



## SPN Pediatric Residency Core Competencies, Second Edition 2024

### Purpose

The Society of Pediatric Nurses' (SPN) *Residency Core Competencies* provides guidance for the development and revision of nurse residency curricula specific to the practice of pediatric nursing: the science, art, and practice discipline devoted to the care of infants, children, adolescents, young adults, and their families. The document endorses the five domains identified by the Society of Pediatric Nurses' [Pediatric Nursing Excellence Model](#), a conceptual framework aimed at clarifying the complex and interactional spheres that distinguish excellent pediatric nursing practice. Each domain represents an essential practice element in the preparation of the pediatric nurse. Individual domains are accompanied by a conceptual definition and prescribed competencies whose accomplishment demonstrate mastery of the core knowledge, skill, values, and attitudes to be achieved during the residency period. The development of the domains, concepts, conceptual definitions, and competencies was informed by the history, knowledge, science, trends, and issues affecting contemporary pediatric nursing practice and the moral, ethical, and legal contexts within which pediatric nursing care is provided. This document reflects a desire to incorporate multiple perspectives into nursing practice and may evolve over time as changes in health care and nursing practice are observed.

While we understand there is strong evidence for the efficacy of nurse residency programs, SPN acknowledges that this may not currently be feasible for every institution. Various factors such as resource limitations, staffing challenges, and financial constraints can impact the ability to initiate such programs. However, recognizing the value these programs bring in enhancing nurse retention and improving patient care, SPN encourages health care organizations to consider future opportunities for development and to explore alternative support systems for new nursing graduates in the interim.


### Key Assumptions


1. The term pediatric patient is inclusive of the following recipients of pediatric nursing services: infants, children, adolescents, young adults, adults impacted by congenital or neurodevelopmental disorders, and their families. Throughout this document the terms child, youth, and families are used to refer to this population.
2. The health of children and youth cannot be separated from the culture and status of the family unit, the environmental conditions in which they are born and inhabit, and the political and climates of the day.
3. Family-centered and developmentally appropriate care are the foundation of pediatric nursing practice.
4. Pediatric health is the foundation of the health and well-being of future societies.
5. Accountability is essential to collaborative practice, collegiality, and the provision of safe, accurate, and responsible nursing care.
6. The competencies are inclusive of the core knowledge, skill, values, and attitudes to be achieved during the residency period, regardless of practice setting.
7. The competencies build upon SPN's [Pre-Licensure Core Competencies](#) and are intended to facilitate the transition of newly licensed registered nurses to pediatric nursing practice.


### Goals


1. Define the core knowledge, skills, values, and attitudes that are essential to pediatric nursing practice.
2. Identify performance expectations characteristic of competent pediatric nursing practice.


3. Provide a framework for the development and revision of pediatric specific nurse residency curricula.

Concept	Definition and Competencies
Developmentally Appropriate Care	<p>Developmentally appropriate care is a comprehensive approach to health care that encompasses the understanding of the variation and progression through developmental ages and stages to promote the optimal well-being of children and youth. This approach includes careful assessment of the specific physical, psychosocial, and cognitive levels of children, youth, and their families.</p> <p><b>Competencies:</b></p> <ol style="list-style-type: none"> <li>1. Apply developmentally appropriate communication strategies to gain a holistic assessment of children, youth, and their families.</li> <li>2. Prioritize issues/health concerns of children, youth, and their families.</li> <li>3. Integrate genetics and genomics knowledge into care plans and anticipatory guidance to ensure the use of tailored approaches to support individual growth and development.</li> </ol>
<h2 style="margin: 0;">1. Engagement </h2>	
1a. Collaboration	<p>Collaboration means building authentic, flexible, transparent, mindful, and durable partnerships between and among children, youth, their families, and the interprofessional team. These partnerships are founded upon principles of ethical care. Clearly defined roles, communication practices, and decision-making procedures are necessary to support optimal collaborative efforts. Participation is balanced, and efforts and resources are coordinated to achieve mutually desired outcomes that are in the best interests of children, youth, and their families.</p> <p><b>Competencies:</b></p> <ol style="list-style-type: none"> <li>1. Collaborate with members of the interprofessional team, including the child or youth, their family, and community partners, to establish mutual health care goals.</li> <li>2. Elicit the perspectives of interprofessional team members to inform patient- and family-centered decision making.</li> <li>3. Apply conflict resolution skills effectively to maintain and enhance patient safety and care outcomes.</li> <li>4. Engage in collaborative practice efforts that are within one's scope of practice and level of competency.</li> </ol>
1b. Professionalism	<p>Professionalism means demonstrating behaviors that give consideration to the moral and ethical dilemmas children, youth, and their families confront. Professional behaviors incorporate collaborating with others, maintaining accountability, upholding respect and integrity, and following the standard of practice to provide safe care.</p> <p><b>Competencies:</b></p>

