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Society of Pediatric Nurses Department

Society of Pediatric Nurses' Core Competencies for the Pediatric Nurse☆



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Core Competencies: Foundation for the Profession of Pediatric Nursing

Nursing competencies establish the professional expectations for the role of the nurse and prescribe a template for developing the knowledge, skills and attitudes necessary for practice (Harding, 2016, p. 43). The *Pediatric Nursing Scope and Standards of Practice*, ANA et al. (2015) defines core competencies as key indicators of competent practice for pediatric registered nurses and advanced practice registered nurses (p. 8). Rationale for the need to develop professional core competencies for pediatric nursing can be found in the SPN mission statement, "to advance the specialty of pediatric nursing through excellence in education, research, and practice" <http://www.pedsnurses.org/page/about-spn>. Harding (2016, p. 44) emphasized that specialty nursing organizations

that include *education* within their mission statement are committed to ensuring a prototype that specifies the concepts and context essential for critical thinking, decision-making and implementation of clinical skills for competent practice of the specialty. Both the SPN mission and vision (*to be the premier resource for nurses caring for children and their families* <http://www.pedsnurses.org/page/spn-core-values>.) statements direct the organization to establish pediatric nursing core competencies.

The purpose of this article is to describe the development of the SPN Core Competencies for undergraduate pre-licensure programs and for the transition of new graduates into practice through clinical residency education programs. Documenting the process of creating these two levels of pediatric nursing core competencies provides transparency into the thinking and rationale as based on the understanding and experience of experts in areas of research, education and practice of pediatric nursing. The core competencies establish the foundation of pediatric nursing and supports the practice of defining and measuring competent practice.

Strategic Planning Leads to Competency Development

In 2015, the SPN board met to develop a strategic plan to reflect the vision and mission of the organization. During 2014, the SPN Board had worked to restructure the organization to more effectively serve membership and promote transparency. Throughout that year the SPN board

☆ The mission of the Society of Pediatric Nurses is to support its members in their practice. One means of accomplishing this mission is to keep membership informed of innovative initiatives involving the board, committees, and members that promote research, clinical practice, education, and advocacy within the larger pediatric healthcare community. This department serves that purpose.

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discussed concerns facing undergraduate nursing education and nurse residency programs including: difficulty in recruiting pediatric nurse faculty for schools of nursing; limited pediatric student nurse clinical time for learning experiences; decreasing didactic content for undergraduate student nurses; increasing pressure for new graduates to demonstrate independent clinical-decision making skills when beginning practice; and the demanding care environments related to increased acuity and complexity of care required by children and their families (Delack, McCarthy, Martin, & Sperhac, 2015; McCarthy & Wyatt, 2014).

Building on the increased knowledge and understanding the board gained by exploring the concerns of membership, completing the subsequent restructuring process, and contemplating the future direction for the SPN organization, the board committed to creating a strong, future-focused strategic plan. One of the goals that emerged during the strategic work sessions was to clarify and affirm the foundation of professional pediatric nursing. The focus for undergraduate students was related to curricular concepts and established beliefs about the unique aspects of pediatric nursing. For the institutional residency programs, it was decision-making paradigms and authenticating standards related to being a competent practitioner. The premise of this goal was to strengthen and support the education of undergraduate nurses and the transition of newly graduated nurses into the practice of pediatric nursing. The board proposed that a cadre of SPN pediatric nurse experts from across the United States produce the two-level evidence-based pediatric nursing core competencies.

Following the approval of the strategic plan, the organization released a web site call for subject matter experts to volunteer to participate in the development of the SPN core competencies. Two working task forces (pre-licensure and residency) were created to achieve this strategic goal. Each task force had two co-chairs who, with input from the SPN board shared leadership responsibilities, selected and appointed task force members from the list of volunteers, arranged meeting conference calls and set the agenda for each one. Each task force was diligent, focused and worked cooperatively to advance the role of the organization in promoting excellence in the profession of pediatric nursing. In alignment with SPN's organizational commitment of collaboration and communication, the four co-chairs of the task forces also held regularly scheduled calls to discuss progress, coordinate shared concepts and agree on a common language for terms and progression of nurses to ever higher levels of expertise and autonomy. Shortly after the task forces began their work, an editorial in the *Journal of Pediatric Nursing* affirmed the identified concerns and suggested the following additional ones be considered: decreasing numbers of pediatric nurses; increasing numbers of children with special health care needs; increasing numbers of children experiencing mental health and behavioral disorders diagnoses, obesity, substance abuse, and poverty (Betz, 2017a, 2017b). Clearly, the concerns were fluid, shifting and increasing almost daily. It was obvious that discussing each concern individually would be an exercise in futility, thus reinforcing the basic strategy of focusing on essential curricular outcomes for undergraduate students and decision making paradigms and practice standards for nurses transitioning to the role of a pediatric nurse. The essential goal for the pre-licensure student was to explicate and demonstrate the fundamental nature and principles of delivering excellent nursing care that is competent, compassionate, holistic and patient and family centered. The essential goal for the transitioning nurse was to confidently demonstrate understanding and use of decision making paradigms and base care and advocacy on evidence-based standards. In July 2017, both the pre-licensure and the residency task forces concluded their work and submitted final drafts of the respective core competencies to the SPN board for review and approval.

