MNCYN Regional Paediatric Nursing
Orientation Program

Core Paediatric Competency Indicators Registered Nurse

Southwestern Ontario
Maternal, Newborn, Child and Youth Network

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Core Paediatric
Competency Indicator Tool
Registered Nurse

Employee Name: _____

INTRODUCTION

This Competency Indicator Tool was designed by the Southwestern Ontario Maternal Newborn Child and Youth Network (MNCYN) in collaboration with representation from nursing leaders from hospitals throughout the region. It is recognized that RNs caring for ill or injured infants and children must possess the competencies to recognize, communicate and intervene in commonly occurring urgent and emergent situations and to provide emergency care. This tool has been designed to assist learners to build the knowledge and confidence necessary to safely care for paediatric patients in our region. It also offers preceptors and nurse managers a means by which to provide educational support and constructive feedback while evaluating and monitoring the learner's progress in skill development.

While the tool is most applicable for nurses orienting to practice in the emergency departments or in-patient paediatric units, it may also be of benefit to more experienced nurses who wish to review skills that are infrequently performed. According to the College of Nurses of Ontario, competency is defined as "the nurse's ability to use his/her knowledge, skill, judgment, attitudes, values and beliefs to perform in a given role, situation and practice setting. (College of Nurses of Ontario, 2002, p.5). Each nurse has the responsibility to ensure on an ongoing basis that his /her competencies are relevant and current.

These core competencies and Clinical Practice Guidelines (CPGs) will provide guidance to the learner for the care of the paediatric patient within the framework of:
- assessment
- organization, coordination & provision of care
- communication & documentation
- management of urgent and emergent paediatric conditions

This tool requires both the learner and the preceptor to make an assessment of the learner's skill based on Benner's Model of Skill Acquisition in Nursing (1984) which describes the characteristics of performance at five different levels of proficiency. The following is a description of these levels of skill:

Stage 1 – Novice: This level is characterized by rule-governed behaviour, as the novice has no experience of the situation upon which to draw.

Stage 2 - Advanced Beginner: The advanced beginner is one who has had sufficient prior experience of a situation to deliver marginally acceptable performance. Advanced beginners need adequate support from mentors, supervisors and colleagues in the practice setting.

Stage 3 – Competent: This stage is characterized by conscious, deliberate planning based upon analysis and careful deliberation of situations. The competent practitioner is able to identify priorities and manage their own work and benefit from learning activities that centre on decision making, planning and coordinating patient care.

Stage 4 – Proficient: The proficient practitioner is able to perceive situations holistically and can therefore hone in directly on the most relevant aspects of a problem. Proficiency is normally found in practitioners who have worked in a specific area of practice for several years. Inductive teaching strategies such as case studies are most useful at this stage.

Stage 5 – Expert: This stage is characterized by a deep understanding and intuitive grasp of the total situation; the expert develops a feel for situations and a vision of the possibilities in a given situation. Critical incident technique is a useful way of attempting to evaluate expert practice, but Benner considers that not all practitioners are capable of becoming experts.

How to Use this Tool:

Nurse Learner: Educational opportunities for the nurse learner will be initiated at the nurse's hospital of employment, but may be enhanced by clinical opportunities arranged in partnership with other institutions as needed. Prior to clinical placement at a partner hospital, it is expected that the nurse learner has initiated her skill review using the Competency Indicator Tool at her home hospital. Nurses are encouraged to be self –directed by taking the opportunity for learning new skills whenever possible. The nurse will indicate her level of competence for each skill under the 'Self- Assessment' columns as she completes them. The key for Benner's Stages of Skill Acquisition is listed on the top of each page. Nursing leadership will indicate skills that will not be applicable for learning (N/A) in accordance with the level of care provided at the hospital where the learner is employed. The nurse should indicate the method used to review information / technique for a specific skill. This learning tool is also intended to be completed by the nurse on clinical placement at the partner institution if this has been arranged as part of the orientation process.

Preceptor: Prior to mentoring the nurse learner, preceptors are encouraged to visit the ***Preceptor Education Program for Health Professionals and Students*** (Kinsella et al., n.d) and complete the learning modules. The preceptor must also complete the nurse's copy of the Competency Indicator Tool by assessing the learner using Benner's Stages of Skill Acquisition under the section entitled 'Assessment by Preceptor'. An attempt should be made to provide learning opportunities for each required skill that has not yet been completed successfully. The preceptor can also indicate the method of review and the method of evaluation used for each skill. The preceptor will date and sign off each skill that has been completed. The bottom of each page also requires the preceptor's printed name and signature. It is recommended that the preceptor keep a copy of the Competency Indicator Tool for her own reference.

TABLE OF CONTENTS

	Core Paediatric Competency Indicators Registered Nurse	Employee Name: _____
Hospital Logo		

Self-Assessment Key	Evaluation Key	Review Key	Self-Assessment by Employee					Method of Review (Use Key on Left)	Evaluation of Competency		
Novice (NA): Not a skill I have learned or developed **1. Advanced Beginner**: familiar, require guidance **2. Competent**: basic experience, require support **3. Proficient**: solid experience, recognize deviations, have ability to respond independently **4. Expert**: vast experience, intuitive knowledge	**O:** Observation in clinical setting **R/D:** Return Demo **T:** Written Test **V:** Verbal Review	**P =** Hospital Protocol or Procedure Review **S =** Self-Learning Package **D =** Demonstration **C =** Clinical Practice or Simulation	NA	1	2	3	4		Date	Initials	Method
Module 2: Respiratory System **A: Airway Assessment**											
Describe unique paediatric airway physiology								S			
Recognize partial versus complete airway obstruction, including upper and lower airway obstruction								S/C			
Perform techniques to ensure airway patency including positioning, jaw thrust & chin lift								P/S/D/C			
Set-up & problem solve suction equipment (i.e.) 80-100 mm/Hg. Perform oral and nasopharyngeal suction techniques								P/S/D/C			
Identify appropriate airway adjuncts and techniques, including proper sizing of oral & nasal airways								P/S/D/C			