	<ol style="list-style-type: none"> <li>1. Adhere to pediatric professional standards of practice, the evaluation of practice, and the responsibility and accountability for the outcome of practice.</li> <li>2. Demonstrate leadership through engagement beyond the immediate practice environment.</li> <li>3. Apply knowledge of current professional practice standards, guidelines, statutes, rules, and regulations that impact the nursing care of children, youth, and their families.</li> <li>4. Evaluate performance according to the standards of the nursing profession and those specific to pediatric nursing and associated regulatory bodies.</li> <li>5. Engage in reflective practice to improve outcomes of care and advance one's own practice.</li> <li>6. Demonstrate professional accountability for improving practice to facilitate desired patient outcomes.</li> </ol>
1c. Professional Development	<p>Professional development means engaging in lifelong learning, both formally and informally. Learning should be goal driven and supported through mentoring and role transition from a student to a practicing nurse.</p> <p><b>Competencies:</b></p> <ol style="list-style-type: none"> <li>1. Examine the nurse's role in ensuring coordination, integration, and continuity of care for children, youth, and their families.</li> <li>2. Demonstrate self-awareness by identifying and understanding personal and professional values, strengths, biases, and limitations to inform effective decision making and professional behavior.</li> <li>3. Engage in reflective practice to improve outcomes of care and advance one's own practice.</li> <li>4. Demonstrate a commitment to lifelong learning by actively seeking and integrating feedback for continuous personal and professional growth.</li> <li>5. Demonstrate engagement in professional activities to enhance career development and advancement in a chosen area of nursing interest.</li> </ol>
<h2 style="margin: 0;">2. Values </h2>	
2a. Advocacy	<p>Advocacy means acting or speaking on behalf of and in support of children, youth, and their families.</p> <p><b>Competencies:</b></p> <ol style="list-style-type: none"> <li>1. Incorporate evidence-based strategies into practice to address social determinants of health (SDOH) impacting children, youth, and their families.</li> <li>2. Promote organizational, environmental, and practice changes to ensure that the unique health needs of children and youth are met.</li> <li>3. Actively support social and political activities fostering health equity for children, youth, their families, and communities.</li> </ol>

