

**ARIZONA STATE BOARD OF NURSING
GUIDELINES FOR
MINIMUM PEDIATRIC CLINICAL COMPETENCIES
IN AN APPROVED RN PROGRAM**
(APPROVED BY THE ARIZONA STATE BOARD OF NURSING JULY 21, 2010)

Use of this Document and Board Authority

The Arizona State Board of Nursing is authorized by the Nurse Practice Act (Title 32, Chapter 15) to establish standards for nursing programs (ARS §32-1606 (B)(1). Additionally the Board may publish advisory opinions regarding nursing education (ARS § 32-1601 (2). This document is intended to be used as a resource and does not carry the force of law. Programs may require students to gain additional experiences and competencies consistent with their mission and goals.

Introduction

Nursing programs and boards of nursing are challenged to provide the appropriate mix and amount of clinical experiences in nursing programs. Some programs have questioned whether a clinical experience with real pediatric patients is a necessary component of an RN program. According to the National Council of State Boards of Nursing (Wendt, 2009), 6.1% of newly licensed nurses work in pediatrics. Programs are increasingly challenged to place all students in acute care pediatric settings due to competition for placements and limited pediatric beds. Programs are increasing placements of students in non-acute care pediatric settings. Board rules (R4-19-206) require RN nursing programs to provide actual patient care experiences with pediatric clients but do not specify the setting or hours.

Existing literature supports clinical experiences with live patients (Li and Kenward, 2006; Spector, 2006). Benner, Sutphen, Leonard and Day (2009) state that,

“one strength of U.S. nursing education is that students work directly with patients and the health care team. Moreover, as they progress through their programs, they are given ever-increasing responsibilities in clinical situations. In describing how they learned to become a nurse or “think like a nurse,” students invariably pointed to clinical situations.”

Simulation is a powerful tool that can enhance and augment clinical experiences but should not totally replace clinical experiences (Hicks, Coke and Li, 2009).

Representatives from the Arizona State Board of Nursing Education Committee and clinical placement coordinators representing Phoenix area hospitals met on April 23, 2010 for the purpose of determining minimal pediatric clinical competencies for pre-licensure RN students. They were further asked to assess whether the competency required the actual care of a pediatric client or could be obtained in high-fidelity simulation. Prior to the meeting CINAHL was searched for relevant articles published in the last 10 years. Articles describing practices in foreign countries and articles describing expert level practice were not considered. One relevant document was found and utilized during the meeting (Regional Health Occupational Resource Center, Los Angeles Region-Mount San Antonio College, 1999). The document contains competencies developed for orientation of a newly licensed nurse to the specialty of acute care pediatrics. Participants discussed each competency to determine if it was RN entry level, and

then to determine whether it could be met with simulation alone or required care with live patients. The following assumptions were made:

- An acute care experience is not necessary to attain minimum entry-level competencies in pediatric nursing
- For each competency, it was assumed that all relevant safety measures learned in other specialties will be applied to the pediatric population such as standard precautions, safety checklists, HIPAA, 6 rights of medication administration, etc.
- If simulation is used to meet the competency, it should incorporate appropriate fidelity to simulate patient care within the context of the competency (Jefferies, 2007)
- Skills that do not require a pediatric adaptation were not included such as “respond to patient call lights”
- Some competencies may be better addressed in simulation due to the risks of the procedure or the constraints of the clinical setting (e.g. inserting IV lines, titrating IV medications, participating in a code etc.)
- Actual clinical care of a pediatric client is necessary for students to have a realistic view of pediatric nursing and gain authentic experiences in a real situation. While technology may increase the fidelity of a simulation, simulation should never fully replace the authentic experience.
- Competencies that require a “live” patient are those competencies that cannot be realistically simulated in the pediatric population with existing technology (skin assessment) or that require an authentic response on the part of a patient/family (teaching).
- For competencies that may be accomplished with simulation, it was believed that the essential elements could either be realistically simulated (e.g. assess cardio-vascular status) or the opportunity to practice the competency would be so rare (e.g. code; starting IV) that simulation would offer the best opportunity for all students to practice the competency

Competency	Requires live patients	May be accomplished in simulation
The registered nurse is a member of the multi-disciplinary team who is able to manage and provide holistic health care to a pediatric population within the context of the family to reach an optimal level of wellness		
A. Assesses and addresses physical needs		
A1 Collect patient medical history		X
A2 Assess/address cardiovascular status		X
A3 Assess/address respiratory status		X
A4 Assess address neurological status	X	
A5 Assess/address GI status		X
A6 Assess/address genitourinary status		X
A7 Assess/address musculo-skeletal status	X	
A8 Assess/address endocrine status		X
A9 Assess address integumentary status	X	
A 10 Assess/address nutritional status		X
A 11 Assess/address pain management		X

Competency The registered nurse is a member of the multi-disciplinary team who is able to manage and provide holistic health care to a pediatric population within the context of the family to reach an optimal level of wellness	Requires live patients	May be accomplished in simulation
B. Assess and Address Psychosocial Needs		
B1 Assess/address learning needs of patient/family		X
B2 Assess/address spiritual needs		X
B3 Assess/address cultural needs/diversity		X
B4 Provide emotional support		X
B6 Assess/address/report child/family abuse		X
C. Coordinate Patient Care		
C1 Document patient care		X
C2 Determine age appropriate level of care		X
C3 Formulate a care plan		X
D. Perform/Assist with Patient Care Procedures		
D1. Maintain airway and trach care		X
D2 Initiate and participate in a code		X
D3 Administer/titrate oxygen		X
D4 Insert/maintain/discontinue IV lines		X
D5 Monitor/maintain tubes/drains		X
D6 Administer tube feedings		X
D7 Insert/maintain and/or discontinue gastro-intestinal tubes		X
E. Administer Medications and Fluids		
E1 Prepare and administer IV fluids		X
E2 Administer parenteral medications (any age child including newborn)	X	
E3 Administer oral medications	X	
E4 Administer aerosol treatment		X
F. Supervise/Provide Bedside Care		
F1 Feed patient	X	
F2 Weigh infant		X
G Teach/Communicate with patients and families		
G1 Teach patients and families about safety, normal growth and development, behavioral expectations, disease processes and outcomes of procedures (Any age child including newborn)	X	
G2 Utilize age-appropriate communication strategies with children of all ages and their families	X	
G3 Identify developmentally appropriate play activities and environments for children of all ages		X

Resources

Arizona Administrative Code. Title 4, Chapter 19, Section 206.

Benner, P., Sutphen, M., Leonard, V. and Day, L. (2009) *Educating nurses: a call for radical transformation*. Jossey-Bass.

Hicks, F. Coke, L and Li, S. (2009) Report of the findings from the effect of high-fidelity simulation on nursing students' knowledge and performance: a pilot study. Chicago: National Council of State Boards of Nursing. 40 June 2009

Jeffries, P. (editor). (2007). *Simulation in nursing education: from conceptualization to evaluation*. New York: National League for Nursing.

Li, S. and Kenward, K. (2006) A national survey on elements of nursing education. Chicago: National Council of State Boards of Nursing.

Regional Health Occupational Resource Center, Los Angeles Region-Mount San Antonio College. (June 11, 1999) *DACUM Competency Profile for the registered nurse specializing in pediatric nursing*.

Spector, N. (2006). *Evidence Based Nursing Education for Regulation (EBNER)*. Chicago: National Council of State Boards of Nursing.

Wendt, A. (2009) Report of the findings from the 2008 RN practice analysis: linking the NCLEX-RN® examination to practice. Chicago: National Council of State Boards of Nursing.

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