

**Australian  
Confederation of  
Paediatric &  
Child Health Nurses**

**COMPETENCIES  
for the  
SPECIALIST  
PAEDIATRIC  
AND  
CHILD HEALTH  
NURSE**

Australian Confederation  
of Paediatric and  
Child Health Nurses





# **Competencies for the Specialist Paediatric and Child Health Nurse**

**Australian Confederation of  
Paediatric and  
Child Health Nurses  
(ACPCHN)**

The specialist paediatric and child health nurse is considered to be practising at a proficient level as defined by Benner, 1984.

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Australian Confederation of Paediatric and Child Health Nurses

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Copies of the competencies on CD can be obtained by contacting the ACPCHN Secretariat via the "contact us" page on the ACPCHN website: [www.acpchn.org.au](http://www.acpchn.org.au)

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## ACKNOWLEDGEMENTS

In 2000 when the Australian Confederation of Paediatric and Child Health Nurses Competencies were launched, it was determined that they would have a shelf life of three years. After three years the competencies would require review as per phase five of the original development project (as described in section VII on page 23).

The working party for the Second Edition of the Competencies for the Specialist Paediatric and Child Health Nurse included:

- Karen Yates - Queensland
- Mary-Louise Egan – New South Wales
- Sandra Miles - Queensland
- Sue Scott - Tasmania
- Toni Dowd - Tasmania
- Georgina Patterson – South Australia
- Trish Boss (Chair) – New South Wales

From the end of 2003 until early 2006, the review process took place. A summary of that process can be found in Fig1.

Fig 1.

1. Working party established with national representation from 4 States
2. Evaluation survey developed (see appendix 5)
3. Paediatric and Child Health facilities identified across the country.
4. Survey's mailed out to all financially current ACPCHN members and all facilities identified in 3 above.
5. Responses collated and reported (see appendix 6).

It was planned that the First Edition of the Competency Document would be amended/changed to meet identified industry needs or document deficits. However, the feedback received was not considered enough so as to be representative of the workforce for whom the document I targeted. From the feedback received, it appeared that awareness of the document or access to it was very limited. So, rather than make changes to the document at this time, it was decided to work on better penetration of the document into the work place and academic settings and then undertake further review in 18months to 2 years.

The First Edition of the Competency Document was only released in printed copy and it was sold to those interested in owning a copy. In order to get the document out to more clinicians and academics to raise awareness of it's existence, and perhaps encourage it's use in the clinical and teaching environments, the working group decided to produce the booklet as a CD and distribute it free. It is anticipated that these strategies will at the very least increase awareness of the document in the next review.

The other significant change made to this edition is the availability for on-line comment/evaluation to be made, via access at the ACPCHN website on the "contact us" page found at [http://www.acpchn.org.au/default.asp?V\\_DOC\\_ID=725](http://www.acpchn.org.au/default.asp?V_DOC_ID=725)

## Forward

The competencies are for all Australian paediatric and child health nurses. They have been developed from the specialist practice experiences of nurses across Australia, through the collaboration of state branches of the national Australian Confederation of Paediatric and Child Health Nurses. These competencies represent the ideas, practices and knowledge of this specialist discipline and demonstrate the collective wisdom and enriched relationships between all nurses who care for children. They indicate a maturing in this area of nursing practice and are a forceful indication of the value of children's nurses within the health care system. The Specialist Paediatric and Child Health Nurse Competencies reflect the caring and commitment of nurses to the needs and rights of children.

# CONTENTS

Acknowledgements	4
Forward	5
Contents	6
<b>I</b> Introduction	7
<b>II</b> Background	8
<b>III</b> Glossary	10
<b>IV</b> Summary of Specialist Paediatric and Child Health Nurse Practice Domains	12
<b>V</b> Specialist Paediatric and Child Health Nurse Domains and Competencies	13
<b>VI</b> Specialist Paediatric and Child Health Nurse Domains, Competencies and Performance	15
Criteria Examples	
Domain 1 Professional Paediatric and Child Health Nursing Practice	15
Domain 2 Education in Paediatric and Child Health Nursing Practice	18
Domain 3 Consultation in Paediatric and Child Health Nursing Practice	20
Domain 4 Coordination of Paediatric and Child Health Nursing Practice	22
Domain 5 Quality Paediatric and Child Health Nursing and Research	23
<b>VII</b> The Specialist Paediatric and Child Health Nurse Competencies Project	25
Description of Methods and Process for the original development of the competencies	26
Story 1: Jack	27
Story 2: Tran	28
Story 3: Jeremy	29
Story 4: Child Health Encounter	30
<b>VIII</b> References	31
<b>IX</b> Appendices	33
Appendix 1 – Acknowledgements for Development of First Edition	33
Appendix 2 – Domains of Practice Matrix	34
Appendix 3 – Focus Groups for Edition One	35
Appendix 4 – Letter of Introduction for review process	36
Appendix 5 – Competency Evaluation Form	37
Appendix 6 – Evaluation Report	41

# I Introduction

These Competencies are underpinned by the following:

- acknowledgement of the commonalities between the sub-specialities of paediatric and child health nursing recognizing a shared patient/client population;
- care planned with the child as the primary focus of care within the context of the family;
- support of the care continuum and recognition that the child may move along that continuum between primary, secondary and tertiary care providers;
- health as defined by the World Health Organisation (WHO, 1974, p.1); and
- support for the United Nations Convention on the Rights of the Child and the rights of children as consumers of health care.

The philosophical perspective of beginning discussions regarding the development of specialist competencies has moved from a narrow to a broad focus that has considered the nursing care needs of the child and family across the health care continuum. This has required the development of a consensus regarding the scope of professional practice, especially in the future, and the significance this would hold in a constantly changing health and political arena. For the purposes of this project, the specialist paediatric and child health nurse is considered to be practising at a proficient level as defined by Benner, 1984.

These competencies have been given a dual title, 'Paediatric and Child Health', which reflects the current level of consensus by a contemporary, significant cohort of the paediatric nurses and community child health nurses. These groups have debated the traditional notions of the role of a clinical paediatric nurse and a community child health nurse and found more philosophical beliefs, child and family developmental background, and aspects of nursing care that are common to their scopes of practice, than those that are different. Feedback from the development of the competencies and practice-based focus groups has indicated that the difference is not in the aspect of care itself, but rather the *context of practice*. Unity in the future is seen as a critical component of developing a cohesive professional network that celebrates a commitment to the nursing care of children as a unique domain of practice, while *respecting individual differences*.

This philosophical perspective has the child as the primary focus of care. As stated in the document, the term 'child' has been used to indicate neonates, infants, children and young people in the range of birth to 18 years. While the upper limit has been extended in some practice settings to the age of 25 years, it was felt that the majority of practice was carried out in the former age range. The child is viewed within the context of the family and hence a family-centred outlook is evident in the statement of the competencies. The notion of family also came under discussion and within the competencies is viewed in its broadest sense relying on bonds of emotional significance rather than direct progeny relationship. Similarly, an undisputed ideal was that of partnership-in-care. This approach to nursing was seen to have the essential aspect of caring as a foundation for supportive relationships that recognised cultural diversity and safety. It acknowledged that nurses work in partnership with families, children, young people and communities to provide optimal opportunities for improved health outcomes.

An additional ideology that had common support was that of primary health care. This was viewed as affecting all scopes of practice and that the principles of primary health care supported the integration of the different areas of practice toward a common goal. Emphasis from this perspective reflected an orientation toward the provision of holistic health care. It was recognised that professional judgement was paramount in implementing these principles and would change depending on the health care need.

As a result of a painstaking, deliberate and innovative process, the domains and competencies have been designed to reflect the essential areas that have proven to be acceptable across the scope of practice, be that in acute, community, home care or rural settings. Supporting the belief of the child's right to appropriate health care underpins this notion as a foundation of nursing practice in specific arenas. The development of both universal and specific performance criteria examples will serve to highlight both similar and different aspects of practice, where particular facets can be appropriately defined.

## II Background

The nursing competency movement started in Australia in 1986 with the development of the Australian Nurse Registering Authorities Conference (ANRAC) competency statements for registered and enrolled nurses. The 1990 agenda of the National Training Board saw the implementation of a national strategy development for regulated industries for competency statements, which extended to professions. Many industrial groups have now completed refinement and validation of competency statements and/or standards. Nursing continues to refine the original competency statements with the release of the ANCI National Competency Standards for the Registered Nurse 2nd edition 1998 and the Competency Statements for the Advanced Nurse, 1997 Australian Nursing Federation. Work is being undertaken, by various groups that form the National Nursing Organisations, to address the issues concerning competencies for specialist practice, e.g. Competency Statements for the Specialist Critical Care Nurses, 1996, Confederation of Australian Critical Care Nurses Inc. Competencies are an indication of the "capacity of the profession to integrate knowledge, values, attitudes and skills in the world of practice" (Scully 1995, p.24).

A specialist paediatric or child health nurse is a nurse who provides care to

- children and works in partnership with the child and their family to promote the highest possible state of health for each child;
- provides education and support to parents/carers to enable optimal health to be obtained/maintained for each child; and
- practices where nursing services are required by children and young people (e.g. hospitals, home, community, hospice and long term care facilities).

The Specialist Paediatric and Child Health Nurse Competencies have been developed in response to an impetus for defining competencies for specialist practice within the nursing profession. The competencies and domains within this document have been derived from and complement the Australian Nursing Council Incorporated (ANCI) statements for the Registered Nurse practitioner in Recommended Domains and the Competency Standards for the Advanced Nurse (ANF 1997).

The preparation of the Specialist Paediatric and Child Health Nurse Competencies outlined in this document were undertaken by a Working Party of the Australian Confederation of Paediatric and Child Health Nurses. The development of Specialist Paediatric and Child Health Nurse Competencies are believed to be essential to protect the quality and value of a specialist paediatric and child health nurse. These competencies are designed to reflect the following role description for a specialist paediatric and child health nurse specialist.

