Regional Paediatric Orientation Program

Core Paediatric Competency Indicators

Registered Nurse

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Core Paediatric
Competency Indicator Tool
Registered Nurse

Employee Name: _____

This **Core Paediatric Competency Indicator Tool** was designed by the Maternal, Newborn, Child and Youth Network (MNCYN) in collaboration with the representation of nursing leadership from hospitals throughout the region. It is recognized that RNs caring for ill or injured infants and children must possess the competencies to recognize, assess, 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 within our region. It also offers preceptors and nurse managers a means by which to provide educational support and constructive feedback while evaluating and monitoring a learner's progress in skill development.

While this tool is most applicable for nurses orientating to practice in the emergency departments or inpatient paediatric units, it may also be of benefit to more experienced nurses who wish to review and refresh skills they infrequently perform. According to the College of Nurses of Ontario (CNO), all nurses are accountable to reflect on their practice to determine their learning needs and actively update their knowledge and skills to maintain clinical competence[1].

These core paediatric competencies will provide guidance to the learner when providing care for children within the framework of:
- assessment
- organization, coordination & provision of care
- communication & documentation
- management of urgent and emergent paediatric conditions

This tool requires both learners and preceptors to assess the learner's current skill level based on Benner's Model of Skill Acquisition in Nursing, which describes the characteristics of performance at five different levels of proficiency[2].

Stage 1 – Novice: Beginner with no experience, taught general rules to perform tasks, rule-governed behaviour is limited & inflexible

Stage 2 - Advanced Beginner: 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 centers 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 the Core Paediatric Competency Indicator Tool

Nurse Learner: Educational opportunities for the nurse learner will be initiated by the 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 **Core Paediatric Competency Indicator Tool** at the home hospital. Nurses are encouraged to be self–directed learners by taking the opportunity for learning new skills whenever possible. The nurse will indicate the level of competence for each skill under the *'Self- Assessment'* columns as they are completed. A key for Benner's Stages of Skill Acquisition is listed on the top left of each page. Leadership should indicate skills which are not 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 or 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, preceptors are encouraged to complete learning modules available through the *Preceptor Education Program for Health Professionals and Students*[3]. Preceptors should complete the nurse's copy of the **Core Paediatric Competency Indicator Tool** by assessing the learner using Benner's Stages of Skill Acquisition under the section 'Preceptor Evaluation of Competency'. An attempt should be made to provide learning opportunities for each required skill. Preceptors 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 the preceptor keep a copy of this tool for reference.

TABLE OF CONTENTS

Hospital Logo

Core Paediatric Competency Indicator Tool Registered Nurse

Employee Name:

Self-Assessment Key	Evaluation Key	Review Key	Self-Assessment by Employee					Method of Review (Use Key on Left)	Preceptor Evaluation of Competency		
1. Novice (NA): Skills not yet learned or developed **2. Advanced Beginner**: Familiar, requires guidance **3. Competent**: Basic experience, requires support **4. Proficient**: Solid experience, recognizes deviations, can respond independently **5. Expert**: Vast experience, intuitive knowledge	**O**: Observation in clinical setting **R/D**: Return Demo **T**: Written Test **V**: Verbal Test	**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
Available in Module 2: The Respiratory System											
A: Airway Assessment											
Describe & understand differences in paediatric airway physiology								S			
Recognize partial versus complete airway obstruction, including upper & lower airway disease								S/C			
Perform techniques to ensure airway patency including patient assessment & positioning								P/S/D/C			
Set-up & problem solve suction equipment (i.e. 80-100 mm/Hg)								P/S/D/C			
Perform oral & nasopharyngeal suction techniques								P/S/D/C			
Identify appropriate airway adjuncts & describe techniques for use, perform skills when available (i.e. proper sizing of airways, masks)								P/S/D/C			

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Available in Module 2: The Respiratory System # B: Breathing Assessment											
Describe & understand respiratory physiology of paediatric patients								S			
Describe, recognize & assess age appropriate respiratory rates including rates which are too fast or too slow								S/C			
Determine, recognize & asses respiratory distress, failure & respiratory arrest, including identifying clinical signs of deterioration								S/C			
Describe, recognize & perform auscultation to identify breath sounds								S/D/C			
Describe, recognize & assess increased work of breathing, including accessory muscle use & influencing factors								S/D/C			
Initiate appropriate use of airway & oxygen delivery devices: • Positive-pressure ventilation (PPV) using bag-valve-mask • Nasal cannula, venturi mask, non-rebreather mask • High-Flow nasal cannula (HHFC) • Age appropriate use of metered dose inhalers/nebulizer								P/S/D/C			

