

The Family and Community Nurse Core Competencies: integration of European standards into the Italian context.

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Abstract. *Background and aim:* The SARS-Cov-2 pandemic restored the policy-makers' attention on Primary Care essentiality and highlighted the relevance of Family and Community Nurses (FCNs), in order to ensure the proactive interception of individuals, families and community needs. In Italy, the FCN' role was officially introduced in 2020. Starting from the Position Statement on Family and Community Nurses of the Italian Nursing Order, the guidelines of FNC proposal were written. The ENhANCE (EuropeaN curriculum for fAmily aNd Community nursE) project defined a standardized professional profile of the FCNs, based on specific Core Competencies. The aim of this work was to investigate and integrate the differences between the two profiles. *Methods:* In order to carry out this comparison, these competencies were compared and integrated with those identified by the Tuning model (TM), which identifies the knowledge, the skills and the attitudes that all newly graduated nurses must have acquired at the end of their education programme. *Results and conclusions:* Nine of the eleven Italian competencies are included among the twenty-eight competencies of ENhANCE as well as two of three competencies selected in the TM. The benchmark produced a list of 30 competencies which integrate the European and the Italian profiles, with the aim of applying them in an educational setting thanks to the Tuning Model. This comparison makes possible to develop specific and standardized educational program. (www.actabiomedica.it)

Key words: Family Nurse, Community Nurse, Core Competence, ENhANCE project, Tuning model.

Introduction

The SARS-Cov-2 pandemic restored the attention of public opinion and policy makers on Primary Care essentiality and on the need to implement the Family and Community Nurse (FCN), in order to ensure the early and proactive identification of individuals, families and community needs. "The family health nurse - Context, conceptual framework and curriculum"(1) document, developed by WHO in 2000, stated that the FCN supports people and families to face chronic diseases and disabilities, or during periods of acute stress, spending most of his work in patients' homes with their families, providing them assistance and recommendations on healthy lifestyles

and behavioral risk factors. Through proactive care, the FCN can detect health issues at an early stage, identify the effects of socio-economic factors on family well-being and direct members towards the most appropriate care pathway. The FCN can facilitate the early patient's discharge providing home nursing care, and facilitate the communication between families and General Practitioners (GPs), working when the identified needs are most relevant to nursing competence (1). The "Health21" document (2) states that families are the basic functional unit of society, and that FCNs have to deal not only with patients' health problems, but also assess the psychological and social aspects of their condition, knowing the patients' environment, family conditions, work and network.

The FCNs' profile in Italy

The historical evolution of FCN in Italy began in 1924, with the "Visitor Health Assistants' Schools", nurses specialized in hygiene and social care for the population in urban and rural environments (3), and forerunners of Family and Community Nurses. The European Agreement of Strasbourg on nurses' education and training introduced new themes such as health education, public health and preventive medicine, occupational medicine and hygiene, home care and humanities. The European Agreement was ratified by Italian law in 1973 (4). Specialized post-basic nursing education in public health area was progressively introduced with The European Council Recommendation No. R (83) 5 (5), the Legislative Decree 1992, no. 502 (6) and the Decree 1994, n. 739 (7).

After the publication of "Health21" document (2), despite missing a national regulatory reference, the Family and Community Nursing began to be included in university programs. At the same time, were formulated hypotheses of application of the figure, and carried out some pilot implementations of the FCN in local contexts (8).

Only in 2012 the Italian government began to lay the regulatory basis for FCN definition with the Decree-Law n° 158 (9), which included nurses in many primary healthcare sections. Then, thanks to the Health Pact 2019-2021, FCN has to work with GPs, pediatricians, outpatient specialists and pharmacists, in order to ensure a complete and integrated citizens care (10).

