



CHILD HEALTH CONTENT IN THE UNDERGRADUATE CURRICULUM

INTRODUCTION/PROBLEM STATEMENT

Baccalaureate and associate degree nursing programs continue to decrease pediatric nursing didactic content and clinical learning experiences. Revisions in the pediatric nursing undergraduate/pre-licensure curriculum are recommended to emphasize existing content and concepts related to children and their families and to strengthen undergraduate pediatric nursing education. Families are recognized as the constant in an individual's life and are particularly vital to the health of infants, children, and adolescents. The Essentials of Baccalaureate Education for Nursing (American Association of Colleges of Nursing [AACN], 2008) expects that “the baccalaureate generalist is prepared...to care for diverse populations with a family scope” (p. 32). Essential IX specifically states that the generalist nurse “is prepared to practice with patients including individuals, families, communities, and populations...” and patient and family-centered care is recommended as course content to meet this objective (p. 32). To ensure that the nursing workforce of the future is prepared to provide this type of care, a call to action is needed. The trend toward reduction of child health content and clinical hours in pre-licensure education is of great concern. It poses a threat to the preparation of future clinicians and to the children in their care, and neglects the specific health challenges of infancy and childhood. (Betz, 2017).

RATIONALE AND SUPPORTING INFORMATION

Critical changes have affected health care in the 21st century and continue to create challenges in educating pediatric nurses. Some major influencing factors include:

- Previous changes in the structure of the National Council Licensure Examination (NCLEX) resulted in the integration of pediatric questions, rather than a specifically designated section on care of children (National Council of State Board of Nursing, 2019). This integration created the perception that critical analysis and application of child and family content is not essential for preparation for pre-licensure education.
- In addition to an overall shortage of nursing faculty (AACN, 2017) there is an increased difficulty in recruiting qualified nurse educators to teach pediatric content (Leonard, Fulkerson, Rose, & Christy, 2008).
- Pressure An ever growing list of mandated content from accrediting bodies that bombard already robust curriculum (AACN, 2008; Tanner, 2010).
- Consolidation of acute pediatric clinical care into larger health science centers has decreased the ability of programs of nursing to provide clinical student learning opportunities in caring for acutely ill children. Nursing programs not in proximity to larger pediatric nursing health care centers or those who compete with multiple local

programs may find placement daunting. Also, the number of nursing programs seeking pediatric experiences creates competition and limitations on access to student clinical experiences in pediatric nursing (Ohio Board of Nursing, 2016).

- The use of alternative pediatric clinical experience has been supported by research. Kubin, Fogg, Wilson, and Wilson (2013) conducted a study evaluating students' preparedness to care for children and their families and compared three clinical teaching schedules (all acute care experiences, half acute care and half alternate experiences, and all alternative experiences). The researchers found no statistically significant differences between the student groups in knowledge or clinical reasoning abilities (Kubin et al., 2013). Therefore, alternative learning sites such as special needs camps and community-based clinics have been supported as an excellent way to maintain contact with real pediatric patients and meet the course objectives.
- Many programs of nursing are moving to concept driven curriculums in which pediatric exemplars may be omitted as programs focus on preparing nurse generalists (Duncan & Schulz, 2015).
- In 2017 there were an estimated 73.7 million children in the United States making up 22.6 % of the population (Federal Interagency Forum on Child and Family Statistics [FIFCFS], 2017). Pediatric nurses play a significant role in delivering health care to children. In 2016 there were nearly 5.5 million hospital stays for children in the United States (Witt, W.P., Weiss, A.J., & Elixhauser, A. 2016). Three-quarters of all children had contact with a health care professional. Approximately 8.8 million children had an ER visit. Over 10 million children have been diagnosed with asthma and two-thirds of school-aged children (aged 5 to 17 years) missed school due to illness or injury (Bloom, Jones, & Freeman, 2013). Hospitalizations for suicide, suicidal ideations, and self-harm increased 104% during (2006-2011) for all children from 1 to 17 years of age and 151% for children from 10 to 14 years of age (Torio, Encinosa, Berdahl, McCormick & Simpson, 2015). In addition to other health concerns, 19% of the pediatric population (6 to 17 years of age) is obese (FIFCFS, 2013-2016).
- Research continues to strongly support the efficacy of patient and family centered care (Harrison, 2010; Hill, Knafl, Santacroce, 2018; Kokorelias, Gignac, Naglie, & Cameron, 2019)

POSITION and/or RECOMMENDATIONS

The health care challenges impacting infants, children, adolescents and their families will require competent pediatric nurses that are trained and educated.

