



CORE COMPETENCIES

Society of Pediatric Nurses | Pre-Licensure Core Competencies

Purpose

The purpose of this document is to identify and develop pre-licensure core competencies for pediatric nursing education curricula. The document is intended to be conceptually based and provide a template for nursing educators to prepare student nurses, to be competent as newly licensed nurses in any setting where the care of children occurs.

Core Values

Core values of the pre-licensure core competencies include:

- Delivery of safe, high quality care
- Affirmation and engagement in clinical inquiry as evidenced by nurses
 - Asking questions
 - Challenging current practice
 - Using literature to stay informed of the state of the science
 - Openness to practice change
- Provision of comprehensive nursing care throughout the continuum of care - primary, secondary, and tertiary

Key Assumptions

Key assumptions of the document are that:

- The core competencies relate to child and family-centered nursing care.
- For purposes of this document, the terms pediatrics/child/children refer to individuals' age: newborn to twenty-one years old.
- The family is always included in the plan and delivery of care related to the child.
- The core competencies are meant for the basic preparation of direct care nurses.
- Although there are multiple entries into nursing practice, the aim is for all newly licensed pediatric nurses to be prepared at the baccalaureate level (AACN, 2008; McCarthy & Wyatt, 2014; ANA, NAPNAP, SPN, 2015).
- While undergraduate programs do not offer specialization in pediatric nursing, the curriculum should include didactic content and direct care clinical learning experiences that focus on pediatric-specific nursing care related to growth and development, communication, evidence based standards of care, quality and safety (Pauly-O'Neill, Prion, & Nguyen, 2013; SPN, 2015).
- The pediatric clinical learning experiences involve direct care of the child/family in a variety of settings. They may be supplemented, *not replaced*, with alternate learning opportunities including simulation, case studies, concept and problem-based learning exercises (McCarthy & Wyatt, 2014; Waltz, Jenkins & Han, 2014).

Goals

1. Promote child and family-centered care as the foundation of safe, high quality pediatric nursing practice.
2. Identify student competencies and expected learning outcomes for both traditional and concept-based pre-licensure nursing curricula.