As a result of the SARS-Cov-2 pandemic, in 2020 the FCN figure was introduced to strengthen nursing services. Starting from the Position Statement on Family and Community Nurses of the Italian Nursing Order, the guidelines of FNC proposal were written in collaboration with the Family and Community Nurses' Italian Association. The skills required for Family and Community Nurses have to be clinical, communicative and relational; the FCN should have the ability to read epidemiological data and the system-context, knowing the health and social services network, in order to activate horizontal and vertical integration actions between services and professionals (13).

The FCNs' competencies: lessons from Europe

In Europe, the ENhANCE project (European curriculum for family and Community nurse), part of the ERASMUS+ funding program for European universities implemented by the European Commission (Action KA2 - Lot 2 Sector Skills Alliance for design and delivery of VET - Contract number 2017-2976/001-001), has defined a standardized professional profile of the FCNs, based on specific Core Competencies which was the starting point for the definition of a modular, innovative and results-oriented European education and training curriculum (14). A 3-round Delphi study was conducted for the definition of the competencies, involving 23 European experts in Family and Community Nursing. In order to define the profile, the experts have been provided with the 17 Core Competencies drawn from "The family health nurse context, conceptual framework and curriculum" (1) and with the 9 Core Competencies drawn by "A Framework for Community Health Nursing Education" (15). At the end of the rounds, a Professional Profile, composed of 28 Core Competencies, was developed (14).

The Position Statement prepared by the Italian Nursing Order outlines 11 Core Competencies (12).

The Tuning Model, supported by the European Commission through the Erasmus-Socrates and Tempus programs, defines the European reference framework for study programs of each university cycle. This model identifies the knowledge, skills and attitudes that all newly graduated nurses should have acquired at the end of their educational program. Moreover, the Tuning Project Nursing identifies 47 competencies, divided into 6 macro-areas (Bulgarelli et al., 2020); the learning outcomes for each of the 47 competencies have been defined, and discussed in order to make every single professional competence explicit and related to the most prevailing and pertinent Dublin descriptor. Every learning outcome was assigned a score: those that could be fully achieved at bachelor level and those that could be achieved with post-basic education course. In our context, the "Definition of Learning Outcomes according to the Tuning Model of the three-year graduate in Nursing of the Emilia Romagna Region University" (2016) document contains some learning outcomes that may relate with the Family and Community Nurse profile. (19)

The aim of this article is to investigate and integrate the differences between the Italian and European curriculum of the FCNs' Core Competencies.

Methods

The 11 Core Competencies expressed by the Position Statement of the Italian Nursing Order were compared with the 28 proposed by Enhance and integrated with 3 competencies identified in the Tuning Model (16) attributed to post-basic courses. The assessment of the competencies has been carried out through the comparison of the semantic contents of each Core Competence expressed by the three agencies, and through the subsequent association of content affinity.

Results

The analysis showed that 9 of the 11 competencies proposed by the Italian Nursing Order (table 1) are included among 27 of the 28 competencies of ENhANCE, as well as 2 of the 3 competencies identified in the Tuning Model. However, the third competence of Tuning encloses and expands the competence n°16 of the ENhANCE project. The result of this benchmark is a list of 30 competencies, which integrates the European profile and the national one with the aim of applying them in an educational setting thanks to the Tuning Model.

Discussion

The ENhANCE Project provides a more detailed list of Core Competencies than those developed by other institutions and incorporates most of them. However, the Italian Nursing Order adds two competencies omitted by ENhANCE. The first one is "Development of health education in schools, also in the perspective of a safe environment" and integrates and overlaps the FCN with the School Nurse role; a reason for that could be found in the complicated implementation of both these roles in Italian context, both historically and nowadays (20). The second one, "Research areas and problems definition", represents a more general competence not closely

