



CORE COMPETENCIES

Society of Pediatric Nurses | Pediatric Residency Core Competencies

Purpose

The purpose of this document is to identify core competencies for baccalaureate-prepared nurses in a Nurse Residency Program (NRP) at first entry to professional pediatric nursing practice. This document also establishes a position for the future development of pediatric NRPs.

Core Values and Key Assumptions

Safe practice is an assumed value. The core competencies for nursing practice are pediatric acute care- focused. Further, they are intended to be inclusive, but assert that the desired entry to practice is the attainment of a baccalaureate degree in nursing. This is in agreement with the Society of Pediatric Nurses (SPN) stance that pediatric nurses should be baccalaureate-prepared and complete a pediatric NRP upon first entry to practice. The recommended program length is 12-18 months (Kramer, et al., 2012).

Key Assumptions of this document are that:

- The competency statements extend beyond tasks, skills or orientation goals.
- The focus is on core competencies that can be applied to pediatric nursing, although some competencies may be applied to other areas of nursing specialty practice.
- The residency core competencies are intended to facilitate the transition of baccalaureate-prepared nurses to practice rather than to be used as accreditation standards.

Goals

1. State the position of SPN on pediatric nurse residency core competencies.
2. Describe the purpose, necessity and elements (or components) of a post-baccalaureate pediatric nurse residency program.
3. Assist pediatric nurse residents in expanding knowledge and skills which demonstrate the roles of the professional pediatric nurse.
4. Provide explicit recommendations for the foundational content of the professional pediatric NRP.
5. Support accountability and family-centered care as the foundation of pediatric nursing practice.

Key Concepts

Accountability and **family-centered care** are key concepts that are threaded through each of the defined domains, then defined through the competencies for each area. The concepts of accountability and family-centered care are defined at the outset of the core competencies and include competency statements.



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Accountability is the cornerstone of collaborative practice and collegiality. It means that the graduate nurse is entrusted to be safe, accurate, and responsible for his/her actions. Being accountable means that a pediatric nurse resident should demonstrate the following competencies:

1. Apply “knowledge of current professional practice standards, guidelines, statutes, rules and regulations that affect the nursing care of children.” (ANA, NAPNAP, SPN, 2015).
2. Evaluate his or her own practice by comparing it to the available evidence, standards of practice, and legal scope of practice (e.g. state rules/regulations for nurses) (ANA, NAPNAP, SPN, 2015).
3. Seek guidance from supervisors, preceptors and experienced peers as needed and refer to published policies and procedures.
4. Document all aspects of care provided to children and families accurately and in a timely fashion.
5. Communicate continually with peers, team members and supervisors to maintain collegial relationships.
6. Accept responsibility for own shortcomings or errors and notify team members and supervisors promptly.
7. Seek peer, team member and supervisory informal and formal evaluation of performance at regular intervals to improve practice and team outcomes.

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. In order to provide this type of care, professionals must have an attitude and practice of respect, collaboration and support; health care systems must provide support for staff, adequate facilities, innovative and accessible services and opportunities for family participation on policy and facility decision-making boards” (Harrison, 2010).

Embodying family-centered care means that a pediatric nurse resident should demonstrate the following competencies:

1. Demonstrate cultural sensitivity and respect for the diversity of children and their families, offers implementation and inclusion of language specialists (interpreters/translators) where applicable.
2. Assess Health Literacy of all caregivers and patients depending on age and developmental stage. Implement Health Literacy Score literature, graphics and media as it correlates to level of comprehension, function and capability.
3. Demonstrate ability to construct care conference with appropriate family and staff to address decisional conflict and provide access to resources.
4. Direct care planning and selection of educational strategies depending on age appropriateness and stage of development of the child and family.
5. Demonstrate strategies to empower patients and families in all aspects of the healthcare process.

The following eight domains are the foci of the NRPs from which the competencies have been developed. Figure 1 illustrates how the domains relate to each other.

Pediatric Residency Core Competency Model



Figure 1.



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A competency is an expected and measurable level of nursing performance that integrates knowledge, skills, abilities, and judgment, based on established scientific knowledge and expectations for nursing practice (American Nurses Association [ANA], 2010).

I. Safety and Quality Improvement

Safety is the prevention of potential or actual risks, injuries, loss or conditions that might injure health care workers, patients or families. Safety is defined as a state of being free from harm, risk, or loss. Safety or safety measures are behaviors or activities designed to keep persons at risk safe. Safety in health care is the application of safety measures to protect healthcare workers and patients and their families and avoid accidents, injuries or conditions that would harm them (Davis, Harris, Mahisi, Bartholomew, & Kenward, 2016).

