

**PHILOSOPHY,
CONCEPTUAL MODEL,
TERMINAL COMPETENCIES
FOR THE
EDUCATION OF PEDIATRIC
NURSE PRACTITIONERS**

Developed by:

**The Association of Faculties of Pediatric
Nurse Associates/Practitioner Programs, Inc.**

AFPNPAP INC.

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Faculty members from pediatric nurse practitioner programs across the country have contributed to the development of an educational framework for PNP education. The following documents were developed in an attempt to place PNP education in a contemporary perspective. Many important steps in the development of the pediatric nurse practitioner role have been advanced: development of a successful national organization, NAPNAP; a successful national certification process in cooperation with the National Board of Pediatric Nurse Practitioners and Associates; and recognition of important contributions to health care through numerous publications. It is vital for the future development of the PNP role that educational guidelines reflect preparation needed for the PNP's expanded role in child health care.

HISTORICAL PERSPECTIVE

The 1971 Joint Statement of the American Nurses Association and the American Academy of Pediatrics - Guidelines on Short Term Continuing Education Programs for Pediatric Nurse Associates brought PNP education into the national arena with recommendations on curriculum content, behavioral objectives, and academic and organizational structure of programs. The framework was established in clear, understandable terms. The PNP was to receive a basic education in well and preventive child care. Clinical experiences were to provide the PNP with opportunities to develop nursing skills in the areas of physical assessment plus assessment and management of common childhood problems.

The Guidelines were prepared by the health planners at the top levels of the AAP and ANA Division on Maternal and Child Health Nursing Practice, with input from several faculty from existing PNP Programs. This publication set up the "what to do" in PNP education. The Guidelines remain as a unique collaborative base for PNP education.

It became apparent that nursing and medical faculty teaching within PNP programs needed to mutually agree upon specific objectives and curriculum content for PNP programs. The Guidelines established the "what to do"; next there was a need for "how to do it". In June, 1973 and 1975, faculty representatives from 45 of the 50 existing PNP programs met

at the University of Connecticut to define educational objectives and curriculum content for PNP programs. The result of these conferences was a detailed course outline representing input from nearly all PNP programs at that time. The input received from both nurses and physicians demonstrated that these two professions could cooperate in developing common goals to prepare practitioners to improve health care for children in the United States.

Major curricular areas had been identified by the ANA/AAP Guidelines. An additional curricular area, data gathering and physical assessment, was identified recognizing the importance of including didactic sessions in this particular area. A philosophy, content outline, suggested teaching methodologies, and bibliographies were provided for each major curricular area. In addition, considerable time was spent delineating a Philosophical Statement about the PNP Role. At the Connecticut conferences, the PNP role was viewed as interdependent with the physician; that is, each professional is an expert in those aspects of child health care for which he/she is responsible.

The enormous amount of work resulted in publication of Behavioral Objectives and Curriculum Content for Short-Course Pediatric Nurse Associate/Practitioner Programs. The U-CON objectives, as the document came to be known, were utilized by faculty as a base from which they developed and evaluated their programs. As a result of these two national conferences, an Association of Faculties was developed.

In 1978, a national conference was held in Iowa City, Iowa, to assess the status of PNP education and the role of the National Board of Pediatric Nurse Practitioners and Associates' certification exam. Priscilla Andrews, in her keynote address to the group of nursing and pediatrician co-directors of nearly every PNP program in the country, reminded the group that although the U-CON objectives were valuable, issues and health problems were changing, the dimensions of the NP role were better defined and faculty more knowledgeable. It was time to reassess the educational base and competencies expected for PNP graduates.