### Role Description - Specialist Paediatric and Child Health Nurse

A specialist paediatric and child health nurse is a registered nurse who, as a result of postgraduate education and, in-depth clinical experience in paediatric and child health nursing practice, possesses the advanced knowledge and clinical skills necessary to provide specialist nursing care. The major role functions of the specialist paediatric and child health nurse include education, consultation, clinical practice, and research. The primary responsibility of the specialist paediatric and child health nurse is the direct application of clinical specialist competence to the holistic care of the child and family in a variety of health care settings. The specialist paediatric and child health nurse has responsibility for the quality of standards of nursing care for the child and family population. The specialist paediatric and child health nurse demonstrates self-direction and accountability in the development of this role.

In developing the Specialist Paediatric and Child Health Nursing Competencies it was necessary to identify the specialist quality of paediatric and child health nursing practice and the beliefs and theories which underpin it. The competencies are designed for use across the spectrum of paediatric and child health nursing practice within the context of the family/supportive networks. The particular domains have been derived from a consensus regarding the role competencies that indicate "components of the clinical nurse specialist role that are commonly agreed upon include educator, researcher, practitioner, and consultant. Some descriptions of the role also include administrator (sic manager)" (Davies and Erg 1995, p.26). This last aspect of the role in this context is reflected as a 'co-ordinator' of care. Appendix 2 is a Diagrammatical Matrix representing the integration of domains, patient/client to whom care is directed and the role competencies required to achieve the level of care involved as a Specialist Paediatric and Child Health Nurse.)



Specialist nursing practice implies a level of knowledge and skill in a particular aspect of nursing which is greater than that acquired during basic nursing education (ICN, 1987)

Based on an International Council of Nurses convention in Geneva, 1992, the Australian National Nursing Organisations (NNO) have defined specialty nursing based on ten criteria:

- The specialty defines itself as nursing and subscribes to the overall purposes, functions and ethical standards of nursing.
- The specialty is a defined area of nursing practice, which requires application of specially focussed knowledge and skills.
- There is a need and a demand for the specialty area.
- The focus of the specialty is a defined population or a defined area of activity which provides a major support service within the discipline and practice of nursing.
- The specialty is based on a core body of nursing knowledge which is being continually expanded and refined by research. Mechanisms exist for supporting, reviewing and disseminating research.
- The specialty subscribes to, or has established, practice standards commensurate with those of the nursing profession.
- The specialty adheres to the Australian requirements for nurse registration.
- Specialty expertise is gained through various combinations of formal education programs, experience in the practice area and continuing education. Educational program preparation and administration must include appropriate nursing representation.
- The specialty has or is developing a credentialing process consistent with the Australian Nurse Specialist credentialing framework. Sufficient human and financial resources are available to support this process.
- Practitioners are organised and represented within a specialty Association.

Specialist nursing practice assumes appropriate processes for monitoring established nursing standards and the continuing development and refining of these standards in an orderly and collaborative way (Stewart, 1997). It also requires development of a framework for measurement and regulation of the individuals who comprise the specialist workforce. Accreditation or credentialing of these individuals is seen to have benefits for the public, the profession, the employers and the individual nurse (Pratt, 1994; Australian Nursing Federation (Vic), 1996; Gibson & Lawson, 1997). In principle, the National Nursing Organisations have accepted the International Council of Nurses guidelines for regulation of the profession and adopted the view that regulation should remain in the hands of the profession. The credentialing process should be voluntary, apply to the individual, nurse and be overseen by a relevant national organisation following an agreed, consistent framework. Credentialing in Australia will be based on skills, knowledge, and attributes/attitudes (NNO meeting 17.11.95). A Collaborative Credentialing Model has been developed as a working document by the National Nursing Organisations (NNO, 1997) and the process continues to be debated and refined.

### III Glossary

This glossary of terms serves to indicate to the reader the perspective taken within this document.

#### **Family**

Two or more persons who are joined together by bonds of sharing and emotional closeness and who identify themselves as being part of the family (Friedman 1992).

#### **Competencies**

An indication of the capacity of the professional to integrate knowledge, values, attitudes and skills in the world of practice.

#### **Child**

Refers to neonate, infant, child, or adolescent/young person from birth to 18 years (birth - 18 years).

#### **Complementary Therapies**

"are understood as therapies used in holistic practice and derived from:

- a) traditions of healing (e.g. aromatherapy, acupuncture, reflexology)
- b) therapeutic use of self (e.g. humour, therapeutic touch, validation therapy)
- c) physical therapies (e.g. massage, hydrotherapy) and
- d) energy therapies (e.g. meditation, guided imagery, music therapy)

Complementary therapies can provide a focus for the active promotion of health, healing and well-being and the empowerment of people to participate in the healing process" (RCNA 1997, pp.1-2).

#### **Complementary Therapies in Nursing Practice**

"The nursing profession has the right and obligation to interpret complementary therapies within the context of nursing theory and practice...Registered nurses are professional health care providers who are qualified to make appropriate judgements, decisions and recommendations to their clients regarding nursing care to be provided including the application of therapies in the complementary mode as nursing interventions" (RCNA 1997, p.2).

#### **Domain**

An area of professional practice consisting of a number of competencies required for a high degree of professional performance.

#### **Family-centred Nursing**

A model of nursing practice which focuses on the individual/child as the client in the context of the family.

#### **Health**

Health is defined as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO 1974, p.1). The nature of being healthy and well is dynamic and ever changing rather than a static entity.

#### **Healthy Children**

Healthy children are those whose physical health and fitness is balanced with their social, emotional and spiritual lives, and who are developing towards their highest potential for health and well-being, given the constraints of their particular circumstances (McMurray 1999, p.79).

#### **Health Promotion**

A process of enabling people to increase control over and to improve their health. Health promotion, through investments and actions, acts on the determinants of health to create the greatest health gain for people, to contribute significantly to the reduction of inequities in health, to ensure human rights, and to build social capital. The ultimate goal is to increase health expectancy, and narrow the gap in health expectancy between countries and groups (Jakarta Declaration 1997, p.2).

#### **Paediatric and child health**

The health promotion, illness prevention, treatment of illness and rehabilitation for infants, children and young people in a variety of health care settings including maintenance of the family unit.

**Partnership-in-care**

A philosophical approach to shared care that is negotiated and focussed on the needs of the child and their family. "It is a level of care that recognises and respects the family's expertise in the care of their child and recognises that the family is the constant in a child's life and that they offer a special kind of expertise in the care of their child. Nurses offer other types of expertise that should aim to support and complement the care that the family feel they want and are able to provide" (Johnson 1998, p. 215).

**Performance Criteria**

Information and examples which when drawn together allow an inference or conclusion to be drawn about a competency.

**Primary Health Care** - philosophy, strategy, and level of care

"Primary Health Care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. (WHO 1978 reproduced in WHO 1988:16) it is more than a particular type of health service ... A balanced system of illness treatment, disease prevention and health promotion primary-level health services - that is the point of first contact with the health system for people with health problems" (cited in Wass 1994, pp. 8-9).

**Proficient**

The proficient performer perceives situations as wholes rather than in terms of aspects, and performance is guided by maxims. The proficient performer recognises the situation in terms of the overall picture. This person recognises which aspects of the situation are most salient. The proficient performer has an intuitive grasp of the situation based on a deep background understanding (Benner 1984, p.297).

**Role Definition - Paediatric and Child Health Specialist Nurse**

A specialist paediatric and child health nurse is a registered nurse who, as a result of postgraduate education and in-depth clinical experience in paediatric and child health nursing practice possesses the advanced knowledge and clinical skills necessary to provide specialist nursing care. The major role functions of the specialist paediatric and child health nurse include education, consultation, clinical practice, and research. The primary responsibility of the specialist paediatric and child health nurse is the direct application of clinical specialist competence to the holistic care of the child and family in a variety of health care settings. The specialist paediatric and child health nurse has responsibility for the quality of standards of nursing care for the child and family population. The specialist paediatric and child health nurse demonstrates self-direction and accountability in the development of this role.

**Standard**

A standard is generally accepted to refer to "an accepted measure of quality", it may refer to a minimal acceptable level of performance or a performance can be judged higher than the minimal level according to certain criteria. .ANRAC, (1990, 1 p.93) in the glossary notes standards as "the level of performance of a competency, that is, the performance of a specific nursing action". Competencies are seen as the ability to nurse, standards on the other hand are principles for putting that nursing ability to work (Scully 1995, p.24).

**Wellness**

Wellness has been described as a measure of optimal health, an expression of the process of life, and the subjective experience of integrated or congruent functioning. Wellness is a way of life, a lifestyle designed to achieve the highest potential for well-being... it involves the whole being, physical, emotional, mental and spiritual ... an ever expanding experience of purposeful living. Health-disease and wellness-illness are both relational and contextual. "Two important elements of healthiness are balance and potential. When people are healthy their lives are in balance they recognise the potential for higher levels of wellness." (McMurray 1999, p.8).

## **IV Summary of Specialist Paediatric and Child Health Nurse Practice Domains**

The following domains are based on key concepts from Sparacino, Cooper and Minarik (1990).

### **Domain 1 Professional Paediatric and Child Health Nursing Practice**

Professional Paediatric and Child Health Nursing Practice refer to direct care which includes personal contact with children and families in the form of hands-on care or face-to-face contact. The domain encompasses those competencies that relate to ethical and legal practice, including demonstrating a specialist knowledge base, being accountable for practice, functioning in accordance with legislation affecting paediatric and child health nursing and protecting individual and group rights. It also includes those competencies relating to the assessment of children and families, the planning, implementation, and evaluation of care and organisational skills to ensure the provision of care.

### **Domain 2 Education in Paediatric and Child Health Nursing Practice**

Education in Paediatric and Child Health Nursing Practice may be directed to staff, students, children and their families. The domain encompasses those competencies relating to self-appraisal, professional development of self and others and role modelling. The domain also focuses on the identification of the learning needs of the child and family. It involves the development and utilisation of teaching materials, literature, paediatric and child health nursing theory and standards of practice.

### **Domain 3 Consultation in Paediatric and Child Health Nursing Practice**

Consultation in Paediatric and Child Health Nursing Practice is closely related to practice and may relate to specific child and family problems, paediatric and child health care in general, or paediatric and child health nursing. The domain encompasses those competencies indicating the collaboration and interaction of the nurse with members of the health care team including the child and family, other nurses, allied health professionals and medical officers. This utilises skills in interpersonal and therapeutic relationships.