	<p>4. Collaborate with relevant agencies and institutions to address potential abuse, neglect, violence, trafficking, and developmental or mental health concerns to ensure the protection of human and legal rights for children, youth, and their families.</p>
2b. Ethics	<p>Ethics means upholding and promoting the standards of the profession by practicing in accordance with state-specific nursing practice acts, <i>Pediatric Nursing: Scope and Standards of Practice</i>, agency policies, evidence-based practice and research guidelines, and the American Nurses Association's <i>Code of Ethics for Nurses</i>.</p> <p><b>Competencies:</b></p> <ol style="list-style-type: none"> <li>1. Adhere to the child, youth, and family's right to privacy and the protection of personal health information in compliance with the Health Insurance Portability and Accountability Act, Family Educational Rights and Privacy Act, and Individuals with Disabilities Education Act standards, and human subjects' protections.</li> <li>2. Demonstrate understanding of pediatric ethical concepts, including surrogate decision making, best interest standards, consent versus assent, and minors' autonomy rights.</li> <li>3. Collaborate with other interprofessional team members and the community to protect the rights of children, youth, and their families, and reduce health disparities.</li> <li>4. Develop a personal plan to support personal well-being and build resilience.</li> <li>5. Foster an ethical work environment by engaging in respectful interactions, providing mutual peer support, and openly addressing challenging issues.</li> </ol>
2c. Quality of Life	<p>Quality of life means promoting and optimizing the child or youth's well-being as defined by the child or youth and their family.</p> <p><b>Competencies:</b></p> <ol style="list-style-type: none"> <li>1. Promote self-identified strategies that facilitate the well-being of children, youth, and their families.</li> <li>2. Minimize self-identified barriers to optimal well-being.</li> <li>3. Educate children, youth, and their families about quality and safety in their environment to support the child or youth's physical, cognitive, cultural, psycho-socio-emotional skills, and interactions to enhance their quality of life.</li> </ol>
<p><b>3. Principles</b> </p>	
3a. Equity/Diversity/Inclusion	<p>Equity, diversity, and inclusion means providing care to children, youth, and their families that ensures equitable access to health and well-being, values their diversity (including, but not limited to, race/ethnicity, language, gender identity, sexual orientation, religious belief, education, and socio-economic status), and is intentionally inclusive.</p> <p><b>Competencies:</b></p>

	<ol style="list-style-type: none"> <li>1. Assess the impact of SDOH in achieving health equity for children, youth, and their families.</li> <li>2. Identify systemic, societal constructed factors that inhibit attainment of equity, diversity, and inclusion within the practice environment.</li> <li>3. Identify personal values, assumptions, and biases impacting care and take steps to mitigate the impact of bias.</li> <li>4. Promote workplace diversity through civil and inclusive practices.</li> <li>5. Deliver care in a nonjudgmental and nondiscriminatory manner that respects and values diversity related to factors including, but not limited to, race/ethnicity, language, education, socio-economic status, religious belief, sexual orientation, gender identity, and culture.</li> </ol>
3b. Holistic Care	<p>Holistic care is the provision of comprehensive care to children, youth, and their families that is based on a mutual understanding of their developmental, physical, psychological, sociocultural, emotional, and spiritual needs to optimize wellness.</p> <p><b>Competencies:</b></p> <ol style="list-style-type: none"> <li>1. Develop personalized plans of care to address the unique developmental, physical, psychological, environmental, sociocultural, emotional, and spiritual needs of children, youth, and their families.</li> <li>2. Communicate the values and needs of children, youth, and their families to the interprofessional team to optimize their wellness.</li> </ol>
3c. Patient- and Family-Centered Care	<p>Patient- and family-centered care is an approach to care that is driven by and attends to the preferences, values, and needs of children, youth, and their families.</p> <p><b>Competencies:</b></p> <ol style="list-style-type: none"> <li>1. Demonstrate cultural sensitivity, inclusion, and respect for the diversity of children, youth, and their families, offering equitable care to meet their unique and diverse needs.</li> <li>2. Demonstrate the ability to communicate effectively with children, youth, and their families, and members of the interprofessional team to promote the best interests of families, address decisional conflict, and provide access to resources.</li> <li>3. Demonstrate strategies to empower children, youth, and their families in all aspects of the health care process.</li> <li>4. Establish effective care relationships through building trust with children, youth, and their families, and interprofessional team members.</li> </ol>
<h2 style="margin: 0;">4. Care Delivery </h2>	
4a. Care Coordination	<p>Care coordination means organizing care to achieve the best outcomes for children, youth, and their families.</p> <p><b>Competencies:</b></p>