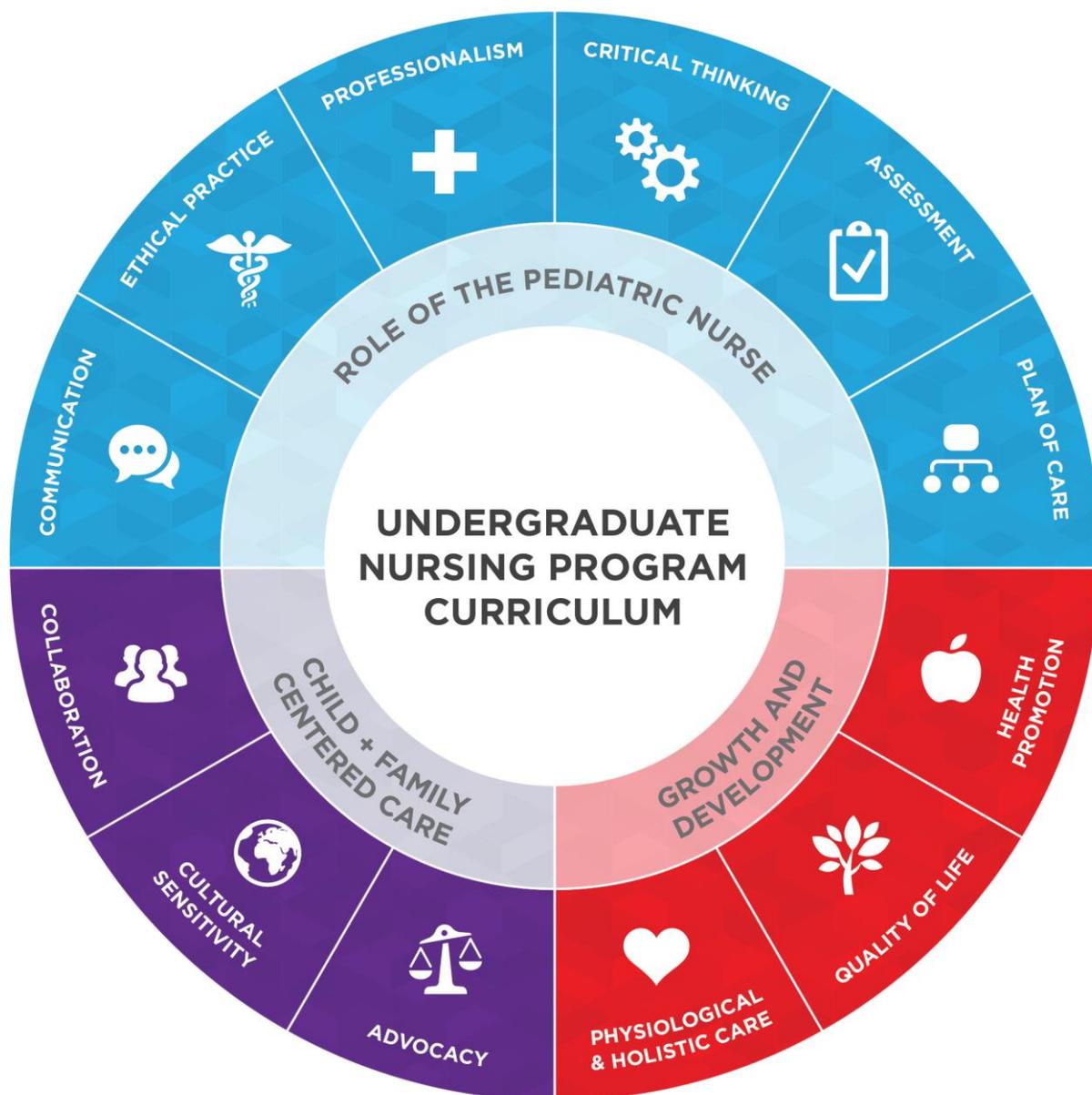
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3. Provide educators and employers with realistic expectations of the knowledge, clinical skills, critical thinking and clinical decision-making abilities required of the pre-licensed nurse.

Numerous competencies were identified, detailed and categorized within three domains: Role of the Pediatric Nurse, Growth and Development, and Child and Family-centered Care.

Pediatric Pre-Licensure Core Competency Model





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I. Role of the Pediatric Nurse

The pediatric nurse is a registered nurse who cares for children and their families in a variety of pediatric settings such as hospital clinic, school, doctor's office, emergency room, chronic care/rehabilitation unit, acute care in-patient unit or intensive care unit. Pediatric nurses are knowledgeable of the characteristics and abilities of the child at each stage of growth and development from infancy to young adulthood. The nurses are skilled communicators with parents and interact with children based on the child's developmental level. Furthermore, the nurse provides age-appropriate anticipatory guidance related to health promotion and injury prevention. The role of the pediatric nurse is to provide safe, quality, developmentally appropriate, holistic, family-centered care to children and their families whenever and wherever care is provided. Professional pediatric nurses must be prepared to meet the needs and demands for care of the child and family within the complex health care system (Betz, 2017).

Upon program completion, the pre-licensed nurse can demonstrate the following competencies:

Competency 1: Assessment

Completes comprehensive health assessments including physical, growth and developmental, psychosocial, cultural, spiritual, and environmental by obtaining data from the child in collaboration with the child's family and other health providers. Identifies actual and potential risk factors related to safety in the child's environment, inclusive of federal/state safety regulations (ANA, NAPNAP, SPN, 2015).

Competency 2: Plan of Care

Uses the nursing process to synthesize and prioritize health assessment data to create an individualized child and family-centered plan of care with goals that are specific, measurable, realistic, and timely. Provides for special confidentiality and privacy needs that are age appropriate (ANA, NAPNAP, SPN, 2015).