### **Domain 4 Co-ordination of Paediatric and Child Health Nursing Practice**

Co-ordination of Paediatric and Child Health Nursing Practice relates to the ability to organise paediatric and child health care teams and services. The domain encompasses those competencies that indicate the ability to communicate within organisational structures, and monitor and arrange the delivery of efficient and effective health care for children and families. Competencies may also include participation in the development of standards, policies and quality activities specific to the health of children and young people.

### **Domain 5 Quality Paediatric and Child Health Nursing and Research**

Paediatric and Child Health Nurse Specialists participate in a variety of activities to ensure quality care. This includes literature reviews, evaluation projects, conducting studies, collaborating with other health professionals in studies and applying research findings. Research is seen to guide evidence-based nursing practice in the development of specific knowledge for the advancement of the specialty and the improvement of child health.

## **V Specialist Paediatric and Child Health Nurse Practice Domains and Competencies**

### **Domain 1 Professional Paediatric and Child Health Nursing Practice**

#### **Competencies**

- 1.1 Functions in accordance with legislation, common law, health standards and policies pertinent to paediatric and child health nursing practice.
- 1.2 Demonstrates ethically justifiable paediatric and child health nursing practice.
- 1.3 Provides care that protects the rights of the child in accordance with the United Nation Convention on the Rights of the Child and the rights of children and their families as consumers of health care.
- 1.4 Maintains a specific age and developmentally appropriate environment that promotes safety, security and optimal health.
- 1.5 Respects the dignity and integrity of the child and family including their values, spiritual and cultural beliefs.
- 1.6 Demonstrates a comprehensive knowledge of paediatric and child health nursing supported by both experience and utilisation of specific postgraduate knowledge.
- 1.7 Effectively co-ordinates and manages the nursing and/or health care of the child and family, recognising the unique needs of the child and the role of the family in care.
- 1.8 Utilises a reflective, critical thinking and problem solving approach to the nursing care of the child that is evidence-based, promotes clinical decision making and enables the development of clinical protocols.
- 1.9 Supports and facilitates the child and family to make informed decisions by providing appropriate information, support and options regarding health and nursing care.
- 1.10 Provides care that is directed to achieving health gains/wellness for the child using a variety of widely supported traditional and complementary nursing therapies.
- 1.11 Demonstrates knowledge of primary health care, health promotion, and continuity of care and incorporates this approach into practice to improve the health and well-being of the child and family.

### **Domain 2 Education in Paediatric and Child Health Nursing Practice**

#### **Competencies**

- 2.1 Utilises appropriate educational strategies, approaches and materials to enable the child and family to make informed decisions about care
- 2.2 Uses professionally accepted standards of paediatric and child health nursing practice to assess the performance of self and others
- 2.3 Applies relevant conceptual frameworks to their paediatric and child health nursing practice
- 2.4 Establishes peer contacts in the specialty area of paediatric and child health
- 2.5 Serves as a role model and preceptor/mentor to colleagues and undergraduate/graduate students

- 2.6 Participates in peer and self-assessment processes, demonstrating assertiveness, flexibility, confidence and sensitivity to the effects of change
- 2.7 Demonstrates an active commitment to continue own education and professional development
- 2.8 Educates other professionals and the public about the role of paediatric and child health specialist nurses

### **Domain 3 Consultation in Paediatric and Child Health Nursing Practice**

#### **Competencies**

- 3.1 Communicates effectively with the child and family using techniques that are appropriate for age and developmental stage.
- 3.2 Enables the child and/or family to participate in health care through a negotiated partnership relationship
  - 3.3 Demonstrates effective participation in interdisciplinary teams
- 3.4 Demonstrates a knowledge of, and skill in, health counselling and therapeutic relationships
  - 3.5 Enables children and families as consumers, and relevant consumer groups to participate in practice and service development.
- 3.6 Participates in forums to improve communication and facilitate improvements in paediatric and child health care.
- 3.7 Advocates for children and families at various levels of policy development, implementation and evaluation.

### **Domain 4 Co-ordination of Paediatric and Child Health Nursing Practice**

#### **Competencies**

- 4.1 Effectively co-ordinates the team and/or group.
- 4.2 Negotiates for adequate resources to provide safe and effective care for the child and family.
- 4.3 Utilises quality improvement principles and incorporates findings into practice.
- 4.4 Plays a role in developing and supporting the strategic direction of the organisation.

### **Domain 5 Quality Paediatric and Child Health Nursing and Research**

#### **Competencies**

- 5.1 Identifies issues and priorities relating to paediatric and child health practice that may be investigated.
- 5.2 Implements findings from research and quality activities to facilitate improved child health outcomes and paediatric and child health nursing practice development.

- 5.3 Participates in and/or initiates research activities that contribute to paediatric and child health nursing practice and improvements in child health outcomes.
- 5.4 Evaluates research and quality activity findings pertinent to paediatric and child health nursing practice.
- 5.5 Protects the rights of children and families involved in research and/or quality activities.

## **VI Specialist Paediatric and Child Health Nurse Domains, Competencies and Performance Criteria Examples**

### **Domain 1 Professional Paediatric and Child Health Nursing Practice**

Professional Paediatric and Child Health Nursing Practice refer to direct care which includes personal contact with children and families in the form of hands-on care or face-to-face contact. The domain encompasses those competencies that relate to ethical and legal practice, including demonstrating a specialist knowledge base, being accountable for practice, functioning in accordance with legislation affecting paediatric and child health nursing and protecting individual and group rights. It also includes those competencies relating to the assessment of children and their families, the planning, implementation, and evaluation of care and organisational skills to ensure the provision of care.

#### **Competency 1.1**

**Functions in accordance with legislation, common law, health standards and policies pertinent to paediatric and child health nursing practice.**

##### **Performance Criteria Examples**

- acts within appropriate national and state legislation and policies e.g. Child Protection Act; Guidelines for Hospital-based Child and Adolescent Care; The Australian Council for Health Care Standards; Health of Young Australians Policy; Consent to Medical Treatment Act; and Nurses Acts
- complies with the notification of child abuse and neglect legislation and policies
- demonstrates knowledge of child and family legislation
- demonstrates an awareness of, and respect for, the legal rights of young people in relation to consent and confidentiality
- acts within the paediatric and child health service organisational policies

#### **Competency 1.2**

**Demonstrates ethically justifiable paediatric and child health nursing practice.**

##### **Performance Criteria Examples**

- demonstrates knowledge and compliance with relevant professional codes of ethics
- identifies ethical issues in practice and engages in ethical decision making
- maintains objectivity when confronted with differing values and beliefs
- acts on complaints and refers where appropriate
- identifies and reports instances of unsafe practice and professional misconduct
- uses appropriate documentation
- reads and discusses health care record and relevant information before commencing care
- treats children and their families with respect
- acts to empower the child and family

#### **Competency 1.3**

**Provides care that protects the rights of the child in accordance with the United Nation Convention on the Rights of the Child and the rights of children and their families as consumers of health care.**

##### **Performance Criteria Examples**

- makes written and verbal links between care and appropriate aspects of this United Nations document
- practices within the tenets of the United Nations document
- informs children and their families of their rights and responsibilities as consumers of health services

#### **Competency 1.4**

**Maintains a specific age and developmentally appropriate environment that promotes safety, security and optimal health.**

##### **Performance Criteria Examples**

- identifies theoretical concepts and principles underlying children's growth and development
- demonstrates knowledge of the physical, psychosocial and spiritual health and well-being of children



- demonstrates knowledge and understanding of issues relating to provision of a safe environment for children, others and staff
- provides a supportive environment for the family to facilitate their participation in care
- incorporates universal precautions into practice
- handles children gently and safely
- encourages and supports self-care by the child where appropriate
- recognises the importance of play and provides age specific toys and activities
- acknowledges the child's need for comfort and security objects (e.g. security blankets and specific toys)
- demonstrates attributes of caring: empathy, trust, respect, dignity, compassion and fosters the development of these in others

### **Competency 1.5**

**Respects the dignity and integrity of the child and family including their values, spiritual and cultural beliefs.**

#### **Performance Criteria Examples**

- demonstrates a knowledge of diverse family structures and child rearing practices relevant to a multicultural society
- implements care that is family-centred and culturally sensitive
- involves the child and their family as active participants in care
- respects decisions made by child and their family within an ethical framework
- gives positive messages to the child
- supports the child and family during hospitalisation and in the illness, treatment and grieving process
- supports the family in their parenting role
- identifies and acts when another's integrity is threatened

### **Competency 1.6**

**Demonstrates a comprehensive knowledge of paediatric and child health nursing supported by both experience and utilisation of specific postgraduate knowledge.**

#### **Performance Criteria Examples**

- demonstrates relevant knowledge of safe pharmacological preparations utilised in paediatric and child health care
- maintains knowledge and skills in resuscitation techniques and emergency situations
- recognises the special dietary needs of the child and ensures the child receives appropriate hydration/nutrition
- ensures provision of appropriate pain management
- supports parents to maintain an awareness of their child's health status
- utilises the child's personal health record

### **Competency 1.7**

**Effectively co-ordinates and manages the nursing and/or health care of the child and family, recognising the unique needs of the child and the role of the family in care.**

#### **Performance Criteria Examples**

- identifies aspects of normal development likely to affect care or require special attention
- utilises appropriate assessment techniques and tools for both physical and developmental assessment
- identifies and appropriately manages child health needs/problems
- negotiates with the child and family to achieve a plan of care which ensures desired health outcomes
- provides nursing care and rationales for interventions utilising current knowledge and best practice in paediatric and child health nursing, child development and principles of family health
- assesses, communicates and documents the family's response to the care of their child and refers as appropriate
- replans and prioritises workload in response to rapid changes in the child's status
- minimises the distress of procedures
- implements care using appropriate technological support

- recognises the potential for rapid changes in the condition of an ill child and responds in a safe and appropriate manner

### **Competency 1.8**

**Utilises a reflective, critical thinking and problem solving approach to the nursing care of the child that is evidence-based, promotes clinical decision making and enables the development of clinical protocols.**

