses

• Specific FHN mentorship training
  - Principles of supporting and assessing in practice
  - FHN role and WHO project etc.

• Mentor/Nurse teacher meetings every semester
WebCT

- WebCT proved to be a crucial element of the original programme. Students used the communication tools extensively and in particular those more remote students found it invaluable.
- Each module of the Programme has a dedicated area where learning resources will be available. WebCT will also be used to support learning in practice and to bridge the theory/practice experiences throughout the Programme.
- Designated discussion boards will facilitate both student-tutor and student-student learning, in theory and practice settings.

The Student Experience

'The reflective diary is a very useful learning tool and one which I hope will be maintained throughout my future nursing career.'

'Reflection for me has been a way forward and has assisted me to look at the situations and critically analyse various situations where a scenario could have been avoided or improved upon.'
The Student Experience

‘The WebCT has been a godsend………to have contact with the other students was all that kept me going’

‘I can really see the need for the change in community nursing and I hope that family health nursing is one of the ways forward’

‘I’m enjoying working with families and it’s good to see the effect of the change in perspective from ill health and illness to health and lifestyle and the way the families respond to my intervention’

The Student Experience

‘The course has prepared me well for my future role and I plan to continue with evidence-based practice and encourage my colleagues to do the same’

‘Distance learning is an isolating experience, but accessing the email and chat-room was an important way to communicate with colleagues and tutors and the support and reassurance received was invaluable’
Conclusions

Introduction of the Family Health Nurse has challenged the existing roles and functions of all team members and all will need to adapt if comprehensive health care is to be provided in both rural and urban settings over the coming decades.

• The education programme has proved to be fit for purpose and what we have learned from this experience enables us to contribute further to the development of the FHN role both here and with our European colleagues.
Annex 11

PowerPoint Presentation 2: The Scottish Experience

Family Health Nursing: Collette MacKenzie and Ann Macleod, Achiltibuie, Scotland

Family Health Nursing

Collette MacKenzie and Anne Macleod

Achiltibuie

Nurses Base Achiltibuie

Ullapool - 25 miles
GPs
HV
CPN
Dentist
Social Services
Chemist

Inverness - 80 miles
What is a Family Health Nurse?

- Multi-faceted. Duties determined by family/community needs.
- Skilled, generalist community nurse
- First point of contact.
- Combine elements of illness prevention, detection and management, alongside clinical nursing input.

What we hope to achieve

- Promote family centred care.
- Develop life-long, professional relationships with our communities.
- To develop flexible and creative practice models.
- Promote interdisciplinary care
- To inform nurse education and practice
Working in Achiltibuie

- Caseload - Community
- All stages of the family life cycle
- Wide range of reasons
- Individuals, Families, Groups

Referrals

- Self referrals
- GPs
- Hospital
- Health visitor
- Community Psychiatric nurses
- Social workers
- Others
Case study Genogram

Skills

- Screening
- Facilitating
- Teaching
- Resource
- Monitoring
- Empowering
Community work

- Healthy living
- Exercise
- Weight management
- Yoga
- Belly dancing
- First aid
- Drop in

What next

- Reflect and review
- Community profiles
- Men's health
- Exercise classes
- Documentation
Annex 12

POWERPOINT PRESENTATION 3: THE SCOTTISH EXPERIENCE

Family Health Nurse Project: Practice Development Facilitator, Charlotte Dickson

Family Health Nurse Project
Practice Development Facilitator

Job Purpose

- To facilitate the second phase of the Family Health Nurse project through supporting and enabling changes in practice within local teams in order to develop the full potential of the role

- To actively participate in the national research project involving all pilot areas, which ensures that learning is shared and used to inform future developments
WHY?

- So easy to fall back into old ways of practice.
- Progress was taking place, but it was fragmented.
- Staff shortages, agendas for change and new policies all added to uncertainties.
- Research recommendations (October 2003) stated that “Planned development should be facilitated with those primary health care teams that include a Family Health Nurse in order that the role can be better understood and developed to respond to the needs of local communities”.

WHO?

- 3 Family Health Nurse Practice Facilitators
- Sharing activities with the urban pilot.
- Overseen by the Project officer.
WHERE?

- Facilitators covering all the pilot sites.
- Scottish Highlands, Lomond & Argyll
- Western Isles.
- Orkney

WHEN?

- Practice Facilitators appointed December 2003 (18 month contract)
- First year returned to practice January 2002 (11)
- Second year returned to practice January 2003 (20)
- Research Report October 2003
- Comparisons can be made between the first and second cohorts.
**HOW?**

- National Implementation Group.
- Local Implementation Group in each pilot NHS Board area.
- Facilitator meets monthly with all FHNs at a central location.
- Planned development with primary health care teams that include a FHN
- Action Plans
- Record of all meetings kept.

**Results so far**

- Planned facilitation, supported by the Project Officer and workshops with the other practice facilitators has kept everyone focused.
- All teams are engaged in practice review and redesign.
- Progress varies within teams and locations
- Mainly slow build with high potential
- Bold build pattern is emerging in some areas
## Annex 13

### WHO Europe FHN Implementation Pilot Intercountry Evaluation Timetable

As agreed by participants at Glasgow Workshop, January 2005

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>Jan</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
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<td>WHO Europe send to Researchers</td>
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Annex 14

LIST OF PARTICIPANTS

Armenia

Ms Nora Pahlevanyan
Government Chief Nurse
Chief specialist of the PHC Unit
Dept. of Organization of Health Services
Ministry of Health
Republic Square, 3rd Government Building
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