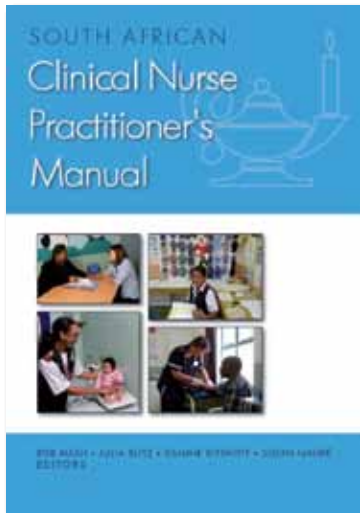


South African Clinical Nurse Practitioner's Manual



Mash B, Blitz J, Kitshoff D, Naudé S. 2010.
ISBN 978 0 627 02794 9

This groundbreaking textbook provides a concise yet substantial update on the South African primary care context, while drawing on the latest international research and the global clinical knowledge base to substantially revise the clinical nurse practitioner's skill set. "Competent primary care providers who 'put people first' are required in the front line in order to make a difference. The need for widely accessible, competent and caring clinical nurse practitioners" (Mash et al, 2010: xii) prompted the compilation of this outstanding text. Hitherto, community and primary care nurse training tended to be limited to a narrow framework of biomedical formulas relating, primarily to the physical body. By contrast, this first edition of the South African Clinical Nurse Practitioner's Manual presents a holistic continuum marked by a refreshing approach.

A comprehensive section on assessment and physical examination, with helpful diagrams and clear descriptions of procedures, sets the tone for the clinical substance of the book. The soft skills so crucial for enhancement of the therapeutic alliance between patient and clinician are emphasised in the "consultation and communication" theme which follows. This encompasses a range of challenges from consulting 'difficult' patients, breaking bad news, working with an interpreter to coping with stress and preventing burnout. The patient's active involvement in decision making is highlighted throughout as is the value of continuity of care between clinician and patient.

Another strength is the section on family-oriented care which succinctly describes an efficient model for assessment and care, and is underpinned with valuable insights about working with the complexities of family systems. Unusually concise, yet simultaneously detailed, this focus on family care, like the communication theme discussed above, could add significant value to the training of all healthcare providers. Comprehensive sections comprising bite-size units on newborn, child, adult and women's health are interlaced with the nitty-gritty of community-oriented and emergency care. Key details about administrative and other management tasks, research, teaching and learning are thoughtfully included.

Many authors have contributed to this A to Z of primary care. This commendable collaboration between nurses and doctors in the writing of such a manual offers a mirror to ways in which those concerned with primary care can do likewise to transform conventional professional and disciplinary boundaries for the better.

It is of concern, however, that despite all the progressive achievements of this textbook, the language utilised reveals the entrenched sexism of the publisher in-house style. Their disclaimer, "Please note that reference to one gender includes references to the other" is hardly an acceptable excuse for blatant use of sexist language. Language shapes our consciousness below the level of consciousness and the effect of teaching/speaking as if all patients are men serves to perpetuate oppressive social dynamics: "Intentionally or otherwise, men have formulated a semantic rule positioning themselves as central, positive, *the norm*, and classifying the world from that reference point, constructing a *symbolic system* representing patriarchal order" (Spender, 1980: 58). It is my contention, therefore, that use of masculine gender to include female gender for convenience is no longer an acceptable literary practice.

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Reference

Spender D. *Man made language*. London: Routledge and Kegan; 1981.