#### **Performance Criteria Examples**

- utilises current evidence to challenge existing clinical practice and in the development of clinical protocols
- makes clinical judgements based on protocols that reflect current evidence
- makes decisions that reflect a sound knowledge base, awareness of history, intuition based on experience and sound judgement
- evaluates the progress towards expected outcomes and reviews plans in accordance with evaluation data

### **Competency 1.9**

**Supports and facilitates the child and family to make informed decisions by providing appropriate information, support and options regarding health and nursing care.**

#### **Performance Criteria Examples**

- facilitates informed decisions by the child and family through the provision of information, resources and support
- provides information to assist the child and family to understand the roles and functions of members of the health care team and technology
- raises the family's awareness of the possible behavioural changes of the child as a consequence of hospitalisation

### **Competency 1.10**

**Provides care that is directed to achieving health gains/wellness for the child using a variety of widely supported traditional and complementary nursing therapies.**

#### **Performance Criteria Examples**

- demonstrates an awareness of position/policy statements by professional nursing organisations regarding complementary therapies in nursing practice e.g. RCNA, ANF
- demonstrates an awareness of different types of therapies offered to children or how to access further information e.g. massage, aromatherapy, creative visualisation, Therapeutic Touch, reflexology
- seeks evidence to inform decision making
- facilitates the integration of traditional and complementary therapies which are supported by the parents or carers and the policies and guidelines of the organisation

### **Competency 1.11**

**Demonstrates knowledge of primary health care, health promotion and continuity of care and incorporates this approach into practice to improve the health and well-being of the child and family.**

#### **Performance Criteria Examples**

- demonstrates knowledge of and actively incorporates primary health care principles in practice
- actively seeks opportunities to work with the child and family to promote health
- promotes and participates in immunisation programs
- ensures appropriate communication processes are in place to facilitate continuity of care e.g. referral letters, interdisciplinary case conferences
- plans and implements discharge requirements with the family and appropriate services
- assists the family to anticipate and manage lifestyle changes
- establishes and maintains community resource networks
- works with other agencies such as schools, child care centres, play groups and youth centres to promote accessible health care
- advocates for the child and family to ensure appropriate and accessible health care

## **Domain 2 Education in Paediatric and Child Health Nursing Practice**

Education in Paediatric and Child Health Nursing Practice may be directed to staff, students, children and their families. The domain encompasses those competencies relating to self-appraisal, professional development of self and others and role modelling. The domain also focuses on the identification of the learning needs of the child and family. It involves the development and utilisation of teaching materials, literature, paediatric and child health nursing theory and standards of practice.

### **Competency 2.1**

**Utilises appropriate educational strategies, approaches and materials to enable the child and family to make informed decisions about care.**

#### **Performance Criteria Examples**

- provides the child and family with information and options that will enable them to make informed decisions
- assists the child and family to recognise and understand current health status and changes in health status
- assesses readiness to learn and provides sufficient time to teach care effectively
- utilises appropriate educational strategies to enable the child/family to carry out required care
- integrates anticipatory guidance into practice

### **Competency 2.2**

**Uses professionally accepted standards of paediatric and child health nursing practice to assess the performance of self and others.**

#### **Performance Criteria Examples**

- utilises specialty guidelines/standards and position statements to consider performance
- identifies learning needs that arise from changes in care guidelines
- provides feedback to others about their performance against the standards
- incorporates the results of the performance assessment processes into own practice

### **Competency 2.3**

**Applies relevant conceptual frameworks to their paediatric and child health nursing practice.**

#### **Performance Criteria Examples**

- utilises conceptual frameworks and a systematic approach to care e.g. family-centred care, family systems theory, health belief model, primary health care principles.
- utilises appropriate partnership-in-care frameworks in keeping with the philosophy and to achieve positive outcomes

### **Competency 2.4**

**Establishes peer contacts in the specialty area of paediatric and child health.**

#### **Performance Criteria Examples**

- develops networks
- facilitates mutual sharing of issues
- consults with colleagues or mentors if unsure or unfamiliar with care requirements
- liaises with community workers

### **Competency 2.5**

**Serves as a role model and preceptor/mentor to colleagues and undergraduate/ graduate students.**

#### **Performance Criteria Examples**

- contributes to the orientation of new staff
- contributes to the learning experiences of students and new staff through effective preceptorship/mentorship
- contributes to the learning experiences and professional development of self and others

**Competency 2.6**

**Participates in peer and self-assessment processes, demonstrating assertiveness, flexibility, confidence and sensitivity to the effects of change.**

**Performance Criteria Examples**

- accepts accountability for own actions
- regularly completes assessment activities and ensures progressive assessment is maintained
- provides feedback concerning assessment outcomes
- identifies and documents performance strengths and areas for improvement
- manages change processes in a reflective and supportive manner which contributes to group functioning

**Competency 2.7**

**Demonstrates an active commitment to continue own education and professional development.**

**Performance Criteria Examples**

- maintains a current knowledge of paediatric and child health issues relevant to practice e.g. reading relevant literature, attending conferences, participating in continuing education and/or post graduate studies
- publishes in a variety of media e.g. professional journals, newsletters, letters to the editor, posters or case studies
- participates in relevant professional organisation(s)

**Competency 2.8**

**Educates other professionals and the public about the role of specialist paediatric and child health nurses.**

**Performance Criteria Examples**

- presents or contributes to staff development initiated educational sessions/workshops and conferences
- explains and promotes the specialist role and its value to children, families, the community and the health service
- participates on committees within and outside the health service and professional organisation

## **Domain 3 Consultation in Paediatric and Child Health Nursing Practice**

Consultation in Paediatric and Child Health Nursing Practice is closely related to practice and may relate to specific child and family problems, paediatric and child health care in general, or paediatric and child health nursing. The domain encompasses those competencies indicating the collaboration and interaction of the nurse with members of the health care team including the child and family, other nurses, allied health professionals and medical officers. This utilises skills in interpersonal and therapeutic relationships.

### **Competency 3.1**

**Communicates effectively with the child and family using techniques that are appropriate for age and developmental stage.**

#### **Performance Criteria Examples**

- uses communication techniques and strategies that are age and developmentally appropriate
- recognises that the child may communicate emotions and needs through behavioural responses
- demonstrates effective two-way communication when working with a child and family e.g. use of interpreters, use of communication boards
- provides opportunities for the child and family to express feelings and talk about concerns in a variety of ways

### **Competency 3.2**

**Enables the child and/or family to participate in health care through a negotiated partnership relationship.**

#### **Performance Criteria Examples**

- provides information, resources and support to the child and family to assist them with the decision making process
- ensures, where appropriate, that the child is included in the decision making process
- negotiates different care roles with the child and family and provides opportunities for roles to be renegotiated

### **Competency 3.3**

**Demonstrates effective participation in interdisciplinary teams.**

#### **Performance Criteria Examples**

- consults with relevant members of the interdisciplinary team to ensure effective outcomes
- contributes paediatric and child health nursing centred perspective at interdisciplinary meetings
- advocates for the rights of children and their families
- identifies and organises support networks for home and community-based care
- demonstrates an ability to work as a team member
- demonstrates skills in effectively organising, participating in and leading groups

### **Competency 3.4**

**Demonstrates a knowledge of, and skill in, health counselling and therapeutic relationships.**

#### **Performance Criteria Examples**

- demonstrates effective health counselling techniques and refers where appropriate
- assists children and their families to identify issues and participate in resolution
- negotiates a working relationship with the child and family
- liaises with the child's school or employer to minimise disruption to the child's education or employment
- acts as a resource and works collaboratively with other health professionals for the benefit of the child and family
- encourages and fosters the development of appropriate community support groups

**Competency 3.5**

**Enables children and families as consumers, and relevant consumer groups to participate in practice and service development.**

**Performance Criteria Examples**

- lobbies for the inclusion of children and their families in relevant organisational decision making forums
- encourages and supports children and their families to participate in relevant organisational committees and groups

**Competency 3.6**

**Participates in forums to improve communication and facilitate improvements in paediatric and child health care.**

**Performance Criteria Examples**

- achieves membership on relevant groups, committees, working parties or boards
- contributes to different forums and shares specialist knowledge and perspectives

**Competency 3.7**

**Advocates for children and families at various levels of policy development, implementation and evaluation.**

**Performance Criteria Examples**

- responds to discussion papers, calls for comment and proposed legislation and health care changes that pertain to the health and well-being of children and families
- initiates and/or participates in political action at a local, state, or national level through professional affiliations to promote the health of children and families
- actively implements relevant policies at the service delivery level
- participates in committees within and outside the health service
- supports children and their families to advocate for policy changes

## **Domain 4 Co-ordination of Paediatric and Child Health Nursing Practice**

Co-ordination of Paediatric and Child Health Nursing Practice relates to the ability to organise paediatric and child health care teams and services. The domain encompasses those competencies which indicate the ability to communicate within organisational structures, and monitor and arrange the delivery of efficient and effective health care for children and families. Competencies may also include participation in the development of standards, policies and quality activities specific to the health of children.

### **Competency 4.1**

**Effectively co-ordinates the team and/or group.**

#### **Performance Criteria Examples**

- ensures appropriate human resource allocation is evident
- allocates adequate and appropriate staff to meet activity and acuity levels
- promotes dynamic group processes and team building
- participates in group decision making
- demonstrates empowerment of others
- uses informal and formal channels of communication effectively

### **Competency 4.2**

**Negotiates for adequate resources to provide safe and effective care for the child and family.**

#### **Performance Criteria Examples**

- demonstrates a flexible approach to managing workloads
- liaises with other health team/professionals to ensure adequate resources
- refers children and their families where appropriate
- utilises financial and environmental resources effectively
- recognises and acts on situations that compromise child safety

### **Competency 4.3**

**Utilises quality improvement principles and incorporates findings into practice.**

#### **Performance Criteria Examples**

- initiates and participates in quality activities
- communicates results of quality activities to colleagues and management
- incorporates quality improvements into practice and service delivery
- identifies and utilises effective strategies to manage change

### **Competency 4.4**

**Plays a role in developing and supporting the strategic direction of the organisation.**

#### **Performance Criteria Examples**

- participates in service and organisational planning and evaluation processes
- demonstrates an awareness of the organisation's vision, philosophy and goals
- applies the principles of the organisation's vision, philosophy and goals to service planning, delivery and evaluation.

