India launched the National Rural Health Mission (NRHM) in 2005 with focus on extension of health care services to the poor and improvement of health system responses to maternal and neonatal outcomes. In Karnataka, it aimed to find innovative ways to improve these health outcomes. Its initiatives, such as “108-Ambulance” scheme; the support of the Accredited Social Health Worker (ASHA) – a community volunteer workforce led to increase of the institutional deliveries\(^1\). But the workforce of the public health system did not match up with this increased demand for services through the continuum of care.

Clinical competency in the delivery of care for maternal, neonatal and child health is thus the need of the hour in these health facilities. Yet situational analysis has shown marked deficiencies in knowledge and skills of healthcare providers, despite government efforts to build human resource capacity\(^3\). One-time continuing education has been demonstrated to be insufficient to maintain competence of health care providers. Emphasis today is on it being followed on with support in the real field. In this context clinical mentoring and or supportive supervision are viable options to build the competence, confidence and morale of health care providers.

A multidisciplinary team of obstetricians, neonatologists, public health experts, nurses joined hands to formulate a strategy within the public health system to harness this support for the care providers, with the aim to meet the health related MDG targets. To achieve this two projects, firstly the Sukshema project, where on-site nurse mentoring was tested to determine improvement in quality of services and secondly where “skills and drills intervention with supportive supervision to first referral units” is being tested for its impact on quality of emergency obstetric and neonatal care, were planned.

This essay purports to highlight the role played by a nurse in the multidisciplinary team, but from a public health clinical research perspective. It also attempts to draw a parallel between a clinical research nurse working in an acute care setting such as a hospital and the public health field.

Firstly, high quality clinical research is dependent on knowledge, skills and competence of many individuals who work in the public health arena, and who focus on health of the community at large\(^2\). These can only be developed through formal training, supervision and mentorship, ongoing personal development and experience in the field. A clinical nurses’ view of the world is often limited to the hospital or care units setting. Being a research nurse and a clinical nurse is a dichotomy that all nurses phantom, with many challenges such as delivery of quality care and adherence to correct delivery of research protocol\(^3\). On the other end of the spectrum, this view is magnified into multiple mirages if the same clinical nurse were to move into public health. A clinical research nurse must have a thorough understanding of the research process, terminology and specialty under investigation; in this case public health problem. It would require a macroscopic view of the myriad of factors that contribute to improvement of quality of care. These could include competence of health care providers, communication within the facility, as well as system issues such as supplies, documentation, infection control practices and referral system.

Secondly, just as clinical research nurses have an important role to play in “assuring participant safety, integrity of protocol data and ongoing maintenance of informed consent within the context of effective and appropriate clinical care”\(^4\) so also a nurse working in a public health research team must be able to lay the foundation and be a cutting edge to improve the communities health based on evidence. Examining information collected on how the system issues impact on the quality of care and enabling nurses to see this through the prism of introspection is one way to facilitate this.
For example in the second project, the debrief following an emergency drill (intervention) is an exercise that fosters health care providers to examine what system issues affects the way care is provided in an emergency and how these could be addressed. With an experienced clinical nurse researcher in this team, viewing the situation from the outsider’s and an insider’s perspective, it would be possible to solve problems faced on a day to day basis, and foster optimism amongst health care providers.5

Thirdly, a major role of clinical research nurse is to be an advocate and resource for the research participant and family within an interdisciplinary research team. She/he must be able to ensure a seamless transfer of care to another clinical area or community when required. Similarly a research nurse working in public health also has the responsibility to advocate for supplies essential for implementation of best practices. For example in both projects, the initial management recommended for severe eclampsia is injection magnesium sulphate.6 However if magnesium sulphate is not stocked in the facility, this could hinder the initiation of treatment itself. Also if supplies for infection control practices are scant, it could impact the quality of care. It is the research nurse who must be able to synthesise all these factors and foster adherence to best practices recommended. Thus a clinical research nurse’s role is “varied and interesting one, combining the caring, patient-centered aspects for which majority of nurses enter the profession, with the academic and intellectually stimulating aspects of clinical research”.7

Fourthly, clinical research nurses must be strong communicators and able to collaborate with members of the clinical research team to assure coordinated, high quality care.8 Thus if research in the public health field focuses in improvement of care, it has a similar pathway. The nurses thus must be docile enough to work within a multidisciplinary team and would need to liaise effectively with a variety of different individuals to facilitate the smooth running and optimal outcomes.7

Finally clinical research nurses working in acute care settings or public health also need a wide range of skills such as project management, teaching and mentoring, information sharing to be able to function effectively and efficiently in the complex situations across specialties.8 This implies they would need up to date knowledge, to be aware of best practices in the field and advocate for its use. It often demands a repository of creative thinking, problem solving acumen, cross networking, finesse, efficient and effective time management, openness to learn across specialties. The gains are plenty in this journey since these roles could cultivate a flexible and adaptable approach, in-depth knowledge, day to day management, attention to detail, leadership in the field. A clinical nurse research in the public health field could thus ensure socially acceptable priority setting decisions and public accountability.10

Concluding this essay, the journey of a nurse into health research is not easy as is so evident in the quote, “……..arrive in clinical research equipped with your years of clinical experience, feeling like a competent healthcare professional able to answer your patients’ questions, make decisions regarding their care, and enjoy the well-established and trusting relationships you have developed with your medical colleagues. Suddenly you are in a sea of unfamiliar acronyms, being asked to steer several ships to dock – and all this without a life jacket and the usual support, guidance and knowledge upon which you had come to rely. While navigating this new sea we have all also found it difficult to ask for help in fear that we will look incompetent”. But as in the words of Stevens, “It is not an impossible journey, “Confidence, like art, never comes from having all the answers, it comes from being open to all the questions.”
Reference


