

Nurse practitioners: The role of this crucial part of our medical system

By Larry Schneider

In general, we have very little understanding of the jobs and roles of others' workplaces, the specifics of their day to day duties, their qualifications and knowledge or the details of what they accomplish and their goals.

This situation exists because we simply do not need to know these things, and they would be of very little relevance to our lives.

But regarding nurse practitioners, a greater understanding and appreciation of their roles in our communities will serve to enhance and improve our treatment and our options, while reducing the stress placed upon our medical system and its practitioners.

Our unknowingness, or ignorance, of the nature of the NP role limits our access to quality care by well-educated and trustworthy people in our midst.

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Nurse practitioners have said they are quite frustrated with this lack of appreciation of what they are prepared to investigate and treat.

- ➔ Nurse practitioners Krista Bodlan, Lindsay Damen, Holly Rolph and Brittani Jimson met with me at the West Elgin Community Health Centre, where they are employed, and we discussed their jobs, and what they would like the public to better understand about them.

Krista has been employed at the centre for 22 years, having been a registered nurse for 18 years before upgrading to the NP position, beginning studies toward her master 14 years into her nursing career.

Lindsay has been an NP and worked at WECHC for 15 years.

Brittani has worked at WECHC for six months, with 12 years of nursing experience before becoming a NP three years ago.

- ➔ **Correction:** Krista Bodkin

nurse practitioner

[nurs prak-tish-uh-ner] noun

A powerhouse of knowledge and empathy. A nurse practitioner diagnoses, treats, and listens deeply. They're trusted for their medical expertise and remembered for their compassion. When you're in their care, you feel seen, safe, and respected.

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Holly has worked at the centre for three months as a NP and is currently filling Dr. Michelle Welch's role.

Janelle is a primary care locum (substitute or stand-in), and Sarah is
➔ a 0.8 time NP working in the First 5 program, working with newborns to age five children who do not have a regular health provider.

Nurse practitioners are not doctors, but their position is similar to that of a doctor's. Each NP must have earned an undergraduate nursing degree, and have worked at least two years full-time as a nurse, and then pursued a Master of Nursing degree, either a Master of Science in Nursing or Master of Nursing in Primary Health.

Nurses take extra courses while in their role as a nurse, and can come from a variety of experiences to enter the nurse practitioner stream.

Before receiving their certificate as a NP, college exams must be taken and passed. Extended study in the field is also possible.

The NP designation allows practitioners to diagnose, order lab tests, x-rays, CTs and an extensive range of tests.

This is a key aspect of the NP role that many people do not understand, leading to long wait times in order to see a doctor, and also using doctor's time to fulfill these needs – thus slowing the whole system down and leading to increased wait times.

NPs may refer patients to specialists for more intensive care as well.

Another sore point is that NPs, while having similar responsibilities as a doctor, make about one-third of the salary – having extensive responsibilities without the requisite pay increase.

➔ **Correction:** Janelle is a full-time NP - with the Centre for 8+ years

**We are grateful for Krista, Lindsay, Janelle,
Sarah, Brittani, Holly, and Miranda!**



"Our NPs are the best in class!"
Dawn Maziak, Board Chair



"Oh Wow! Great!"
Richard Kisuule
Board Secretary/Treasurer

NPs can have their own roster of patients, being their sole health provider, another thing that people do not understand, once again limiting the number of people who get their complete medical care via this route.

A community health centre, such as the WECHC, typically utilizes NPs more than doctors, with their community-based wraparound system, where a variety of personnel, from dietitians, counsellors, to nurses and system navigators, provide an broad range of approaches and treatments for folk's physical and mental health.

A patient's primary provider need not be a doctor. The public can increase their trust and rely on NPs, who are well-trained.

Part of their normal functioning is referring their charges to others when the issues are outside of their scope, which is, once again, an extremely broad scope.



Nurse practitioners seldom need to ask physicians for guidance, or need to refer patients to the doctor.

Referrals are regularly made to the diabetes team, physiotherapy, counselling, hematology (blood testing and analysis) and foot care.

The doctors, NPs and other staff consult each other daily, allowing a wide range of expertise to be brought to the discussion of any given case or situation.

This approach expands the "circle of care."

This entire range of care is free to patients, and allows for the consideration of all possible treatments for the patients.

It is likely that a significant reason for the misunderstanding and underestimation of the role of NP is that it includes the word "nurse," creating a mental block to comprehending that the role is uniquely different from that of nurse.

NPs work about 75 hours every two weeks, and all NPs at the WECHC are salaried, and do not bill the Ontario Health Insurance Plan (OHIP).

During a visit with the NP, more than 15 minutes can be spent in the office, as the visit deals with the patient's overall needs, and is not limited to one issue per visit (a key factor in OHIP-funded care.)

They are able to look at the patient's background and any social determinants (poverty, depression, food scarcity and other mental or environmental issues) which may be influencing their health.