	<ol style="list-style-type: none"> <li>1. Incorporate the child, youth, and family's input into decision making with interprofessional team members to enhance quality of life.</li> <li>2. Lead the continuity of care for children, youth, and their families through coordination and integration with other disciplines.</li> <li>3. Facilitate care planning to meet the unique developmental and health care needs of the child, youth, and their family.</li> <li>4. Assign, direct, and supervise care team members in carrying out roles/functions, within their scopes of practice.</li> </ol>
4b. Care Planning	<p>Care planning is the process by which children, youth, their families, and interprofessional team members discuss, agree, and review an action plan to achieve mutually agreed upon goals of most relevance and concern to children, youth, and their families.</p> <p><b>Competencies:</b></p> <ol style="list-style-type: none"> <li>1. Utilize principles of health literacy to collaborate effectively with children, youth, their families, and other members of the interprofessional team.</li> <li>2. Communicate complete, unbiased, and accurate information to children, youth, and their families in a timely, developmentally, and situationally appropriate manner.</li> <li>3. Incorporate the perspectives of children, youth, and their families to promote ethical decision-making in care.</li> <li>4. Continuously evaluate and revise the plan of care in collaboration with children and youth, their families, and the interprofessional team during each unique care encounter.</li> </ol>
4c. Health Promotion	<p>Health promotion is the process of enabling children, youth, and their families to increase control over and to improve their health.</p> <p><b>Competencies:</b></p> <ol style="list-style-type: none"> <li>1. Engage in interprofessional efforts to prevent and address the population health issues of children, youth, and families.</li> <li>2. Contribute to policy development at the local, system, regional, and/or national levels.</li> <li>3. Provide developmentally appropriate anticipatory guidance to a child or youth's family to promote health and prevent injury.</li> </ol>
<h2 style="margin: 0;">5. Continuous Improvement </h2>	
5a. Evidence-based Practice	<p>Evidence-based practice is an approach that draws upon research, theory, and an understanding of the individual needs and preferences of children, youth, and families during health care delivery. It involves critically appraising the quality, relevance, and value of available data and incorporating applicable findings into the clinical decision-making processes that govern patient and family centered care.</p> <p><b>Competencies:</b></p> <ol style="list-style-type: none"> <li>1. Act as an early adopter and/or change agent.</li> <li>2. Participate in scholarly inquiry.</li> </ol>

	<ol style="list-style-type: none"> <li>3. Access institutional resources to obtain and evaluate appropriate evidence to guide clinical practice decisions.</li> <li>4. Participate in the implementation of evidence-based practice change to improve nursing care for children, youth, and families.</li> <li>5. Communicate scholarly findings.</li> </ol>
5b. Outcomes	<p>Outcomes are the results children, youth, and families value most when seeking care.</p> <p><b>Competencies:</b></p> <ol style="list-style-type: none"> <li>1. Set short- and long-term goals, in collaboration with children and youth, their families, and the interprofessional team, that align with the plan of care.</li> <li>2. Evaluate the effectiveness of nursing care based on the goals identified by children, youth, and their families.</li> <li>3. Analyze patient and family satisfaction data alongside nurse-sensitive quality indicators to enhance child/youth and family outcomes.</li> </ol>
5c. Quality Standards	<p>Quality standards mean the degree to which health care services for children, youth, and families increase the likelihood of desired outcomes and should be consistent with current knowledge and practice expectations.</p> <p><b>Competencies:</b></p> <ol style="list-style-type: none"> <li>1. Demonstrate effective practice behaviors reflecting quality of care for children, youth, and their families through each step of the nursing process.</li> <li>2. Participate in local or organizational committees designed to assess gaps and improve practice.</li> <li>3. Use the results of evidence-based practice reviews and quality improvement activities to improve care delivery.</li> <li>4. Demonstrate accountability in implementing safety measures and validating decisions, particularly in high-risk aspects.</li> <li>5. Recognize opportunities to maximize efficiencies and reduce financial burdens.</li> </ol>