related to the FCN, but in an accountability perspective it is oriented to identify and document new potential Nursing Sensitive Outcomes in primary care context, which are still being defined. The third Tunings' competence "Demonstrates the ability to educate, support, facilitate, encourage and promote the health, well-being and comfort of the population, communities, groups and individuals whose lives are affected by health, distress, illness, disability or death" can be however superimposable to the n°16 ENhANCEs' competence, "Provide patient education and build a therapeutic relationship with patients and their families", not exactly in the enunciation of competence itself, but as correspondent learning outcome and in its declination in personal and transversal knowledge, skills and competencies. The Tuning model statement, "providing education to the patient", goes through the ability of the nurse to be an educator, a counselor, a facilitator and a coach. According to authors, the competence identified by Tuning Model can better express these concepts, replacing the competence n° 16 of ENhANCE. It is also remarkable that the correspondent learning outcomes of Tuning (19) require the elaboration of educational projects and planning, and organization of informative and educational interventions. The main outcome of those activities should be to gain skills on individuals, families and communities' education (Scalorbi, 2012) emphasizing the planning necessary to carry out education for individuals, families and communities (8). This cross-cutting aspect can be considered as an essential skill required to work effectively in a Family and Community setting.

Conclusions

The results of this benchmark show the Core Competencies that have to be acquired by the FCN curriculum, that collects the skills identified by the ENhANCE project, and that respect indications of Italian Nursing Order and Tuning Model. This result would make possible to develop professional educational projects in Italian universities, in order to standardize and optimize the grounding process in the national context.

Conflict of Interest: None

Table 1. Core Competencies FCN Curriculum

1	Identify and assess the health status and health needs of individuals and families within the context of their cultures and communities.
2	Plan, implement and assess nursing care to meet the needs of individuals, families, and the community within their scope of competence.
3	Multidimensional community health needs assessment to implement appropriate clinical interventions and care management.
4	Assess the social, cultural, and economical context of patients and their families
5	Make decisions based on professional ethical standards.
6	Involve individuals and families in decision-making concerning health promotion, and disease and injuries prevention, and wellbeing.
7	Development of nurse leadership and decision-making skills to ensure clinical and healthcare effectiveness and appropriateness.
8	Ability to negotiate healthcare with patients and their families, with the multidisciplinary team and healthcare centers.
9	Enhance and promote health and prevent disease and injuries in individuals, families and communities even focusing on inequities and unique needs of subpopulations.
10	Apply education strategies to promote health and safety of individuals and families.
11	Demonstrates the ability to educate, support, facilitate, encourage and promote the health, well-being and comfort of the population, communities, groups and individuals, whose lives are affected by the state of health, distress, illness, disable or death.
12	Analytic assessment, cultural competence, program planning, and community dimensions of practice to pursue community health promotion goals together with the community multidisciplinary team.
13	Leadership and development, implementation and evaluation of policies for the family and the community for purposes of health promotion.
14	Mentoring students to promote the health, and prevent disease and injuries and wellbeing of individuals and their families and communities.
15	Communication competencies based on evidence in relation to a specific context
16	Maintain intra-professional and inter-professional relationships and a supportive role with colleagues to ensure that professional standards are met.
17	Coordinate and be accountable for attributing community healthcare activities to support workers.
18	Participate in the prioritization of activities of the multidisciplinary team to address problems related to health and illness.
19	Manage change and act as agents for change to improve family and community nursing practice.
20	Managing disparity and diversity and fostering inclusiveness.
21	Work together with the multidisciplinary team to prevent diseases and to promote and maintain health.
22	Accountability for the outcomes of nursing care in individuals, families and the community.
23	Systematically document and evaluate their own practice.
24	Set standards and evaluate the outcomes related to nursing activities in people's homes and in the community.
25	Use the best scientific evidence available.
26	Monitoring people affected by chronic and rare illnesses on one community in collaboration with other members of the multidisciplinary team.
27	Alleviate patient suffering even during end of life.
28	Health promotion, education, treatment and monitoring supported by of ICTs (e-Health).
29	Development of health education in the school environment, also with a view to a safe environment.
30	Defining of research areas and problems.

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