Competency Approval and Public Review

Following several board reviews, inclusion of recommended edits, and further reviews, the documents were completed and given final

approval by the board. The core competencies were then posted on the SPN web site. Initially they were open for questions and comments from the membership. Next, other national pediatric nursing organizations were invited to share their critique of the documents. Invitations were extended to the Institute of Pediatric Nursing (IPN), Association of Pediatric Gastroenterology and Nutrition Nurses (APGNN), American Pediatric Surgical Nurses (APSNA), National Association of Pediatric Nurse Practitioners (NAPNAP), and the Pediatric Endocrinology Nursing Society (PENS).

The core competency documents were also sent to the American Association of Colleges of Nursing (AACN) and the Commission on Collegiate Nursing Education (CCNE) for comment. Response from the CCNE reaffirmed the guidelines in the *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs, CCNE (2013)* that encourage programs of nursing to use other professional nursing standards for support during the process of seeking accreditation (p. 23). The SPN core competencies for pre-licensure can assist programs of nursing in the process of accreditation as they demonstrate the use of standards for inclusion of pediatric undergraduate nursing content in the curriculum.

Comments from the SPN membership, various national pediatric organizations, and review from the professional nursing and accrediting organizations were provided to both task forces for consideration and as appropriate incorporated into the final competency documents. Once finalized both competency documents were officially published on the SPN web site <http://www.pedsnurses.org/page/core-competencies>. The SPN core competencies are now available for adoption by nursing faculty in colleges and universities and can be used to demonstrate program outcomes related to pediatric nursing content. Clinical nurse residency programs now have core competencies available on which to plan their transition to practice program plus an evaluation guide by which to measure outcomes.

While SPN holds the copyright on the competencies in their completed format, it encourages different schools of nursing and institutions to use them as a framework and modify as needed to coincide with what is unique to their mission and vision statements.

Review of the Step-by-Step Work of the Expert Task Forces

The two task forces that created the competencies were structured similarly and followed the same basic method for identifying and clarifying each step of the process for developing their respective competency (pre-licensure or residency). The first step for both was to review available literature including general practice-related documents, specialty-related documents and articles published within the last ten years on aspects of competency development and use. Next each task force established the key assumptions and core values on which their work would be based, agreed on a purpose statement and constructed the goals for the project. Various task force members volunteered to review and comment on specific topics such as domain definitions, core values, sample formats, assumptions competencies, and outcome criteria. Using both email and conference call discussions, ideas, issues and progress were discussed and debated first within a task force and then between the two task forces until consensus was achieved. Management kept everyone on track by setting timelines for completion of the various sections. While there were similarities in process, differences in content were multiple as the documents were formulated for diverse audiences. Throughout development of the competencies, the chairs and the task force members engaged in multiple discussions about the projects to determine what should be common language and what needed to have a singular focus, unique and specific to the level of the audience being addressed.

Both documents speak to the priority of providing safe, high quality patient and family-centered care. The pre-licensure task force discovered that they could best present the competencies by grouping them within three broad domains. Using a modified Delphi approach over

several sessions, they reached consensus on identifying a core set of skills, attitudes and behaviors that illustrated each domain that they had identified as essential to becoming a pediatric nurse. The final product had three domains: Role of Pediatric Nurse, Child and Family Centered Care and Growth and Development. Each domain had 3–6 well-defined competencies that the task force concluded were concept based and would be relevant and appropriate as outcomes for multiple curriculums. The document builds on foundational knowledge, skills and attitudes, is not prescriptive but rather a learning outcome guide to compliment any curriculum. The expectations are realistic and reflect the current state of the science and anticipated skill and knowledge level at the time of graduation from a baccalaureate program. Together the competencies assure that the graduate has the foundational skills to be successful within the field of pediatrics.

The residency task force designed competencies to advance the graduate in her/his career as a pediatric nurse. Eight domains were selected: Safety & Quality Improvement, Advocacy, Communication, Collaboration & Teamwork, Leadership & Professional Development, Evaluation & Outcomes, Technology & Informatics and Research & Evidence-Based Practice. Two key concepts Family-Centered Care and Accountability run through each domain. Each domain was defined followed by a list of behaviors prescribing the expected competencies. The competencies were all stated as measureable behaviors.

The competencies are meant to assist pediatric nurse residents, preceptors and education leaders in preparing the pediatric nurse resident for professional practice. They can be used by newly graduated pediatric nurses or can be adapted for the more experienced nurse who has not practiced in pediatrics or has not done so recently. The competencies should be used in conjunction with the [Pediatric Scope and Standards of Practice \(2015\)](#) and the QSEN Competencies, [QSEN Institute \(2015\)](#) to ensure that pediatric-specific practice is being achieved and evaluated.

An evaluation tool that proposes serial review of the resident accompanies the core competency document. The purpose of the evaluation tool is twofold. First, it enables all involved to know the behaviors expected of the nurse resident at the beginning of their residency as well as at specified periods throughout the program. Second, the evaluation process is meant to be an opportunity for all involved to examine the nurse resident's progress and identify areas that are met at high levels and those in which the resident would benefit from additional knowledge or practice. Knowing up front that transition into practice is a process that requires time, knowledge and experience reminds all that both experienced and new pediatric nurses have a responsibility to advance the science as well support one another's career development.

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