

ADVENTURE INTO OUTPOST NURSING

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"OUTPOST NURSING? — and what does that mean?" This term is indeed a familiar one to me now as it seems to have become part of my regular conversation in the past year. For each of us, it probably has a slightly different connotation depending on our understanding of and association with it; and perhaps it even provokes a certain sense of wonder. From the viewpoint of a student enrolled in the Outpost Nursing Program, let me consider its implications here at Dalhousie.

Last September, five adventurous souls set out to become pioneers in the first class in Outpost Nursing at Dalhousie University. We came here from all parts of our vast country—British Columbia, Alberta, Ontario and New Brunswick each with a couple years of nursing experience behind us—from nursing in Eskimo communities in Alaska and the Northwest Territories, International Grenfell communities in Newfoundland to nursing in large metropolises like Kingston, Ontario and Montreal, Quebec.

It is likely this adventurous spirit made us interested in a new program designed to prepare nurses for work in our Canadian North. The idea of such a course was born some years ago as people became aware of the health needs of our Northland. In a special report, "Medical Education in Canada", prepared for the Royal Commission on Health Services in 1964, special mention was made of the northern nurse, the vital role that she plays and her need for special training. Two schools of Outpost Nursing — one in the East and one in the West — were recommended.

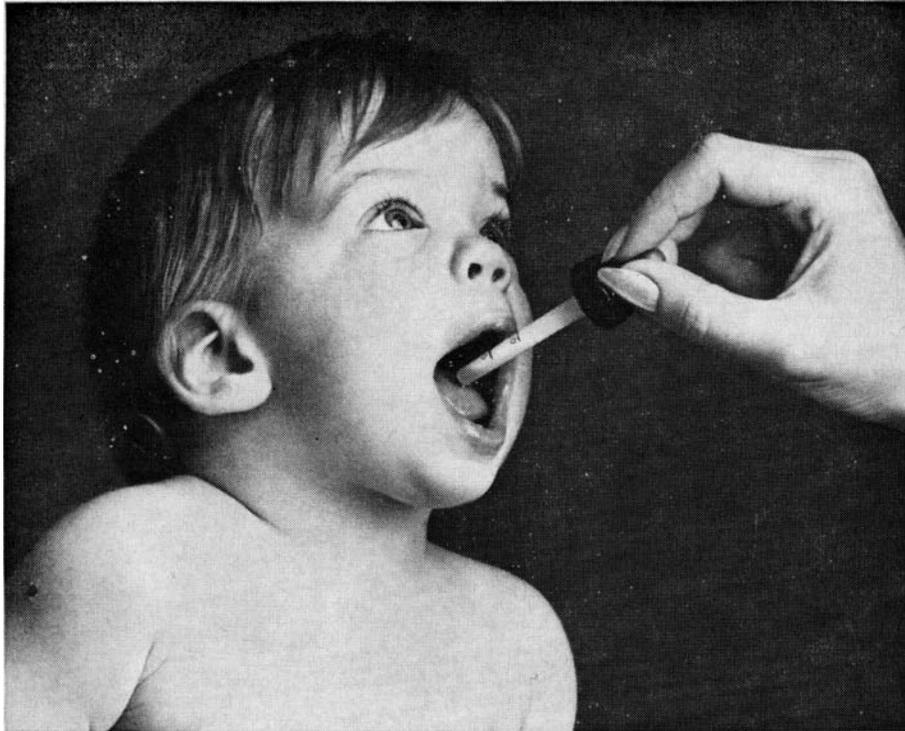
Dr. Robert Dickson, Professor of Medicine at Dalhousie Medical School, was among those who travelled and observed medical services in the North and noted that nurses working in the "outposts" were functioning in a capacity that is beyond that for which their education prepares them. Because Dr. Dickson was instrumental in establishing the

recommended program at Dalhousie, we have named him the "Father of Outpost Nursing". Recognizing the lack of Canadian trained personnel and the inadequacy of nurses' education anywhere for work in this setting, Dalhousie University began making plans for a program "to prepare nurses for positions in remote areas of northern Canada where medical care by resident doctors is not continuously available".

Let us picture a setting in an area just described. We are hundreds of miles from the hospital and a doctor. We are at a nursing station which is among several located like satellites in communities around the regional hospital. The doctor is as near as the nearest radio-telephone. It's the next best thing to having him here when one of the local fishermen arrives gasping on our doorstep. He complains of acute chest pain which began suddenly as he was pulling in his nets. He is very obviously dyspneic and we notice that his color is now closely matching that of his blue coveralls. We are confronted not only with this apprehensive patient demanding that the nurse do something for him but also see the man's family and fellow fishermen waiting expectantly for us to do something.