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Module 2: Respiratory System
B: Breathing Assessment

	NA	1	2	3	4	Method of Review	Date	Initials	Method
Describe unique respiratory physiology of the paediatric patient						S			
Describe and recognize age appropriate respiratory rates including too fast versus too slow						S/C			
Determine and recognize respiratory distress, respiratory failure and respiratory arrest						S/C			
Describes and recognizes breath sounds and performs chest auscultation						S/D/C			
Describes and recognizes work of breathing, including accessory muscle use and influencing factors						S/C			
Initiate appropriate use of airway/oxygen delivery devices: • Assisted respirations via bag/mask • Nasal cannula • Venturi mask / Non-rebreather • Age appropriate use of metered dose inhalers/nebulizer						P/S/D/C			

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Module 3: Cardiovascular System
C: Circulation Assessment

	NA	1	2	3	4	Method of Review	Date	Initials	Method
Describes unique paediatric cardiovascular physiology						S			
Describe and recognize age appropriate heart rates including rates which are too fast or too slow						S/D/C			
Describes and recognizes heart sounds, auscultation to determine rate, rhythm and murmurs						S/D/C			
Describes, recognizes and performs perfusion assessment, including capillary refill, skin colour and central & peripheral pulse checks						S/D/C			
Describes, recognizes and performs non-invasive blood pressure monitoring with interpretation, including choosing the correct BP cuff size						S/D/C			
Describe thermoregulation and perform age appropriate temperature measurement techniques, including implementing heat conserving measures (i.e.) isolette ISC radiant warmer, bear hugger or fluid warmer						P/S/D/C			
Determine compensated shock from hypotensive shock						S			

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Module 4: Neurological System
D: Disability Assessment

	NA	1	2	3	4	Method	Date	Initials	Method
Describe and perform fontanelle assessment, including understanding abnormal findings (i.e.) bulging versus sunken fontanelle						S/D/C			
Describe basic primitive reflexes & understanding of abnormal findings						S			
Describe and perform a neurological assessment on a child including: • Tone • Interactiveness • Consolability • Speech/cry • Look/gaze						S/D/C			
Recognize neurological concerns using the Glasgow Coma Scale (GCS) including pupil, motor and verbal response						S/C			
Discuss neurological conditions and recognize the signs of clinical deterioration						S			
Describe hypoglycemia and hyperglycemia including performing glucose testing						S/D/C			

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Module 1: Paediatric Assessment Framework

E: Exposure

	NA	1	2	3	4	Method of Review	Date	Initials	Method
Complete a primary assessment of an ill or injured child using a focused physical examination						P/S/D/C			
Complete a secondary assessment consisting of a focused history and detailed physical examination with ongoing reassessment of child's status and response to treatment						P/S/D/C			
Consider the mental health and well-being of both the child & family members involved in the care plan						D/C			
Identifies and delivers developmentally appropriate care, providing anticipatory guidance and coaching based on developmental stage for both child and family						P/S/D/C			
Incorporates principles of Family-Centered Care into the planning and delivery of care, including supporting and partnering with the child and family, creating a friendly, safe environment. Please review: 2017 Canadian Paediatric Nursing Standards						P/S/D/C			

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Module 4: Neurological System **Pain Assessment**											
Perform and document paediatric pain scales, including self-report and observational scales (i.e.) Faces and FLACC								P/S/C			
Describe and understand paediatric procedural sedation, including a knowledge of common medications • Complete MNCYN's Procedural Sedation Learning Package								P/S/D/C			

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Module 1: Paediatric Assessment Framework **Module 5: Fluid Management** **Module 6: Medication Administration** **Module 7: High-Fidelity Simulation** ## Paediatric Skills											
Weight-based medication calculations: perform and document									P/S/D/C			
Administration of medications: perform and document **Intravenous** - Above & below the drip chamber - Constant infusion via large volume pump - Syringe pump **Oral** **Nasal** **Rectal** **Intramuscular** - Correct location for age & development)									P/S/D/C			
Intravascular Access: perform and document - Initiate vascular access with age appropriate techniques, including securing site and maintaining patency - Anticipate and assist with insertion of intra-osseous needle									P/S/D/C			

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Fluid Balance: perform and document input and output, including calculating weight based total fluid intake (TFI)								P/S/D/C			
Venous Blood Sampling: perform and document								P/S/D/C			
Capillary Blood Sampling: perform and document								P/S/D/C			
Cardio/Respiratory Monitor: application of monitor, including pulse oximetry								P/S/D/C			
Lumbar Puncture: assist with and document								P/S/D/C			
Placement of NG/OG Tube: perform and document, including appropriate sizing								P/S/D/C			
Urine Specimen Collection: perform and document Culture& Sensitivity (C&S) and Routine & Microscopic (R&M)								P/S/D/C			
Urinary Catheter Insertion: perform and document, including appropriate catheter sizing, sterile technique and indwelling								P/S/D/C			
CNO's Practice Guidelines for Consent: review and practice obtaining consent as per CNO's policy (pg. 6)								P			

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Employee Comments:

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Preceptor Comments:

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