Children have growth, developmental, and physiological differences that require specialized knowledge related to their care. Any reduction in nursing education related to the pediatric population can have a negative impact on the quality of pediatric nursing care. Due to a variety of factors, pediatric nursing curriculum content has shown a decline in addressing pediatric learning concepts especially in the following areas: growth and development (especially with focus on nutrition and bio-psychosocial factors); family concepts, social determinants, physiology, pharmacology and pathophysiology specific to children; and health promotion, prevention, and safety (McCarthy & Wyatt, 2014). Basic principles and content that prepare every nurse to care for children is an expectation of program

accreditation in basic nursing education. This is evidenced by frequent references in accreditation language and in the baccalaureate essential competencies that refer to education across the lifespan (AACN, 2008). A complete nursing curriculum must prepare future professionals to care for all phases of the lifespan and to honor the patient and parent as the unit of care.

1. Required curricula in all professional (undergraduate/pre-licensure) nursing education programs must have readily discernible pediatric nursing content built upon theoretical and empirical knowledge; as outlined in SPN's pre-licensure [Pediatric Core Competencies](#). Theoretical and clinical educational experiences should reflect integration of current evidence-based information related to ethical, moral, and political-legal changes occurring within society that affect the child and family.
2. Clinical experiences should provide opportunities to use basic nursing skills, apply critical thinking skills, and implement evidence-based practices with children and families in settings that may include inpatient/acute care, ambulatory settings, rehabilitation care, community, school, camp, home and any environment where the health and well-being of the child and family are central (Texas State Board of Nursing, 2013). Alternative learning sites are an excellent way to meet course objectives when hospital opportunities are not available. (Kubin, Fogg, Wilson, & Wilson, 2013).
3. Clinical experiences should occur in an environment that allows students to collaborate with interdisciplinary health care providers who role model an exemplary practice of patient and family-centered care. Nursing students must learn to develop the necessary knowledge, skills, and abilities to assess development and effectively communicate with pediatric patients and their families.
4. Nursing educators should have advanced educational background and clinical experience in caring for children in order to provide educational experiences in patient and family-centered nursing care of children.
5. Nursing curricula should provide evidence of both classroom conceptual learning and clinical hours in patient and family-centered nursing care of children, which are consistent with those allocated to other age-related groups in the lifespan.
6. Nursing educators must implement and evaluate innovative approaches to teaching patient and family-centered care across life span.
7. Nursing programs must ensure pediatric undergraduate curriculum focuses on current health issues experienced by children including development of clinical learning experiences to settings where children live, learn, and play (McCarthy & Wyatt, 2014).
8. Curriculum must prepare nurses to be advocates for patient and family-centered care. Clinical settings and experiences must ensure the inclusion of patient and family-centered care.
9. The use of technology driven educational opportunities (e.g., clinical

simulations) can also enrich and support clinical learning. A landmark research study by the National Council of State Boards of Nursing suggested that up to 50% of clinical experience may be replaced with simulation training while achieving the desired student learning outcomes (Hayden, Smiley, Alexander, Kardong-Edgren, & Jeffries, 2014). Simulation can be used to enhance pediatric nursing education, but SPN does not support replacing any single pediatric clinical experience with 100% simulation.

REFERENCES

American Association of Colleges of Nursing. (2008). The essentials of baccalaureate education for professional nursing practice. Retrieved from <http://www.aacn.nche.edu/education-resources/essential-series>.

American Association of Colleges of Nursing. (2017, April 26). Nursing faculty shortage fact sheet. Retrieved from <http://www.aacnnursing.org/portals/42/news/factsheets/faculty-shortage-factsheet-2017.pdf>

Betz C.L. (2017). Editorial Call to Action: Addressing the challenges facing pediatric nursing. *Journal of Pediatric Nursing* 33, 1-2

Bloom, B., Jones, L.I., & Freeman, G. (2013). Summary health statistics for U.S. children: National health interview survey, 2012. National Center for Health Statistics. *Vital Health Statistics* 10(258). doi: http://www.cdc.gov/nchs/data/series/sr_10/sr10_258.pdf.

