Faith community nursing is very similar to other community-based nursing specialties such as home health nursing, community health nursing, school nursing, and public health nursing. All are considered to be independent specialized practices of nursing and fall under the legal authority of each state’s Nurse Practice Acts.

In addition, all of nursing practice is guided by *Nursing: Scope and Standards of Practice* (American Nurses Association, 2010). They are also guided by their individualized specialized scope and standards of practice.


**What can the FCN do during a home visit?**

Based on assessment, the FCN can do the following:

- Practice with the knowledge and skills of a registered nurse based on training (assessment, prevention, education, disease processes, procedures, treatments, and end-of-life issues).
- Perform intentional spiritual care, spiritual leadership practices, and integrate health and faith.
- Advocate and provide resources and referrals on many different levels.
- Coordinate, implement, and sustain ongoing activities such as faith community volunteer training to support the client.
- Be familiar with and able to implement community health nursing and public health nursing concepts and practices, such as safety inspections in the home and health prevention screenings.
- Use the FCN Visitation Guidelines (available at [http://store.churchhealthcenter.org/](http://store.churchhealthcenter.org/)).
- Emphasize wholistic health functioning, not just improved health outcomes.

**Does the FCN replace a home health care nurse?**

No. When a home health nurse is in the home, the FCN collaborates with the home health nurse on the plan of care. The FCN is part of the health care team and does not duplicate services provided by other members, but rather compliments them. The focus of the home health nurse is skilled services, under the direction of the physician, to assist patients with assessment, medication education, disease management, wound care, and rehabilitation services. Just as there is more than one health care team member who provides services in the hospital, the FCN is part of the interdisciplinary health care team in the community.

The FCN has the flexibility, based on wholistic health assessment, to visit the patient as needed to optimize wholistic health functioning. The FCN may not be responding to a doctor’s orders when making a home visit, but the FCN engages the physician and medical home staff frequently based on assessed needs. Based on the assessment, the FCN may refer the client to the physician for a clinic appointment, medication change, support services, or other services. The FCN may request home health nursing services if the patient meets the criteria for the referral. In addition, the FCN has the flexibility to access the faith community volunteers and services to support the patient’s needs.

**Reference**


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