BSN Nursing Capstone Project

Introduction
The family medicine clinic is the first place where the patient comes when there is a health problem, that is, the gateway to the health system for each member of a local community, and most of the problems are being resolved at that primary level. The nurse is the first person the patient meets and is expected to provide nursing care in the best possible way tailored to the individual’s specific needs. In this sense, every nurse, whether in the family medicine or in another specialized branch of medicine, fulfills the basic role of nursing, which is largely identified with patient's care.

The International Council of Nurses (ICN) defines nursing as an activity that encompasses autonomous and collaborative care for people of all ages, families, groups, and communities, about the sick and healthy and in all environments (2009). Nursing involves the promotion of health, the prevention of illness and the care of patients, those who are powerless or dying. Nursing care is updated at every meeting with the patient. The aim of the nurse is the patient's benefit that is achieved through the interaction of the nurse and the patient, and it is valid everywhere in the world regardless of the cultural context or care environment (Tejero, 2012).

Teamwork in family medicine
In a family medicine clinic, the nurse works in a team with a physician who is the team leader, and the team is viewed as a small functional group of health professionals who are directed to the individual needs of patients. Team members have different skills, coordinated work and complement each other.
Everyone in the team understands their professional role, activity, and place in the teamwork. In such an organization, the nurse is in a specific mediation relationship between the patients and their families and doctors and other healthcare professionals. The division of labor between the doctor and the nurse is not clearly defined, and in practice, it usually depends on the agreement and the mutual relation of the doctor and nurse, which further influences the manner, scope, and quality of the work of the family medicine team.

In this integrated work of two professions - doctors and nurses, where the main goal is the well-being of patients, it is important to take into account the competencies of each of these professions, and that neither one loses autonomy and identity in a unique therapeutic relationship, on the one hand, and that it does not remain excluded or inadequately integrated into a single health team, on the other. Team integration of health professions is necessary in order to integrate different therapeutic competencies, and this is again necessary to protect and achieve the greatest benefit of patients.

**Nursing in family medicine**

In order for these theoretical and ethical settings to be optimally realized, other important conditions are also important - they affect the work of the family team medicine and imposed on real-level changes. Some of them are common to all countries, and some of them are specific for individual countries.
So, for example, prolonging the lifespan or aging of the population is a problem for all countries; For primary health care, the prolongation of the human lifetime (more often the 'third age', the term 'fourth age' for the population older than 75 or 80 years is also common) means a significant increase in patients with chronic illness and other specific requirements related to the elderly. For family medicine, this means an increased range of tasks – as health care of the population should be carried out on the principles of comprehensiveness, continuity, accessibility and a holistic approach in primary health care where "comprehensiveness" includes the overall population and 'continuity' providing health care to the population throughout all ages.

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One of the most common interventions that nurses conduct in the healthcare process is counseling and educating the patient and family in order to help the patient learn more about the changes caused by the disease, to overcome the difficulties caused by the disease and to encourage his autonomy to preserve the satisfying quality of life.
Ignorance can lead to new problems in the patient, to anxiety, reduced self-care, unwillingness to cooperate, and negative emotional states adversely affect the course and outcome of the disease and the effectiveness of treatment. In this advisory and educational role, the nurse adjusts and harmonizes her/ his communication and the way of education for technological progress to the educational level of the patient and family, and the patient's lifestyle.

The work of a nurse in family medicine includes a large number of administrative tasks related to patients and the overall work of the clinic. A major change in this regard has led to the introduction of computerization with the goal of continuously and safely linking all data on insurance, health, and sickness of insured persons from all systems to a common health infrastructure, whereby primary health care is conceived as an integrator of all modules within the health system. The nurse in the family medicine practice is the first in direct contact with the patient and the data she collects and records are the basic, richest and most valuable source of information. The electronic nurse record is a set of all electronically stored data about a person in the field of healthcare, the data is permanently stored and ready for use at any time, which enables better control over information, quality improvement and the continuity of health care. However, the introduction of computerization is connected with the appropriate organization of nursing practice and a higher level of professional knowledge and appropriate medical and informatics education, while bearing in mind the number of nurses and differences in the levels of IT knowledge and skills they possess.
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It is important that nurses have a positive attitude towards informatization, to be aware of the need for education and lifelong learning, and to see the informatization of healthcare as a way to improve nursing.

The desire to learn and acquire appropriate new knowledge has to be their priority, and practice proves that nurses recognize the need for education, to "critically approach existing applications, recognize the importance of supporting infrastructure and their role in that, and offer original solutions in terms of improving the quality of their work but also the overall health care of patients" (Kern et al., 2014).

References