Then picture the scene when we are called to the next village to see a patient who is apparently twelve weeks pregnant but has begun to bleed. By the time we manage to get transportation over, we find a young woman obviously in shock and continuing to hemorrhage.—

The nurse in any nursing station must be prepared to treat her patients with her training limited especially in the field of medical diagnosis and management. She can consult with the doctor by radio-telephone and can have her patients transferred to hospital when necessary—only of course, if their condition is good enough to withstand travel, if transportation is available **and** if weather is permissible. Mean-



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while, she must do the best she can in the situation.

The station nurse's responsibilities involve more than her inpatient service. Operating the one health center for her community, she holds regular outpatient clinics where she treats innumerable upper respiratory infections, genital urinary infections (both prevalent problems in this setting) and other conditions that a general practitioner may see in his office any day. The public health program may be part of her responsibility too so she must find time for home and school visits and keeping immunizations up to date.

Because of the vastness and distances between the settlements and the hospital, routine deliveries are done in the nursing station. High risk patients are sent into hospital for delivery. This introduces a whole new field in which the station nurse must have training—that of midwifery. For this reason, if you were to visit Nursing stations across Canada, you would meet nurses from other parts of the world, particularly Britain where midwifery is made available as part of the nurse's education. Since most stations are staffed by two nurses, the Canadian government stations are often arranged so that one nurse with midwifery background and another with public health preparation work together as a team.

In the past, no provision, except for a five month course in advanced obstetrics offered at the University of Alberta, has been made in Canada to give Canadian nurses adequate preparation to work in these remote areas as midwives. Thus, the Outpost Nursing Program at Dalhousie is the first in Canada to train midwives and the first in the world (so I'm told) to prepare nurses for work in the "outpost".

Initial planning for the program had been going on for a few years before we arrived as the first class. Miss Ruth May, a qualified midwife having done her training with the Frontier Nursing Service in Kentucky and with several years of experience in an International Grenfell Association nursing station in Labrador, joined the staff of Dalhousie School of Nursing as lecturer in Outpost Nursing. She and other members of the faculty at Dalhousie particularly Miss McLennan, Director of Nursing, and Dr. R. M. McDonald, Dean of Health Professions, have spent much time in planning with the Department of National Health and Welfare of the Canadian government and the International Grenfell Association (IGA). It was through

the interest, enthusiasm and cooperation of these people who are all aware of the need for and optimistic about the future of this program that the way was cleared for the first class of Outpost Nursing to begin in September, 1967. That's where I came in.

The program lasts for two years—the first year is spent in the university setting at Dalhousie; the second year consists of field work and is actually an internship in the North. At the end of the two years, a diploma in Public Health Nursing and another in Outpost Nursing is to be awarded.

The first year proved to be one full of varied and challenging experiences. Being in the unique role of the first nurses to be officially taught to do histories, physical examinations, make diagnoses and plan management called for many adjustments in our thinking as nurses.

Medicine was the first big area of study that we tackled. Under the instruction of Dr. B. Badley and his colleagues, we learned through bedside teaching and correlated classroom sessions with how to diagnose and treat basic medical conditions.

We will all remember well our first attempts at inspection, palpation, percussion and auscultation, and we are thankful for the patience of our tutors. Those weaker, nervous moments when we looked for the liver on the left side of the abdomen, or when we couldn't hear a single breath sound (Was the man really breathing?) only to discover that the stethoscope was reversed, certainly add to our memories. Then, of course, there were those clinical sessions with the fourth year students when we received extra tips on how to survive in the Far North. (I don't believe we'll ever eat polar bear liver, fellas!)

The remainder of our time in the first term was spent primarily in classes with the public health nursing students in preparation for our public health responsibilities. Principles of Public Health Nursing, Principles of Teaching and Learning, Mental Health, Nutrition and Biostatistics were all part of the curriculum.

We were introduced to the work of the Lab, technician as we spent hours pricking each other's fingers, pipetting and adjusting microscopes in our efforts to learn to do white blood counts, hemoglobins, sed. rates and urinalysis. Again we appreciated the patience of our instructors!

Our return to Dalhousie after Christmas marked the beginning of more individual ex-

periences. We were split into two groups as our next six months was divided into two blocks each three months long.