Competency 3: Critical Thinking

Uses the disciplined and intellectual process of analyzing, synthesizing, applying and evaluating cognitive, psychosocial, and physiological data in conjunction with information related to disease processes and research, and evidence based treatment trajectories for planning and/or implementing care to children and their families (AACN, 2008).

Competency 4: Communication

Interacts and collaborates effectively with children, families and other providers by adapting exchange of information strategies (words, actions, pictures, technology and informatics) as best fits the learning level and needs for each child, parent or caregiver.

Competency 5: Ethical Practice

Upholds and promotes the standards of the profession by practicing in accordance with the nurse practice act, scope and standards of the practice of pediatric nursing, agency policies, evidence based practice guidelines and the code for nursing ethics. Adheres to the child's and family's right to privacy and the protection of personal health information (PHI) in compliance with HIPAA, FERPA, and IDEA standards (ANA, NAPNAP, SPN, 2015).



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Competency 6: Professionalism

Engages in self-evaluation of practice on a regular basis, identifying areas of strength and areas requiring improvement. Demonstrates an open, accepting attitude that expresses the stated values of the profession. Provides rationale for clinical practice decisions and actions as part of the evaluation process.

II. Growth and Development

Growth and development are interrelated and interdependent terms referring to dynamic processes that reference the health of the child. Understanding the principles of growth and development provides a foundation for comprehending the progressive changes in children's interactions and skill sets, to anticipate their response to health promotion, health education and anticipatory guidance, and to guide delivery of nursing care including crucial adjustments and timely modifications. Knowledge of expected growth and development characteristics facilitates individualized nursing care for children with special needs and their families, i.e., children with chronic conditions, disabilities, terminal illness and behavioral disorders.

Upon program completion, the pre-licensed nurse can demonstrate the following competencies:

Competency 1: Physiological and Holistic Care

Uses knowledge and understanding of pediatric physiology and principles of growth and development to provide individualized holistic health information and nursing care to children within the context of their families.

Competency 2: Health Promotion

Participates in the ongoing education of children, families, and caregivers to promote high-quality physical and mental health, prevention of illness and/or injury, and optimal development.

Competency 3: Quality of Life

Identifies actual and potential barriers to living life to the fullest and participating in desired activities. Promotes quality and safety in the focused environment to support children's physical, cognitive, psycho-socio-emotional skills and interactions to enhance their quality of life.

III. Child and Family-centered Care

Child and family-centered care is the relationship between families and health professionals in which "families are considered full partners in the provision of healthcare to children. Central to child and family-centered care are the concepts of respect and dignity, information sharing, participation, and collaboration." (Institute for Patient and Family-Centered Care, 2010)

Upon program completion, the pre-licensed nurse can demonstrate the following competencies:

Competency 1: Cultural Sensitivity

Respects and integrates the child's and family's values, beliefs, rituals and culture by adapting the plan of care to incorporate these components. Communicates important elements of the child's and family's belief system to the health care team to foster consistent adherence and cultural support when delivering care (Mixer, Carson, McArthur, Abraham, Silva, Davidson, Sharp & Chadwick, 2015).

Competency 2: Collaboration

Involves child (age/development appropriate) and family in all decisions regarding care and its delivery. Shares complete, unbiased, accurate information with the child (situation appropriate) and family in a timely manner to facilitate effective participation and decision-making in the child's care. Encourages consistent care plan discussion by facilitating participation in family-centered rounding (Kuo, Sisterhen, Sigrest, Biazo, Aitken & Smith, 2012).

Competency 3: Advocacy

Acknowledges the family as the expert in the child's care and adapts care to retain family roles, preferences and routines. Encourages child and family to request individualized and optimal healthcare across the continuum of care – for example, transfers to rehabilitation or adult care settings, discharge process, and addition of palliative care options, including transfer to hospice (SPN, 2016). Empowers the family to retain the caregiver role by supporting the child and family's participation in care and decision-making at the level they choose (Tallon, Kendall, & Snider, 2015).



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