## **Domain 5 Quality Paediatric and Child Health Nursing and Research**

Paediatric and Child Health Nurse Specialists participate in a variety of activities to ensure quality care. This includes literature reviews, evaluation projects, conducting studies, collaborating with other health professionals in studies and applying research findings. Research is seen to guide evidence-based nursing practice in the development of specific knowledge for the advancement of the specialty and the improvement of child health.

### **Competency 5.1**

**Identifies issues and priorities relating to paediatric and child health practice that may be investigated.**

#### **Performance Criteria Examples**

- recognises issues/problems as the basis for possible research and quality activities
- contributes to the identification of research and quality priorities

### **Competency 5.2**

**Implements findings from research and quality activities to facilitate improved child health outcomes and paediatric and child health nursing practice development.**

#### **Performance Criteria Examples**

- demonstrates knowledge of research principles and methods and quality improvement processes
- identifies recommendations and incorporates findings into practice where appropriate
- disseminates research and quality findings to colleagues

### **Competency 5.3**

**Participates in and/or initiates research activities that contribute to paediatric and child health nursing practice and improvements in child health outcomes.**

#### **Performance Criteria Examples**

- actively seeks opportunities to participate in research
- contributes to the development of research and grant proposals
- collaborates with other nurses, other health professionals and consumers in undertaking research activities

### **Competency 5.4**

**Evaluates research and quality activity findings pertinent to paediatric and child health nursing practice.**

#### **Performance Criteria Examples**

- conducts literature reviews related to clinical paediatric and child health issues
- analyses data information and identifies findings

### **Competency 5.5**

**Protects the rights of children and families involved in research and/or quality activities.**

#### **Performance Criteria Examples**

- demonstrates behaviours and clinical judgement regarding ethical research practice
- obtains verbal and written consent from parents and children prior to initiating research and/or quality activities
- ensures the child and family involved in research activities are aware of the psychosocial effects of the research and ensure that adequate support is provided
- maintains confidentiality and privacy of information
- ensures data and records are kept in a safe and secure environment



## **VI The Specialist Paediatric and Child Health Nurse Competencies Project**

The competencies project was initiated following the 1994 International Paediatric Conference in Melbourne when a workshop was held to discuss the national agenda for nursing competencies and the impact this would have on paediatric and child health nurses. A consensus was reached to form a small group of national representatives. This group became the ACPCHN Competencies Working Party. These four members encompassed a broad range of paediatric and child health expertise. The following five phases were agreed as being the process to follow for the development of the competencies.

### **Phase 1 Establishment**

- establishment of the Steering Committee and Working Group
- agreed upon method to be used (Modified Delphi)
- literature search and key consultations were undertaken
- development of the first draft by an 'Expert Group'

### **Phase 2 Consultation and Re-framing**

- feedback on first draft was obtained from the Steering Committee
- preparation of second draft
- second draft circulated to state bodies for consultation
- third draft prepared

### **Phase 3 Validation**

- 'train the trainer' workshops for co-ordinators of focus groups were conducted at a national meeting
- focus groups in each state were conducted utilising stories about, practice from a range of participants
- collation of data and analysis. The analysis incorporated a coding process of identifying nursing behaviours in relation to the competencies
- changes were made based on the results
- fourth draft prepared and performance criteria added based on the results of the focus groups, contents of draft one, and other documents related to advance nursing practice available at the time
- circulated to each state executive for circulation and feedback
- final document prepared

### **Phase 4 Dissemination**

- launched April 2000
- availability widely promoted
- copies available to members and relevant peak bodies

### **Phase 5 Review**

- review anticipated in 2003

## Description of the Method and Process

The Competencies Working Party adopted a modified Delphi technique as the method for developing the competencies. They assumed the role of 'expert panel' to formulate the initial draft document consisting of domains, competencies and cues. The ACPCHN National Executive assumed the role of steering committee and was required to provide critical input and guidance with regard to the process. In order to gain wide support and ownership by paediatric and child health nurses it was considered essential to have a wide consultation process using state representatives to conduct focus groups in each state. An extensive literature search was conducted as well as consultations with key people from professional and industry groups to inform the project.

Workshops and teleconferences were regularly conducted with the ACPCHN National Executive to provide feedback to the Competencies Working Party on the initial draft. Additional feedback was considered from discussions held at a national level by the National Nursing Organisations (NNO), with regard to current trends concerning the criteria for advanced practice. The ACPCHN National Executive met with the Competencies Working Party in August 1995 and the competencies were re-framed to reflect a more specific paediatric and child health focus that would encompass both competent and proficient paediatric and child health specialist nursing practice.

Draft two attempted to address the more specific issues of specialist paediatric and child health nursing practice which could subsequently involve a credentialing process and would allow for a view of the future to address change and a broader professional group. The second draft was circulated to consultation groups in each state for comment and feedback. This material was discussed at an ACPCHN National Executive meeting in November 1996 and further changes made.

The third draft was used in May 1997 in the 'Train the Trainer Competency Workshop' to support representatives from each state in developing a common understanding of the progress to date and developing a process for establishing a number of focus groups in each state. These focus groups encouraged a wider consultation with clinicians using a narrative technique. "The strength of this method lies in identifying competencies from actual practice situations rather than having experts generate competencies from models or hypothetical situations" (Benner 1984, p. 44) Participants provided stories of practice and analysed these in relation to the draft competencies. The groups were also asked to provide or highlight cues from the stories that would appropriately link with the competencies. It was acknowledged that all stories would not highlight each of the competencies and some of the original language was deemed inappropriate or obscure. The group facilitators documented discussions and provided comments back to the working party. Requests for personal comments were made for those unable to attend focus groups.

Fifty focus groups were conducted with a total of 346 participants. Participants comprised 59.5% (n=206) paediatric nurses; 38% (n=127) child health nurses; and 3.5% (n=13) other (policy and education). Appendix II is a summary of the state distribution.

The fourth draft was originally considered in December 1998, with a final collation of the competencies themselves and the performance criteria in October 1999. The performance criteria are not definitive measures and should rely on professional judgements of experienced nurses when assessing the competencies. The fourth draft incorporated the views of clinicians following the focus groups and the personal comment responses that were offered by all states which are part of the ACPCHN and was recirculated to the state branches and key stakeholders for comment. Final comments received by the working party were considered and integrated as part of the production and publication of this final document in February 2000.

### Examples of Some of the Stories that were used to Illustrate and Validate the Competencies

The following stories are examples of some of the stories that were used as part of the focus groups to illustrate and validate the competencies. There were approximately 20 stories that were submitted by focus group participants to assist in the validation of the competencies. The following four stories highlight a range of competencies demonstrated in paediatric and child health nursing practice. After each of the following stories the relevant competencies are identified.

Stories are reproduced here in the format as presented at the focus groups.

## Story 1: Jack

I first met Jack shortly before his 17th birthday. I was informed by my colleague on my orientation that he had a rare neurological condition called Niemann Pick disease, type 3. Very little literature was available about this disease, but it was known to affect cholesterol metabolism and fatty deposits were found in the brain and nervous system. It was fatal and it was recognised that he would die in the near future.

Jack was a strikingly handsome young man, well over 6ft. At this stage he was still able to ambulate with the assistance of two persons. Jack was mainly confined to a wheelchair. Jack's speech was deteriorating, but he was still able to get his point across if you had the time to wait.

One major concern for Jack at this stage was eating. A modified Barium Swallow (MBS) 12 months previously had shown some aspiration and his diet had been modified with thickened fluids and pureed foods. He had shown further deterioration and coughing episodes were more frequent and distressing for Jack. Often meals at school had to be abandoned as his respiratory effort was laboured after these events. He was losing weight rapidly and was falling away on the percentiles for his age and height.

My colleague and I liaised with the Speech Pathologist once again expressing our concern and another MBS was arranged in consultation with his specialist. It showed obvious aspiration of all food and fluid consistencies.

A case conference with Jack's parents, Neurologist, Speech Pathologist, Social Worker and myself was held. Through the course of discussion it was obvious Jack was going to require a gastrostomy for future feeding. For his parents it was a huge step as they had prepared themselves for his death, thinking that one of these choking episodes may take him to his grave.

It also meant a total disruption to their routine as a hospitalisation would be necessary. For myself as a nurse, it was paramount that Jack be fed safely, maintain his weight and have some 'quality of life'. (Quality of life - you take away the one thing in this man's life (food) that he felt he was able to enjoy! He could no longer walk was, losing continence and speech was extremely difficult and we, the health professionals wanted to take away oral feeding).

His parents agreed that it was getting difficult to feed him, and they too had to stop feeding, at times, at home. His mother especially was very stressed over the choking.

It was decided Jack would be referred to a surgeon and placed as a high priority for a PEG (gastrostomy). But what about in the immediate, do we as nurses continue to feed him at school, knowing the potential for aspiration was a proven risk?

A few stressful weeks passed and Jack was scheduled for surgery. A regime for feeding was arranged with the parents, incorporating the school routine and Jack gained some weight and his chest was clear.

Jack hated the tube, accepting it only when it was patiently explained why he could not eat. This wouldn't last; he continually pleaded for something to eat, becoming aggressive to other students if they were eating. Cooking class became intolerable for him.

I was usually the target for a verbal or physical attack, as the nurses had previously fed him and why weren't we feeding him now? I'd patiently explain, once again, and we'd spar some more.

Although Jack's general health improved with the introduction of a PEG, his mental and emotional well-being suffered greatly as the one last thing he could enjoy was taken away.

Did we do the right thing? Should we have continued to feed him instead of prolonging his life? Jack died aged 19 years of aspiration pneumonia from inhaling his own saliva.

Competencies: 1.2, 1.4, 1.6, 1.7, 1.8, 1.10, 2.1, 2.4, 2.6, 2.7, 3.2, 3.3, 3.6, 4.1, 4.4, 5.4.