Quality is “the degree to which health care services for individuals and populations increase the likelihood of desired outcomes and are consistent with current professional knowledge.” (Agency for Health Care Research and Quality [AHRQ], 2016) Quality improvement initiatives use new knowledge, creativity and innovation to identify and remove barriers to improve care delivery. Quality improvement principles are applied to safely deliver and manage patient care for quality patient outcomes (ANA, 2015).

Within this domain, a pediatric nurse resident should demonstrate the following competencies:

1. Demonstrate effective practice behaviors reflecting quality care for patients and families through each step of the nursing process including assessment, diagnosis, outcomes/planning, implementation and evaluation of care.
2. Implement safety measures for individual children, families and others on the unit and throughout the institution.
3. Report unsafe conditions promptly after taking temporary actions to prevent injuries.
4. Participate in institution-wide and unit-based committees and activities designed to improve compliance with safety and quality improvement policies and procedures.
5. Use the results of quality improvement activities and new knowledge from scholarly sources to improve care delivery.
6. Take responsibility for including safety measures in patient care planning as a member of the health care team.
7. Demonstrate accountability in implementing safety measures and validating decisions, particularly in high-risk aspects of care such as medication calculation and measurement or patient procedures (ANA, 2015).

II. Advocacy

Advocacy is protecting and educating patients, families and health care workers about patient and family rights. This can include teaching to correct a knowledge deficit, identifying vulnerable patients or family members, informing others about individual or a group of patients' needs, or supporting individuals to empower them to achieve their goals. “Advocacy...as a role of nursing has a legal



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mandate to acknowledge client rights and comply with client decisions, speak on their behalf, serve in mediation and facilitate the client in speaking.” (Hamlin, 2015)

This domain includes the ability to apply knowledge about the needs of children and families as well as the federal laws that are designed to promote and protect their health and well-being.

Within this domain, the pediatric nurse resident should demonstrate the following competencies:

1. Advocate “for organizational, environmental and practice changes to ensure that the unique health needs of children are met.” (ANA, NAPNAP, SPN, 2015)
2. Protect “the human and legal rights of the pediatric patient and family” working with social service agencies and courts particularly when child abuse, neglect or other forms of family violence are suspected. (ANA, NAPNAP, SPN, 2015)
3. Actively support leadership activities such as promoting a legislative agenda and professional organization activities designed to influence health care practice and policies for children, families and communities. (ANA, NAPNAP, SPN, 2015).
4. Assist children and families in informed decision making and participation in care planning.
5. Advocate for children and parents to protect their rights according to state and federal law and to support their active participation in aspects of their care. (ANA, NAPNAP, SPN, 2015)
 - a. Individuals with Disabilities Education Act (IDEA)
 - b. Health Insurance Portability Accountability Act (HIPAA)
 - c. Family Educational Rights and Privacy Act (FERPA)

III. Communication

Communication is defined as the exchange of information, thoughts and feelings among people using speech or other means (Kourkouta & Papatransiou, 2014). Communication is used effectively through a developmentally appropriate approach in all areas of practice including: conflict resolution strategies, identifying potential hazards and errors in care environments, facilitating developmentally appropriate interactions for the child and family with the interprofessional team (IPEC, 2016) and assessing the level of health literacy of the child and family (adapted from ANA, 2010).

Within this domain, the pediatric nurse resident should demonstrate the following competencies:

1. Recognize families as members of the healthcare team and understand that effective communication skills between all parties will produce the best health outcomes for the child.
2. Demonstrate communication skills based on the health literacy level of the patient and family members empowering the family to make informed decisions about their child’s health.
3. Utilize conflict resolution strategies to address potential hazards and ensure patient safety.
4. Use established and informal methods of communication to inform members of the interprofessional team.
5. Communicate the current status of patients and their families in the electronic health record and other media available promptly and in sufficient detail.
6. Promote patient and family goals during all interprofessional team or agency care planning sessions.



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IV. Collaboration and Teamwork

Collaboration and teamwork are functioning effectively within nursing and interprofessional teams, including the child, family and others, fostering open communication, mutual respect and shared decision making to achieve quality patient care (IPEC, 2016 & Cash, 2011). The interprofessional team includes all partners concerned with patient and family care. Teamwork involves cooperation, respect and trust. Team actions are based upon established research and the best available evidence (ANA, 2015).

Within this domain, the pediatric nurse resident should demonstrate the following competencies:

1. Demonstrate purposeful inclusion and collaboration with the patient, family and health care team in clinical and education plans for care.
2. Articulate clear expectations of all members of the team from admission through discharge by way of Electronic Health Record (EHR), handoff, rounds or patient care conferences.
3. Implement communication and patient hands-off via facility approved methods/tools (Example: SBAR- Situation-Background-Assessment-Recommendation).
4. Collaborate and communicate with the interprofessional team (QSEN, 2015).