Duncan, K. & Schulz, P.S. (2015). Impact of change to a concept-based baccalaureate nursing curriculum on student and program outcomes. *Journal of Nursing Education*, 54(3), S16-S20. doi:10.3928/01484834-20150218-07

Federal Interagency Forum on Child and Family Statistics. (2017). At a glance for 2017. America's children: key national indicators of well-being. Retrieved from: https://www.childstats.gov/pdf/ac2018/ac_18.pdf

Hill, C., Knafl, K. A., Santacroce, S. J. (2018). Family-centered care from the perspective of parents of children cared for in a pediatric intensive care unit: An integrated review. *Journal of Pediatric Nursing*, 41, 22-33.

Harrison, T. (2010). Family centered pediatric nursing care: State of the science. *Journal of Pediatric Nursing* 25, 335-343.

Hayden, J.K., Smiley, R.A., Alexander, M., Kardong-Edgren, S., & Jeffries, P.R. (2014). NCSBN national simulation study: A longitudinal, randomized, controlled study replacing clinical hours with simulation in pre-licensure nursing education. *Journal of Nursing Regulation*, 5(2), S1-S64. Retrieved from https://www.ncsbn.org/JNR_Simulation_Supplement.pdf

Joint Commission. (2017, September 12). Inadequate hand-off communication. Sentinel Event Alert, 58. Retrieved from

[https://www.jointcommission.org/assets/1/18/SEA_58_Hand_off_Comms_9_6_17_FINAL_\(1\).pdf](https://www.jointcommission.org/assets/1/18/SEA_58_Hand_off_Comms_9_6_17_FINAL_(1).pdf)

Kokorelias, K. M., Gignac, M. A., Naglie, G., & Cameron, J. I. (2019). Towards a universal model of family centered care: A scoping review. *BMC Health Services Research*, 19, 564. doi: <https://doi.org/10.1186/s12913-019-4394-5>

Kubin, L., Fogg, N., Wilson, J., & Wilson, E. (2013). Comparison of student learning among three teaching methodologies in the pediatric clinical setting. *Journal of Nursing Education*, 52(9), 501-508.

Leonard, B.J., Fulkerson, J.A., Rose, D., & Christy, A. (2008). Pediatric nurse educator shortage: Implications for the nursing care of children. *Journal of Professional Nursing*, 24(3), 184-191. doi: 10.1016/j.profnurs.2008.01.001

McCarthy, A.M. & Wyatt, J.S. (2014). Undergraduate pediatric nursing education: Issues, challenges and recommendations. *Journal of Professional Nursing*, 30 (2), 130-138. doi: <http://dx.doi.org/10.1016/j.profnurs.2013.07.003>

National Council of State Board of Nursing. (2019). NCLEX-RN examination: Test plan for the national council licensure examination for registered nurses. Retrieved from https://www.ncsbn.org/2019_NCLEX_RN_Test_Plan.pdf

Ohio Board of Nursing (2016). Ohio Board of Nursing minutes of meeting: Regular meeting of the board November 16-17, 2016. <http://nursing.ohio.gov/PDFS/Minutes/NOV16minutesFNL.pdf>

Tanner, C.A. (2010). Transforming pre-licensure nursing education: Preparing the new nurse to meet emerging health care needs. *Nursing Education Perspectives*, 31(6), 347-353.

Texas Board of Nursing. (2013). Frequently asked questions. Retrieved from https://www.bon.texas.gov/faq_education.asp

Torio, C.M., Encinosa, W., Berdahl, T., McCormick, M.C., & Simpson, L.A. (2015). Annual report on health care for children and youth in the United States: National estimates of cost, utilization, and expenditures for children with mental health conditions. *Academic Pediatrics*, 15(1), 19-34.

Witt, W.P., Weiss, A.J., & Elixhauser, A. (2016). Overview of hospital stays for children in the United States, 2012. HCUP Statistical Brief #187. Agency for Healthcare Research and Quality, Rockville, MD. Retrieved from <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb246-Geographic-Variation-Hospital-Stays.jsp>

	Original Date/Revisions:	2005; 2/2017; 4/2019
	Next Review:	4/2021

REVIEWED AND APPROVED BY:

Subject Matter Expert/Task Force: Zepure Samawi, PhD, RN, Fulbright Scholar /
Simulation Task Force
Date: March 22, 2017

SPN Board of Directors: April 5, 2017

Subject Matter Expert/Task Force: Zepure Samawi, PhD, RN,
Date: March 22, 2019

SPN Board of Directors: October 21, 2019