## Story 2: Tran

Tran is a 4 year old boy admitted to the ward at 2300 hours via emergency with a three day history of diarrhoea and vomiting. On admission he is lethargic, his skin and mucus membranes look dry. He last voided at 1900 hours in Emergency; his urinalysis showed moderate ketones with a SG 1030. A baseline set of observation include BP and weight. Tran speaks and understands English. He is accompanied by his grandfather and father. They have spoken to an interpreter. After assessing Tran I completed a care plan.

The medical orders are for Tran to be encouraged with fluids overnight. Tran is exhausted. His family is extremely and understandably anxious. On my assessment Tran needs to be hydrated overnight, this would best be achieved via a nasogastric tube. I commence him on 2 hourly observations which a strict fluid balance chart with all urine to be tested for ketones and a SG. The interpreter is not available so I explain what I can to Tran's grandfather, using a nasogastric tube and a doll. Tran's father is upset as he apparently holds two jobs and Tran's grandfather is the primary care giver. Tran's father leaves as he has work early in the morning. Tran's mother is working nightshift in a factory.

Tran's grandfather comes into the treatment room and sits with Tran on his knee while the N/G tube is inserted. Tran is drowsy and cooperative. I think this may be cultural. Most 4 year olds would object very loudly to this procedure. The N/G tube is easily inserted and Tran is taken back to his cubicle. I decide to give him small Glucolect feeds hourly, as they are tolerated I will gradually increase the volume to 60ml per hour, then 100-120ml two hourly. Tran's grandfather is accommodated in a comfortable chair and given a cup of tea. My assessment of Tran continues on at least an hourly basis. If he doesn't tolerate the N/G feeds I will let the doctor know as he may need a drip. Blood cultures have been taken in Emergency. I gave Tran Panadol for his comfort.

The following morning at 0545 Tran's father comes into the ward obviously distressed. Tran is much better after sleep and fluids; he looks brighter and is taking an interest in his surroundings. Dad bursts into tears. I organise an interpreter quick smart. I realised that in Cambodia children do not go to hospital unless they are extremely ill. Many of them do not survive - hospitals are not a place to get well. Tran's father expected to find him dead. I reassure the family Tran is doing well and that we expect him to get better. I'll ask day staff to see if they can arrange another Cambodian family to speak with Tran's.

Competencies: 1.1, 1.2, 1.4, 1.5, 1.6, 1.7, 1.8, 1.10, 1.11, 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 3.1, 3.2, 3.3, 3.6, 3.7, 4.1, 4.2, 4.4, 5.3, 5.4.

### Story 3: Jeremy

A 12 year old boy was newly diagnosed as an insulin dependent diabetic. During conversations with him the nurse realised that he was expressing fear about going back to school and putting pressure on his mother for him to do his studies by distance education. Later, during conversations with his mother, the nurse heard how the mother thought distance education seemed a good idea, "that teachers wouldn't cope with having a sick child in the class" and that "it's a shame he is so good at sport". The nurse realised that several issues were becoming apparent: Jeremy needed the socialisation of formal schooling and loved sport. The nurse decided to talk to the teachers at the school after gaining permission from Jeremy's mother.

When the nurse spoke to the home teacher he related that in the recent past Jeremy had been a little disruptive in class. On reflection it was before lunch time that these disruptions occurred. The teacher related that, personally, he was fearful how he would cope with a sick child in class and expected other teachers to feel the same. This reinforced the mother's fear that school teachers wouldn't be able to cope with Jeremy having a hypo.

During conversation the teacher related that it was disappointing that Jeremy had Diabetes as he wouldn't be able to do physical education which he was good at. The nurse felt that education for the teachers was necessary and decided to do a separate presentation for them and also for the students. The nurse knew from individual chats with Jeremy that he was afraid that he would be different at school and didn't want to do blood tests or give injections at school. The nurses discussed each issue with Jeremy and together they worked out how he would feel better about returning to class.

He decided to use the NOVOPEN which went into his pencil-case easily and he could hide it comfortably. He chose a small AMES blood testing machine which looked more like a diary in a case and took less than two minutes to use which he could do in the boys' bathroom at lunch time. By using this kind of insulin administration he was happy to do all his usual activities and especially doing the sports he loved. He had everything on hand to manage his diabetes.

The nurse and Jeremy also worked out that she would give a lecture on diabetes as part of the usual school biology class as a guest speaker. It was during this session that Jeremy actually felt comfortable to talk to his own, class mates about having diabetes himself. Instead of being isolated with the management of diabetes on his own he became a very important focus until his individuality was assimilated into the class along with 'those kids with asthma'.

When the nurse gave her presentation to the teachers Jeremy's mother also attended and was able to present her own fears directly to teachers. Once education was achieved the teachers felt a lot more comfortable about her son's successful return to school.

Competencies: 1.1, 1.2, 1.3, 1.4,1.5,1.6,1.7,1.8,1.10, 1.11, 2.1, 2.2, 2.3, 2.4, 2.6, 2.7, 3.1, 3.2, 3.3, 3.4, 3.6, 3.7, 4.1, 4.2, 4.4, 5.1, 5.2, 5.3, 5.4.

## Story 4: Child Health Encounter

A new mother presented for initial assessment of her 2 week old infant. This baby is her first child; she has worked as a hospital aide until the birth of her baby. She has not had contact with children or babies in the past. Her husband also has not had experience with children. The mother is 32 years old.

The birth was uncomplicated; however, mother did have some problems establishing lactation, with both supply and attachment of the baby to the breast.

On arrival at the clinic, Mother looked tired but clean and tidy, as was the baby. I introduced myself, welcomed them both into the warm room and invited Mother to have a seat.

I asked what I could do for them today, listened to mother's reply, chatted about her issues and asked what she knew about the services provided by Family and Child Health and then provided her with information, verbal and written.

She said that she had come for a weigh and a check-up for the baby as she had problems breast feeding in hospital. She was also concerned about whether she was putting the disposable nappy on properly, as it "didn't look right", and about the baby's umbilicus, as it hadn't yet separated. During the conversation, mother also asked questions about her baby's clothing, positioning to sleep and bowel motions. I sat and talked to her about her concerns, clarifying the issues and giving information, checking that this was what she wanted to know, and offered reading material about the topics raised to take away with her. After various issues were addressed, I offered to screen the baby and explained what this was for and why. The room was warm and the baby did not cry as the reflexes were checked. The umbilicus was dry and about to separate, but was not inflamed and appeared normal despite being intact. I reassured Mother that this was OK, provided information about what was normal/abnormal and advised her that the "stump" would probably fall off today.

Mother seemed to be happy with the answers and information given. Baby had gained 280gms in 2 weeks, so she was reassured that the breastfeeding was going successfully. I pointed out to her that if baby was settled, having lots of wet nappies and seemed satisfied after a feed: these are all signs that she is getting plenty of milk, even without weighing her. I reinforced that she was doing an excellent job, and she should be proud of herself for persevering with the breast feeding and doing so well.

Reassurance about her ability to care for the baby was given throughout the consultation. I was aware she wasn't confident with her skills and knowledge, but I asked her what she was doing in regard to each issue, outlined what was normal and reassured her that she was doing really well.

I questioned the mother before the end of the consultation on how she was feeling herself. Was she enjoying the experience of mothering, how was her husband coping, was he supportive, and did she get time out? I listened carefully to her replies, and reinforced that I thought she was doing well but to make sure that she had time to care for herself as well. She said that she was enjoying parenting, but was a little tired. The experiences that she had prior to the baby's arrival were less than the reality, but she didn't realise how tiring it would be. Happy with her breast feeding effort, she said "I'm not going to give up now, it has been too hard to get this far."

She also expressed how isolated she felt and was missing work. I suggested joining a new mother's group or perhaps the Nursing Mothers or Child Health Association, to gain more knowledge as well as some social contact and support from mothers in a similar situation to hers.

At the end of the consultation, I asked if she had any more questions, or if she needed anything else from me. She replied "no, that I had made her feel much better about what she was doing and thank you very much". We discussed future contact and made an appointment for the following week. She left with her baby. I documented the issues covered in the visit in the baby's history (initial check form filled out in the Baby's record, and copy inserted into notes), also documenting the appointment for the following week and the statistics for the FACH.

On return to the other Clinic, I discussed the issues related to this consultation with my preceptors and how I had addressed them. I arranged for the completed initial paperwork to be sent to the city as per the protocol.

Competencies: 1.1, 1.2, 1.4, 1.5, 1.6, 1.7, 1.8, 1.10, 1.11, 2.1, 2.4, 2.7, 3.1, 3.2, 3.4, 3.6, 4.4, 5.2

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## VIII Appendices

### Appendix 1

#### Acknowledgements for Edition One:

The Australian Confederation of Paediatric and Child Health Nurses Competencies Working Party