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Available in Module 3: The Cardiovascular System ## C: Circulation Assessment											
Describe & understand paediatric cardiovascular physiology								S			
Describe congenital heart defects & acquired heart disorders								S			
Describe & recognize age appropriate heart rates including rates which are too fast or too slow								S/D/C			
Describe, recognize & perform auscultation to identify heart sounds, heart rate & rhythm; describe heart murmurs								P/S/D/C			
Describe, recognize & perform perfusion assessment, including capillary refill time, skin colour & central/peripheral pulse checks								P/S/D/C			
Describe, recognize & perform non-invasive blood pressure monitoring with interpretation, including choosing correct BP cuff								P/S/D/C			
Describe thermoregulation & perform age appropriate temperature measurement techniques, including implementing heat conserving measures if applicable (i.e. isolette, radiant warmer, bare hugger or fluid warmer)								P/S/D/C			

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Describe & understand shock & sepsis in children								S			
Available in Module 4: The Nervous System ## D: Disability Assessment											
Describe & perform a fontanelle assessment & understand abnormal findings (i.e.) bulging versus sunken								S/D/C			
Describe basic primitive reflexes & understand abnormal findings								S			
Describe & perform a neurological assessment including assessing for tone, interactiveness, consolability, speech/cry & look or gaze								S/D/C			
Recognize neurological concerns including pupil, motor & verbal response (i.e. Glasgow Coma Scale (GCS)								S/C			
Describe neurological conditions & recognize clinical signs of deterioration								S			
Describe hypoglycemia & hyperglycemia including performing point of care glucose monitoring								P/S/D/C			

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Available in Module 1: Paediatric Assessment Framework ## E: Exposure											
Complete a primary assessment using a focused physical exam								P/S/D/C			
Complete a secondary assessment using a focused history & detailed physical exam, including ongoing reassessment of child's status & response to treatment								P/S/D/C			
Consider the mental health & well-being of both the child & family members involved in the care plan								D/C			
Identify & deliver developmentally appropriate care, providing anticipatory guidance & coaching based on developmental stage for both child & family								P/S/D/C			
Incorporate principles of Family-Centered Care into the planning & delivery of care, including supporting & partnering with the child & family, creating a friendly, culturally-safe environment. Please review: 2017 Canadian Paediatric Nursing Standards[4]								P/S/D/C			
Identify & understand child protection concepts & Duty to Report laws in Ontario								P/S			

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Available in Module 4: The Nervous System **Pain Assessment**											
Understand paediatric pain scales, including self-report & observational scales & perform pain assessment & reassessment								P/S/C			
Describe & understand paediatric procedural sedation & analgesia, including a general knowledge of common medications • Complete MNCYN's Procedural Sedation & Analgesia Learning Package in the appendix of Module 4								P/S/D/C			
Available in Module 1: Paediatric Assessment Framework, Module 5: Fluid Management & Medication Administration, and Module 7: Nursing Skills Review **Paediatric Skills**											
Weight-based medication calculations: Perform & document								P/S/D/C			

Administration of medications: Perform & document
• **Oral, Nasal, Rectal**
• **Intravenous**
   o Above & below the drip chamber
   o Continuous infusion via large volume pump
   o Syringe pump
• **Intramuscular**: Correct location for age & development
								P/S/D/C			

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Intravascular Access: Perform & document • Initiate vascular access with age appropriate techniques, including securing, assessing & maintaining patency • Anticipate & assist with intraosseous needle insertion								P/S/D/C			
Fluid Balance: Document input & output, calculate weight-based total fluid intake (TFI), understand principles of dehydration & rehydration therapy in children								P/S/D/C			
Venous Blood Sampling: Perform & document								P/S/D/C			
Capillary Blood Sampling: Perform & document								P/S/D/C			
Cardio/Respiratory Monitor: Apply monitor & pulse oximetry								P/S/D/C			
Lumbar Puncture: Assist with & document								P/S/D/C			
Placement of NG/OG Tube: Perform & document								P/S/D/C			
Urine Specimen Collection: Perform & document								P/S/D/C			
Urinary Catheter Insertion: Perform & document, including appropriate catheter sizing, sterile technique & indwelling								P/S/D/C			
CNO's Practice Guidelines for Obtaining Consent: Review CNO's policy[5]								P			

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Employee Comments:

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Preceptor Comments:

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References

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2. Benner, P.A. (2011). *From novice to expert.* Retrieved from http://currentnursing.com/nursing_theory/Patricia_Benner_From_Novice_to_Expert.html

3. Kinsella, E. A. et al. (2013). *Preceptor education program (PEP) for health professionals and students*. Retrieved from *http://www.preceptor.ca/register.html*

4. Canadian Paediatric Nursing Standards. (2017). *Standardizing high quality nursing care for Canada's children.* Retrieved from https://ken.caphc.org/xwiki/bin/download/Other+Resources/Canadian+Paediatric+Nursing+Standards/FINAL-Paediatric%20Nursing%20Standards.pdf

5. College of Nurses of Ontario. *Practice guidelines: Consent.* Retrieved from https://www.cno.org/globalassets/docs/policy/41020_consent.pdf