## References

- American Association of Colleges of Nursing. (2021, April 6). *The essentials: Core competencies for professional nursing education*.  
<https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf>
- American Nurses Association, National Association of Pediatric Nurse Practitioners, & Society of Pediatric Nurses. (2015). *Pediatric nursing: Scope and standards of practice* (2<sup>nd</sup> ed.). American Nurses Association.
- American Nurses Association. (2015). Code of ethics for nurses with interpretive statements [eBook edition]. American Nurses Association. <https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/>
- Betz, C.L., Krajicek, M.J., & Craft-Rosenberg, M. (2018). *Guidelines for nursing excellence in the care of children, youth, and families* (2nd ed.). Springer Publishing.
- Institute for Patient- and Family-Centered Care. (n.d.). *Patient- and family-centered care*. Retrieved December 14, 2022, from <https://www.ipfcc.org/about/pfcc.html>
- McCarthy, A.M., & Wyatt, J.S. (2014). Undergraduate pediatric nursing education: Issues, challenges and recommendations. *Journal of Professional Nursing*, 30(2), 130-138.  
<https://doi.org/10.1016/j.profnurs.2013.07.003>
- McDowell, B.M., Cooper, R., Bowling, A.M., Cowen, K.J., Eskew, K., Kingsley, R.A., Ridling, D., & Williams, L. (2022). The SPN pediatric nursing excellence model: Differentiating pediatrics. *Journal of Pediatric Nursing*, 68, 10-17. <https://doi.org/10.1016/j.pedn.2022.09.022>
- Pauly-O'Neill, S., Prion, S., & Nguyen, H. (2013). Comparison of quality and safety education for nurses (QSEN)-related student experiences during pediatric clinical and simulation rotations. *Journal of Nursing Education*, 52(9), 534-538. <https://doi.org/10.3928/01484834-20130819-02>
- Porter, M. E. (2010). What is value in health care? *The New England Journal of Medicine*, 363(23), 2477-2481. <https://doi.org/10.1056/NEJMp1011024>
- Society of Pediatric Nurses. (2021, June 10). *Child health content in the undergraduate curriculum*. Retrieved December 14, 2022, from <https://www.pedsnurses.org/assets/docs/Engage/Position-Statements/Child%20Health%20Content%20in%20the%20Undergraduate%20Curriculum%202021.pdf>
- Society of Pediatric Nurses. (2017). *Pediatric residency core competencies*. Retrieved October 22, 2024, from <https://www.pedsnurses.org/assets/core-competencies/SPN%20Pediatric%20Residency%20Core%20Competencies%20%281%29.pdf>
- Walz, C.F. Jenkins, L.S., & Han, N. (2014). The use and effectiveness of active learning methods in nursing and health professions education: A literature review. *Nursing Education Perspectives*, 35(6), 392-401.  
<https://doi.org/10.5480/13-1168>
- World Health Organization. (2022). *Health promotion*. World Health Organization: Western pacific. Retrieved December 14, 2022, from <https://www.who.int/westernpacific/about/how-we-work/programmes/health-promotion>



## Contributors

### Task Force Chairs

Michaela N. Lewis, DNP, ARNP, CPNP-AC/PC, PMHS, CPN, CPEN, CNE, CNE-cl, VA-BC, CCRN; University of Colorado, Anschutz Medical Campus, College of Nursing

Gayla Goleman, DNP, RN, NPD-BC, CPN; University of Virginia, Northern Virginia and Culpeper

### Task Force Members

Patricia Beam, DNP, RN, NPD-BC; University Hospitals Cleveland Medical Center/Rainbow Babies & Children's Hospital

Casey O. Benedetto, MSN, RN, NPD-BC, CPN; Ann & Robert H. Lurie Children's Hospital of Chicago

Megan Dorrington, MSN, MBA, RN, NPD-BC, CPN; Akron Children's

Laura Kubin, PhD, RN, CPN, CHES, CNE, CHSE; Texas Woman's University, College of Nursing

Betsy M. McDowell, PhD, RN, ANEF, FAAN; Newberry College, Department of Nursing

Sharon Norman, DNP, CNS, CPNP-PC, CCRN; Randall Children's Hospital at Legacy Emanuel and Oregon Health & Science University

Joy Okumu, DNP, RN, CPN; Carle Foundation Hospital & Carle Health System