- Lesley Cuthbertson, RN, Dip App Sc. (Nsg), TT (Cert), Dip T (Nsg), B Ed, M EdStd, FRCNA.
- Dr Anne Johnson, RN, RM, Paed Intensive Care Nsg Cert, Dip T (N Ed), B Ed, Grad Dip (Health Counselling), M Ed, PhD.
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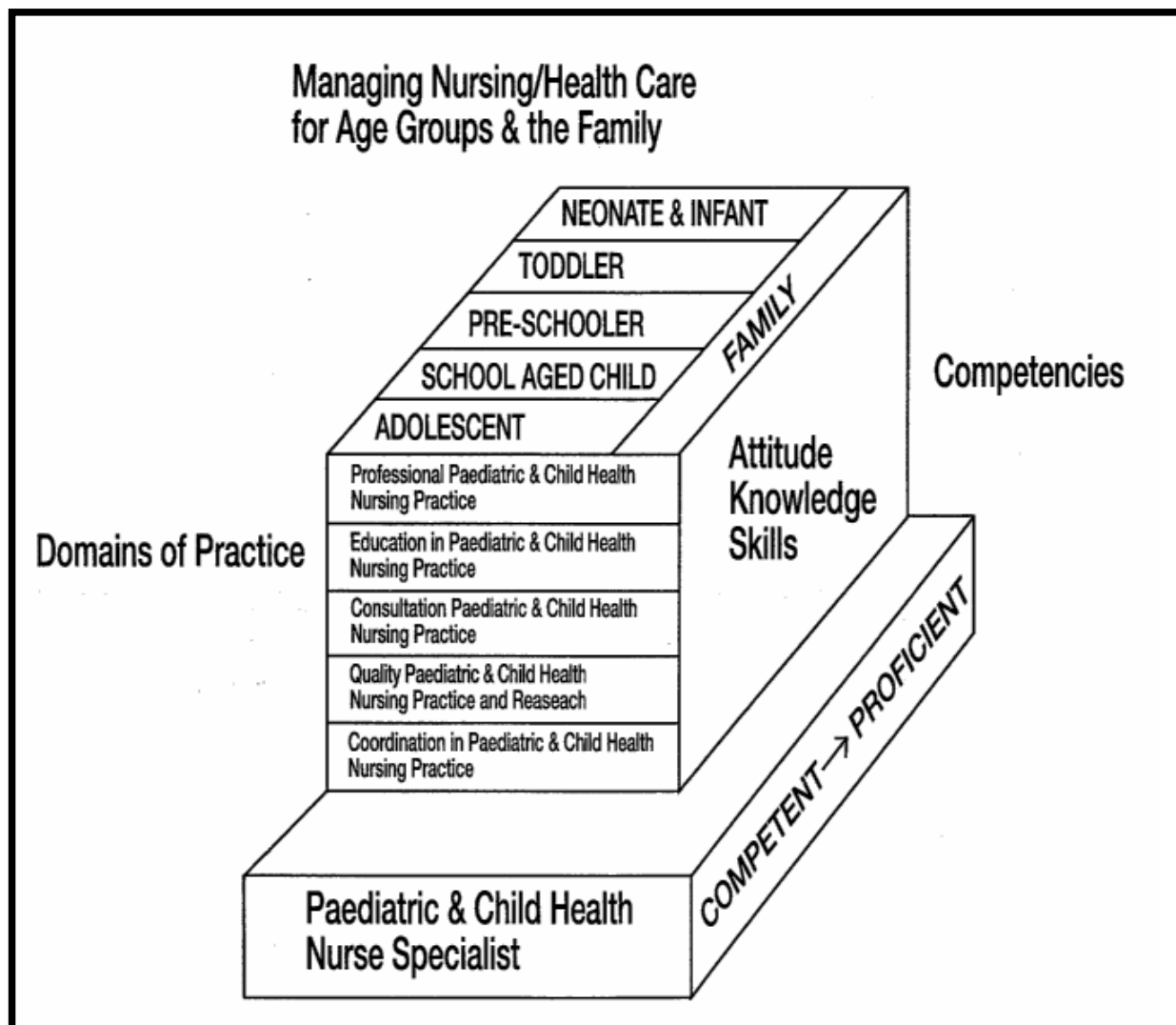
This document acknowledges the accompanying work and reports of the National Nursing Organisations and the development of a counterpart report on the Competency Standards for the Advanced Nurse (ANF). Reference to the following materials has been made during the evolutionary process of the Specialist Paediatric and Child Health Nurse Competencies.

The working party would like to thank all of those paediatric and child health nurses who so willingly donated their time and efforts to participate in the focus groups (for details, see Appendix 2) and helped to shape development of the final first edition document.

A special acknowledgement is given to the following paediatric and child health nurses who acted as focus group co-ordinators in each of the states.

New South Wales	Fiona Ferguson, Andrew Mead, Kate Rawlings, Christine Sewell, Kristin Thorpe,
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South Australia	Gill Bricher, Lesley Cuthbertson, Ros Islip, Margaret Lea
Tasmania	Sue Hughes, Janine Stanford
Victoria	Maurice Hennessy, Leonie Redshaw, Sandy Willis, Val Wilson
Western Australia	Pam Nicol, Elaine Pavios, Anna Thorning

## Appendix 2



A Diagrammatic Matrix representing the integration of the Domains of Practice, Managing Nursing/Health Care in a variety of Age Groups & the Family, and the Competencies which indicate the role requirements for a Specialist Paediatric and Child Health Nurse.

(c) Cuthbertson, L A 1995

## Appendix 3

### Focus Group Summaries -1998

Groups - 50

Participants - 396	Paediatric Nurses	59.5%	236
	Child Health Nurses	37%	147
	Other	3.5%	13

### New South Wales

Workshops 13

Participants 133

Sydney (4) Cootamundra (1) Canberra (1) Albury (1) Deniliquin (1) Griffith (2) Leeton (1)

Hunter (1) Tweed (1)

### Queensland

Workshops 12

Participants 134

Brisbane (4) Toowoomba (1) Rockhampton (1) Maroochydore (1) Mt Isa (2) Cairns (2)

Mackay (1)

### South Australia

Workshops 1

Participants 11

Adelaide (1)

### Tasmania

Workshops 5

Participants 15

Hobart (1) Launceston (2)

### Victoria

Workshops 9

Participants 29

Melbourne (5) Ballarat (1) Bendigo (1) Gippsland (1) Warrnambool (1)

### Western Australia

Workshops 11

Participants 74

Perth (6) Derby (1) Kalgoorlie (2) Bunbury (1) Albany (1)

## Appendix 4



ACPHCN (Inc)  
16<sup>th</sup> July 2004

Dear Colleague,

The ACPCHN is currently undertaking a review of the *Paediatric and Child Health Nurse Competency Standards*, which were released in 2000 to assist in the professional development of specialist paediatric and child health nurses. As part of the review process, a short survey has been developed to assist us to assess the current use of the ACPCHN competency standards, and ascertain the relevancy, use and applicability for both paediatric and child health nurses.

You have been identified as a key person who can assist with this review process. It is estimated that completion of this survey will take 5 – 10 minutes of your time and we would greatly appreciate your feedback for this review process.

I have enclosed a survey and invite you complete and return it by August 30<sup>th</sup> 2004, to **PO Box 292, Westmead 2145 NSW**. If you prefer to respond and reply electronically, a copy of this survey can be found on the ACPCHN National Website at [http://www.acpchn.org.au/default.asp?V\\_DOC\\_ID=907](http://www.acpchn.org.au/default.asp?V_DOC_ID=907) Once completed, email the survey to [exec@acpchn-nsw.org](mailto:exec@acpchn-nsw.org).

We also respectfully request that you copy this survey and distribute it appropriately if you know of other colleagues within your personal network who may not have received a copy of this survey but would be in a position to provide feedback on these competency statements. We recognise that tapping into your personal networks is another way for the review committee to obtain a realistic picture of what is happening 'out there'.

The next stage of the project will be informed by the results of the survey. It is anticipated that this will occur in early 2005.

Thank you in advance for your time and commitment to maintaining the high standards of paediatric and child health nursing.

Trish Boss  
Chairperson of the ACPCHN National Competency Review Committee

## Appendix 5

### COMPETENCY DOCUMENT EVALUATION FORM

Dear Colleague,

ACPCHN is undertaking the planned 2003 review of the specialist competency document that was launched at the International Paediatric Conference in 2000. We are seeking your feedback with regard to the relevance and applicability of this document in your workplace.

Please feel free to tick more than one box and any comments you care to elaborate on will be most appreciated.

**1. What is the nursing context in which you work:**

- Paediatrics (Hospital Setting)
- Paediatrics (Community Setting)
- Child Health (Community Setting)
- Education (Tertiary/College/Hospital)
- Other(Please specify).....

**2. Area of Nursing Practice:**

- Clinical (Specify Area): .....
- Education Centre (Hospital)
- Preceptor/mentor
- Undergraduate Tertiary Setting (Student)
- Undergraduate Tertiary Setting (Lecturer)
- Postgraduate Tertiary Setting (Student)
- Postgraduate Tertiary Setting (Lecturer)
- Other (Please Specify).....

**3. Have you ever seen a copy of the ACPCHN Specialist Competency Document?**

- Yes (Please go to Q5)
- No

If you answered no, please describe the barriers to access that you experienced  
.....  
.....  
.....

(If you answered no to Q3, thank-you for your time. There are no more questions)

**4. Where do you access the ACPCHN Specialist Competency Document?**

- Employer
- Ward Bookshelf
- Ward Educator
- Library
- Own Copy (personal purchase)
- Other (please specify).....

**5. Have you ever used the ACPCHN Specialist Competency Document in your workplace?**

- No (Please identify contributing factors)
- Yes (Please go to Q7)

.....

.....

.....

**6. Was the ACPCHN Specialist Competency Document used for:**

(please tick as many as are relevant):

- Performance Appraisal
- Formation of job description
- Self Assessment
- Development of an Assessment Tool
- Curriculum Development
- Other (Please specify): .....

**7. Did you use the ACPCHN Specialist Competency Document in its published format?**

- Yes (please go to Q10)
- No

If you answered "NO", please describe how you modified the document for use in your workplace.

.....

.....

**8. Would you be prepared to discuss your application of the ACPCHN Specialist Competency Document in your workplace in an interview to allow deeper exploration of this point?**

- Yes
- No

**9. How regularly do you use the competencies?**

- Continually/regularly
- Occasionally
- Rarely/once

Please comment on the frequency of use of the ACPCHN Specialist Competency Document in comparison with the opportunities you have to use them.

.....  
.....

**10. Do you think the 5 Domains are appropriately named?**

- Yes
- No
- Undecided

Please comment:

.....  
.....  
.....

**11. Please identify any competency statements that you found difficult to apply or measure as published in the ACPCHN Specialist Competency Document.**

.....  
.....

**12. Did you find the performance criteria examples**

- Useful
- Obsolete
- Other(Please specify).....

**13. How much “effort” was required to implement/use the ACPCHN Specialist Competency Document in your workplace?**

- Too much
- Some
- Very little
- None

Please comment:

.....  
.....  
.....

**14. How useful do you rate the current (original) ACPCHN Specialist Competency Document as an assessment tool?**

- Very Good
- Good
- Satisfactory
- Poor
- Unsatisfactory
- Unable to judge

**15. Please comment on any other aspects of the ACPCHN Specialist Competency Document that have not been addressed in the previous questions (eg size of document, format, specific content issues etc)**

.....  
.....