V. Leadership and Professional Development

Leadership is demonstrated through core behaviors with the intent to "motivate and inspire" the pediatric patient, family and others toward their defined goals. This form of leadership originates clinically at the point of care building on the trusting relationship between the nurse, patient, family and others to transform "attitudes, beliefs, values and behaviors" (To, Tse, & Ashkanasy, 2015). The nurse resident will be encouraged to participate in leadership for the profession by committing to membership in professional organizations. Leadership extends beyond the immediate practice environment to the public and representative organizations.

Professional development is a process of creating and enacting a plan to advance self-confidence and self-awareness through education, practice, and reflection. This process expands a personal, professional, and ethical framework built from knowledge and skills acquired during pre-licensure (Commission on Collegiate Nursing Education [CCNE], 2015).

Within this domain, the pediatric nurse resident should demonstrate the following competencies:

1. Examine the bedside nurse's role in assuring coordination, integration, and continuity of care for patients and their families.
2. Assign, direct, and supervise Unlicensed Assistive Personnel (UAPs) in carrying out particular roles/functions aimed at achieving patient care goals.
3. Build on the trusting relationship with patients, families and staff that contributes to resolution of conflict and disagreement.
4. Understand the professional standards of practice, the evaluation of practice, and the responsibility and accountability for the outcome of practice.
5. Clarify personal and professional values, strengths, biases, and self-limitations, recognizing the impact on decision making and professional behavior.
6. Engage in reflective practice to improve outcomes of care and advance own practice.



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7. Acknowledge that learning is a lifelong process and be receptive to feedback for ongoing personal and professional development.
8. Participate in professional activities to promote nurse's career development and advancement based on area of interest.

VI. Evaluation and Outcomes

Evaluation and outcomes are part of the nursing process. Based on the assessment and diagnosis, the nurse sets and communicates measurable and achievable goals for the patient and family (ANA, 2016). Evaluation and outcomes are the desired result of planning and intervention.

The nurse brings a unique perspective to the interprofessional team to optimize patient outcomes. The nurse works with the individual child and family to develop expected outcomes that are developmentally appropriate, age-specific, family-centered, culturally and spiritually sensitive and meet the expectations of the child and family. The nurse considers the patient's condition and changes in status and uses evidence-based practices to evaluate outcomes (American Association of Colleges of Nursing [AACN], 2008).

Within this domain, the pediatric nurse resident should demonstrate the following competencies:

1. Set both short and long term goals in collaboration with the patient, family and interprofessional team that align with the plan of care.
2. Continuously evaluate the plan of care in collaboration with the interprofessional team and the patient and family during each unique care encounter and revises the plan of care as needed.
3. Evaluate the effectiveness of nursing care based on patient and family outcomes.
4. Participate in institution-wide and unit-based evaluation of patient care and nursing sensitive outcomes.
5. Address the health care needs of the community that the institution serves (ANA, 2015).

VII. Technology and Informatics

Use of **information and emerging technology** is available in the practice setting to enhance the care provided to the patient and family and facilitate mobility, communication and relationship (Huston, 2013), with focus on interprofessional collaboration in managing knowledge, mitigating error, and supporting decision making (Cronenwett, et al., 2009 & Delaney, Kuziemy, & Brandt, 2015). The pediatric resident nurse provides care enabled by technology available in the practice setting to enhance the care provided to the patient and family while observing the standards of ethics, leadership, communication and professionalism.

Within this domain, the pediatric nurse resident should demonstrate the following competencies:

1. Show evidence of valid, current and appropriate access of Electronic Health Records (EHR) and other electronic resources, institution policies and procedures as needed to perform roles and responsibilities.
2. Show evidence of computer literacy and understanding of basic EMR functionality and applications to generate quality reports or audits.



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3. Document participation in groups or committees that evaluate reports generated from quality improvement activities, access metrics, message management, etc. and discuss, plan, implement practice or workflow changes to improve upon these reports.
4. Document individualized care plan incorporating patient and family goals.

VIII. Research and Evidence-Based Practice

The pediatric resident nurse identifies, evaluates, and uses the best current evidence coupled with clinical expertise and consideration of patient's preferences, experience and values to make practice decisions (Adapted from ANA, 2010).

"Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care" (Cronenwett, et al., 2009).

Within this domain, the pediatric nurse resident should demonstrate the following competencies:

1. Participate in the culture of inquiry by questioning current practice for children and their families and seeking evidence to change or justify nursing practices.
2. Show documentation of consistent access and references resource materials such as Clinical Library, policies and procedures and protocols.
3. Participate in writing or reviewing policies and procedures for care of children and families that are based on evidence.
4. Document participation in a group or committee that conducts, promotes, facilitates or supports research and evidence-based practice activities.
5. Promotes nursing activities that contribute to the dissemination and sustainability of evidence-based practice.



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