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# Strengthening the School Nurse Role

By Linda Caldart-Olson, RN, MS, Wisconsin

### Q: How can I strengthen the role of the school nurse on our pupil services team?

A: The composition, focus, roles, and level of influence of all pupil services staff vary from school to school and from state to state. The composition of pupil services teams in some states or schools is very broad and refers to any staff, including school nurses, who provide supplemental services to the classroom teacher's instruction. Some schools define pupil services teams as including the four professions of school nursing, social work, psychology, and counseling. But traditionally, many schools have defined pupil services staff more narrowly as school social workers, psychologists, and guidance counselors who focus on providing mental/emotional and behavioral health services.

There is a good deal of debate as to whether it is advantageous for school nursing to be viewed as an equal member of a pupil services team in the traditional sense (social workers, psychologists, counselors) or if it would be better for school nurses to remain as a separate, yet interdependent, service. Of the eight components in the Coordinated School Health model, school health services is one component and counseling, psychological, and social work services another. In this organizational model, it is clear that school nurses provide a broad array of health services. However, the role of school nurses in the provision of mental health services may be less clear, and therefore, could become marginalized.

Being marginalized in the provision of mental health services is problematic on a number of levels, but especially when considering the increasing numbers of students with a mental health diagnosis and who are taking psychotropic medication at school. The nurse must be viewed as an active member of the mental health team and as the professional with the license and expertise to adequately address the medication management of students with mental health issues. If the school nurse is not a part of the team, his or her input could be overlooked.

When school nursing was recognized as a profession roughly 100 years ago, teachers in mostly rural U.S. schools were generalists teaching all subjects to all grades in one classroom. As cities and schools grew, principals were hired to provide leadership and administrative functions for school management. This basic two-prong organizational structure, instruction and management, continues in spite of the increasing academic specialization and increasing numbers of administrative specialization (i.e.,

business managers, facilities managers, personnel directors, etc.). However, as student learning and social issues have increased in complexity, a third group of staff has been added to schools: pupil services staff. These specialists provide consultation, technical assistance, and specialized and supplemental services primarily in support of the instructional component, but also of management. Pupil services staff often have been subsumed as part of the teaching staff, as opposed to having a distinct purpose.

Howard Adelman and Linda Taylor, from the Center for Mental Health in Schools, School Mental Health Project in the Department of Psychology at University of California, Los Angeles, suggest that the traditional model of school organization (i.e., a group of teachers led by administrators) is no longer effective. Adelman and Taylor suggest that a three-prong approach to school organization is needed: (a) the instruction component made up of teachers, aides, and all other staff providing direct instruction; (b) the administrative component, comprising staff who supervise programs and people; and (c) the support component, consisting of all staff (pupil services) who work with the teaching and management staff to prevent, intervene, and eliminate barriers to student learning and academic success. In this model, the role of the school nurse is more likely to be understood in the broader context as preventing, intervening, and/or eliminating health-related barriers to academic success. Adelman and Taylor believe that the roles of all pupil services staff, not just nurses, have been marginalized. This is partly because the group has not been recognized and structured as a separate component of the school organizational structure. It is also because pupil services staff have not done a good job of communicating their function and value in relation to the "business" of schools. The work of pupil services staff, including school nurses, needs to be viewed or understood as central to the business of schools, but distinct from teachers and from administrators.

In addition to having an established structure (a recognized group of staff with a distinct purpose), Adelman and Taylor further suggest that pupil services providers should have processes to coordinate their respective approaches to student issues. One way to coordinate services for individual children is to form a pupil services Building Consultation Team that meets periodically with teachers and administrators to develop a coordinated approach to individual student learning problems.

A second process can be used to determine pupil services staffing, resource effectiveness, and other staffing needs.

A Resource Coordinating Team is a systematic way to determine what services are needed and by which groups of students, whether there is a need to partner with outside agencies for additional services, or whether school-based staff should change assignments to better serve a building or group of students. Obviously, for this to occur, school administrators must agree and participate. But almost more important, pupil services staff would need to understand the roles and competencies of one another and work cooperatively. The best scenario for the best educational outcomes is for schools to have all four pupil services professionals working cooperatively and approaching student issues from their respective competencies. The current economic climate sometimes creates a jockeying for preservation of positions—setting up competition that shifts the focus away from what is best for the student to what is best for the profession.

The federal No Child Left Behind Act has forced schools to meet requirements or incur sanctions, including further loss of funding. If pupil services staff are not able to articulate their purpose and worth, there is a strong potential for administrators to eliminate or minimize positions, based partly on not knowing what they don't know.

It is beneficial to nursing to be viewed as part of a coordinated pupil services team, regardless of the definition of the team. It is equally important to emphasize differences and those tasks that only a licensed health care provider can perform, especially in areas where there is significant

overlap (i.e., mental health services). It is up to all pupil services providers to articulate how our work is central to the mission of education, as well as where our services may appear to overlap, but are distinctly different. And it is important for us to communicate that by working together, we will be able to achieve the best outcomes for student academic success.

We may not have complete control over how our schools define pupil services or be able to change administrative processes, but we can provide the decision makers with the data and rationale so at least they can make informed decisions.

I end the question with a question: In your state, would it be better for you and for school nursing to advocate to be considered a part of the pupil services group or to have a distinct role as nurse or health services?

*For more information on this topic, please contact your State School Nurse Consultant. Please visit the National Association of State School Nurse Consultants' Website at ([www.nassnc.org](http://www.nassnc.org)).*

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