**What is your name?(optional) .....**

**Your Workplace? (optional) .....**

**Would it be OK for a member of the committee to contact you to seek further information related to your use of the competency document?**

- Yes Preferred Contact number** (H): .....  
(W): .....  
(M): .....
- No**

***The ACPCHN National Review Committee acknowledge the time & effort you have taken to complete this feedback form. Your contributions are appreciated.  
Thank-you***



## Appendix 6

# ACPCHN Specialist Competency Document Evaluation Report

Completed by Prof Sue Nagy, 2006

### Results

Approximately 1248 questionnaires were posted to all members of the Australian Council of Paediatric and Child Health Nurses (ACPCHN) as well as all of the paediatric units and child health facilities that could be identified in each state.

Ninety-nine questionnaires were returned representing a response rate of 8%.

The data were entered in to an Excel spreadsheet and then downloaded into SPSS 11.5 for Windows for analysis. Frequencies were calculated for all closed-ended questions. Open-ended questions were coded according to the idea expressed so that similar comments were coded as one idea even if they were somewhat differently expressed. The number of respondents expressing each idea was recorded.

### Respondents

Respondents' work context and area of nursing practice are reported in Tables 1 and 2. As expected, the majority of respondents were clinical nurses working in either paediatric or child health nursing.

**Table 1. Work context of respondents**

<b>Work context</b>	<b>N (%)*</b>
Paediatrics	40 (40)
Child & family health	41 (41)
Education	8 (8)
Rural or remote area	8 (8)
Management/administration	2 (2)
Other	6 (6)

\* As multiple answers were given percentages do not equal 100%

**Table 2 Area of nursing practice of respondents**

<b>Area</b>	<b>N (%)*</b>
Clinical (non-specific)	48 (48)
<b>Barrier</b>	<b>N (%)*</b>
Clinical paediatrics	14 (14)
Clinical child & family health	19 (19)
Child health community	4 (4)
Management/administration	8 (8)
Preceptor	4 (4)
Education hospital	7 (7)
Education tertiary	3 (3)
Rural/remote area	3 (3)
Not currently practicing	1 (1)
Health promotion agency	1 (1)

\* As multiple answers were given percentages do not equal 100%

### **Awareness of, and access to ACPCHN Specialist Competency Document**

Thirty percent (30) of respondents had previously seen a copy of the ACPCHN Specialist Competency Document and 68% (68) had not. One percent (1) did not answer the question. Of those who had seen a copy, 40% (12) had access to a copy through their place of employment, 37% (11) had their own copy, 20% (6) had access through the ward bookshelf, 13% (4) from the library, 3% (1) from the ward educator, the internet, a friend or a “photocopy”. Some respondents cited more than one source of access.

The barriers that respondents experienced in accessing the Document are listed in Table 3. The most common barrier was that respondents were unaware of its existence. Some gave comments which did not directly answer the question but are nevertheless reported in the Table.

**Table 3. Barriers to access of ACPCHN Specialist Competency Document**

Barrier	N (%)*
Unaware of its existence	35 (35)
We have no need for it	4 (4)
Just received it	2 (2)
Single worker, distant from main centre	1 (1)
It was not at 2000 conference	1(1)
No access to computer if on website	1(1)
No special barriers but would like a copy	1(1)
Unaware that document had been completed	1(1)
It has not been forwarded to work area	1(1)
We use community health competencies	1(1)
Interesting document but only partially relevant to community health	1(1)
Seen community health competencies	1(1)
They do not assess child & family health competencies	1(1)
We follow CAFHNA competencies	1(1)
We use maternal & child health standards	1(1)
Victoria has its own standards of practice	1(1)
impressed with mailed copy	1(1)
interested in introducing them	1(1)
now I have it I look forward to reading it	1(1)
would like a copy to be sent	1(1)
would like to use it - could we have more copies? does Nursing Council support it	1(1)

\* As multiple answers were given percentages do not equal 100%

### Use and Usefulness of ACPCHN Specialist Competency Document

Eighteen respondents (18%) had used the Document in their workplace. The most common use was for performance appraisal (See Table 4). Reasons why the Document had not been used are reported in Table 5.

**Table 4. Uses for ACPCHN Specialist Competency Document**

Use	N (%)*
Performance appraisal	17 (17)
Self assessment	9 (9)
Formation of job description	8 (8)
Development of an assessment tool	6 (6)
Curriculum development	4 (4)
Staff Development	1(1)
Personal study	2 (2)
To support practice assessment in a post-graduate course	1(1)
To see which competencies would be best for clinicians	1(1)
Development of paediatric and community care model	1(1)

\* As multiple answers were given percentages do not equal 100%

**Table 5: Reasons for not using ACPCHN Specialist Competency Document in workplace**

Reason	N (5)*
It is not needed	2 (2)
This first time I have seen it	2 (2)
Unaware of its existence	1 (1)
lack of knowledge/interest in document by management & staff	1 (1)
New position of DON and manager	1 (1)
No time	1(1)
Not aware of it	1(1)
Not easily available; in use by other people	1(1)
Prefer single standards of professional practice maternal & child health ANF	1(1)
Unsure how integrate into professional development. Use Equip process	1(1)
Use C&FHN competencies	1(1)
Paediatrics is only part of workplace	1(1)

\* As multiple answers were given percentages do not equal 100%

Twenty-one (21%) had used the published Document and seven (7%) had not. Of those who used the Document, nine (43%) reported using it continuously/regularly, 10 (48%) 'occasionally', and eight (38%) 'rarely/once'. One respondent (5%) reported using 'regularly to occasionally'. Five respondents (5%) adapted the modified the Document for use in their own workplace. Two of these incorporated specific competencies into their own tool, one adapted it as criteria for job description and performance, one developed a clinical assessment tool based on competencies and one used part of it for selection criteria. Eleven respondents (11%) commented on their frequency of use of the competencies in comparison with opportunities it use them. Their responses are displayed in Table 6.

**Table 6: Frequency of use of ACPCHN Specialist Competency Document in comparison with opportunities to use them**

Used as each staff member's performance appraisal occurs.

6-12 monthly with appraisals. Too busy to do more.

Used for assessment of paediatric students; self assessment; signing for 'episode of care' for colleagues when asked.

Used mostly in coursework by students & also for preceptors & for performance appraisal.

We do minimal numbers of children in this day surgery but competencies are well laid out well defined & easy to apply.

PAD & selection criteria.

Used every time we fill a vacancy.

(I) used them for my degree study. At work used once for performance appraisal.

Used when necessary.

Would like to use in performance appraisal but (currently) used for post-graduate students and staff where there is doubt about capabilities.

Would like to use more but need to integrate within quality/pd program in place within the whole hospital

Twenty-eight respondents (28%) thought that the domains were appropriately named and one (1%) thought they were not. Two (2%) were undecided. Thirty-one (31%) thought that the performance criteria examples

were useful and no-one thought they were obsolete. Three respondents (3%) provided comments on the domain names. One thought *Domain four title seems inconsistent with content*, another commented that *coordination is valuable inclusion* and the third volunteered that *'professional' could be called clinical or workplace but 'professional' is ok*.

Nine respondents (9%) thought that the effort required to implement the Competencies was 'very little' and 10 (10%) thought they required 'some' effort. One (1%) reported that implementation required 'too much' effort and another (1%) thought it required 'none'. Eight respondents (8%) provided quite diverse comments on the effort required to implement the document which are displayed in Table 6.

**Table 6. Comments regarding the effort required to use the ACPCHN Specialist Competency Document**

Easy to use in course curriculum. Difficult to use in hospital workforce without some incentive (e.g. performance appraisal).

It is concise, easy to follow and transposes to the clinical setting.

Competencies not implemented when first looked at - limited access to paediatric course/ training + large no of short term nurses - limited opportunities to reach mark.

Most competencies are used in workplace without being aware of it.

New course was being developed at the same time.

Not implemented. To be used in planning programs for preceptoring and performance appraisal.

Not using them.

Would have liked them to be used more in the workplace.

Four respondents (4%) rated the Document as a 'very good' assessment tool, 17 (17%) rated it as 'good', ten (10%) as 'satisfactory' and one (1%) as 'poor'. One (1%) rated it as between 'satisfactory' and 'poor' and two (2%) felt unable to make a judgment.

Nine respondents (9%) commented on difficulties encountered in using the Document. Some of these only praised the usefulness of the Competencies and others reported where difficulties had arisen. In addition, two respondents volunteered that they had no difficulties. The comments are reported in Table 7.

**Table 7. Comments regarding Competency Statements.**

The Competencies are a wonderful guide for nurses.
Constantly refer to it for guidance.
Difficult to understand at first.
Had (unspecified) difficulties with Competencies 1.11, 2.3, and 4.4.
Just selected appropriate ones.
Some may not be achievable in post-graduate assessment, for example Competencies 1.6, 3.7, 4.1, 4.4 and 5.3.
Competency 1.3 states details on United Nations convention on the “Rights of the child”; would like Australian standards to be included.
Many are difficult to measure, not user-friendly. It’s too long.
Research Competency as I was not involved in research activities.

Five respondents provided additional comments on the document which are displayed in Table 8

**Table 8. Additional comments on the ACPCHN Specialist Competency Document**

Would like a copy for health centre.

Like to see examples of how they are used/integrated into workplace especially for performance development.

Over-analyses nursing, makes us take too much time to justify our actions.

Think it would be used more if paediatric nurses had own copy.

It’s too long.

Very thorough, include assessment of level of competency.

## User Feedback

ACPCHN would greatly appreciate your feedback on your perceptions of the competencies document and how applicable you find the competencies to your work. Your feedback will be taken into consideration as part of the next review of the competencies planned for 2008.

Please make your comments on the “contact us” page of the ACPCHN website at: [www.acpchn.org.au](http://www.acpchn.org.au)

The next review committee will be interested in the following types of information:

- General Comments (e.g. readability, applicability, user friendliness, perceived value of document)
- How this document was used (e.g. job descriptions, performance appraisal, curriculum development, self assessment)
- Comments on Specific Area of the Document:
  - Domains (please identify by number):
  - Competencies (please identify by number):
  - Performance Criteria Examples (if appropriate, if obsolete, or you may include any additional examples):
  - Any other sections of the document you would like to comment about? (e.g. background, glossary, the project description, references, appendices):