Three of us began with our pediatric experience under Dr. Patel's direction at the Children's Hospital. We spent time at lectures, in clinic, on the wards and patient rounds. Special emphasis was placed on pediatric problems especially common in the North such as recurrent URI, meningitis and diarrhea.

During these six weeks, we spent one morning each week with the Halifax Branch of the Victorian Order of Nurses. We were introduced to home nursing and the role of the VON nurse as we made home visits and saw the patient as part of a family in his home environment.

The second part of this block was spent in surgery when discussions with Dr. McLeod correlated the signs and symptoms we'd observed in patients seen on the wards, in clinic and the emergency department of the Victoria General Hospital with common conditions requiring surgical management such as the acute abdomen, multiple injuries and burns. Some hours were spent in emergency observing and waiting for opportunities to practise our suturing techniques. Teaching sessions with Dr. Konsari in Urology and with Dr. Forgie in Ophthalmology made the block complete.

Some special lectures on T.B., another prevalent medical problem in underdeveloped areas, were given by Dr. Beckwith and were concluded by a visit to the Nova Scotia Sanatorium in Kentville.

After this, we began our midwifery training. The initial three months, spent at the Grace Maternity Hospital, consisted of lectures in Basic Midwifery given by Dr. D. Johnson and Miss May, instruction by Dr. R. Fraser and other residents and clinical experience in evaluating the prenatal and postnatal patient and the opportunity to follow in labor and do a few normal deliveries under supervision. This involved the necessity of being on call a couple nights a week. Some time was also spent in the study of the normal newborn and the premature infant.

Throughout the year, we found ourselves continually adjusting to and explaining our unique role. We have been described as everything from nurse clinicians, "super-nurses", "nurse-doctors" to the frontier nurses, outpost nurses or our actual christened

name—"outpost nurses". We sincerely hope that our efforts to find a role for ourselves will make it easier for those who follow.

Our first year ended officially June 12 when we left Dalhousie campus making plans for our future which for some of us meant the end of our experience as members of the class of Outpost Nurses. Although the year was not without frustration and discouragement, we felt it had been worthwhile (—socially as well as academically. One of our number was married last March and another is planning to be married in the near future. What better publicity for the course!) We valued the opportunity to be part of university life and meet many great and interesting people at Dalhousie. We are especially grateful for the willingness to teach and the patience and interest shown to us by members of Dalhousie Medical School and its Faculty. Your enthusiasm and encouragement was certainly a highlight of our year! I'm happy for this opportunity to express our appreciation to you all.

At the present time, I am at the IGA Hospital in St. Anthony, Newfoundland doing the first part of my internship. I am here for six months of midwifery experience planned to make for one complete year in obstetrics.

Here I have opportunity to follow patients through their prenatal course in prenatal clinic, care for them in labor, conduct the delivery and evaluate their progress postnatally both in hospital and after discharge. To date, I have done a total of fourteen deliveries and am working toward a total of at least 35 deliveries by the end of my experience here.

I am happy to be part of a home visiting program here through which I see the new mother with her new baby at home with the rest of the family. It's an excellent opportunity to become acquainted with the people of the area. Another of my responsibilities is to organize a patient teaching program for prenatal clinic patients as well as hospital in-patients. This presents another new challenge.

Being a regional hospital and thus one where high risk patients are referred, many potential obstetrical problems present themselves here. In that way, St. Anthony is proving to be an excellent setting for a midwifery training program. Under the instruction and supervision of Miss Betty Jane Cameron, Dalhousie Nursing School lecturer here, along

with that of Dr. J. Asfeldt, Chief in Obstetrics, I am in a wide open field of learning opportunities. It is through their efforts along with the special interest of Dr. G. Thomas, Superintendent of IGA, and other IGA staff that this part of my experience has been planned.

The last part of my field experience is yet to come. It is arranged in cooperation with the Canadian government and is tentatively planned to be centered in Inuvik, Northwest Territories. As generalized northern experience, it will involve time in the hospital, nursing station and public health clinic setting when I'll have opportunity to apply some of the basic teaching of my first year.

At the moment, I continue on with determination and anticipation looking forward to the day when I will graduate as the first graduate in Outpost Nursing. I am reminded that history is being made and trust that this page in history will be a bright one. I think of this not only as nursing history but more that of history of our developing northland. It is only as we become aware of the challenges and opportunities of these developing parts of our country that we can wisely contribute to its growth and development. Then too we can see beyond these to the similar needs of developing countries around the world. Can anyone deny the need for specially trained personnel to meet these challenges and share our affluence with others?

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