The Iowa City conference served as a framework to reorganize the Association of Faculties of PNA/P Programs. As a result of this conference, PNP faculty began the task

of updating objectives and evaluating the status of PNP education for the future. Beginning with a Task Force Conference in October, 1979, in Indianapolis, Indiana, all the earlier documents including the ANA/AAP Guidelines and U-CON objectives as well as the ANA Universe of Goals and Federal Guidelines for Nurse Practitioner programs were studied in detail. Subsequent workshops were held in June, 1980, and June, 1981, to develop Philosophy, Conceptual Model, and Terminal Competencies. Many statements found in the Philosophy are reaffirmations of statements from earlier documents. The Conceptual Model and Terminal Competencies also reflect the earlier work that was done by faculty conferences. Many of the same faculty members who participated in the University of Connecticut conferences also participated in the conferences held in Indianapolis in 1980 and 1981. Several individuals present had participated in the writing of the original ANA/AAP Guidelines. With each conference came a blending of old and new ideas with the helpful perspective of those who had been there and the helpful prodding and questioning of those who were new to the scene.

In 1982 the Association of Faculties of Pediatric Nurse Practitioner and Associate Programs published the Philosophy, Conceptual Model, Terminal Competencies for the Education of Pediatric Nurse Practitioners which contemporized the original ANA/AAP Guidelines. The importance of a collaborative approach to the education of the PNP was again reaffirmed in this 1982 publication. This document set up guidelines for use in the development of education programs for PNPs. The Philosophy, Conceptual Model, Terminal Competencies for the Education of Pediatric Nurse Practitioners provided flexibility for the structure and organization of PNP faculty within an individual program.

In 1987 the Association of Faculties of PNP/A Programs and the National Association of Pediatric Nurse Associates/Practitioners published Standards of Practice for PNP/A's, a document jointly developed by these two organizations. This publication identified the PNP/A's role in providing primary health care for children. The terminal competencies for the education of PNP's as identified by the Association of Faculties of PNP/A Programs in 1982 served as the basis for these standards of clinical practice.

A subcommittee of the Association of Faculties of Pediatric Nurse Practitioner and Associate Programs began the task of revising the 1982 document in early 1987 and completed its work one year later. Thus, the 1988 revision represents an updating of the guidelines to provide quality standards for pediatric primary health care education which reflect current trends in education and clinical practice.

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POSITION STATEMENT
ON THE EDUCATION OF
PEDIATRIC NURSE ASSOCIATES/PRACTITIONERS

In response to the changing nature of society and nursing and the impact of these changes on educational programs and health care delivery for children and families, the AFPNPAP members developed a position on PNA/P education and practice in 1982 and reaffirmed this position in 1988. Recognizing that collaborative efforts between medicine and nursing are essential to maintain and promote quality education for nurse practitioners who deliver primary health care to children, the AFPNPAP is committed to the following position:

The Association of Faculties of Pediatric Nurse Associate and Practitioner Programs believes that the nurse practitioner needs to be a specialist in a defined area of knowledge and practice in a selected area of Nursing. Therefore, the Association supports the establishment of PNA/P programs within the aegis of accredited graduate programs of nursing and believes that the PNA/P is optimally prepared at the Master's level.

It is also believed that nurse practitioner education be a result of collaboration between the disciplines of nursing and medicine and that the planning, implementation and evaluation represent a collaborative effort of both professional groups. The PNA/P educational programs should emphasize a combination of didactic and clinical components which provide opportunities to meet the terminal competencies in this document.

The Association promotes collaborative practice and encourages innovative approaches to the delivery of health care services to children through advanced education of nurses in recognized education programs. It is essential these programs prepare nurses for independent nursing decision making and provide nurses with a specialized, in-depth knowledge base.

PHILOSOPHY FOR THE EDUCATION
OF THE PEDIATRIC NURSE ASSOCIATE/PRACTITIONER

PREFACE

We, the Association of Faculties of Pediatric Nurse Associate/Practitioner Programs, believe that nursing has leadership responsibilities to participate in planning, designing, and managing health care delivery systems. Nursing should plan education programs which stress the changing health care needs of society and the educational needs of the nursing profession. Nursing is involved in the diagnosis and treatment of human responses to actual or potential health problems (Social Policy Statement, ANA, 1980). A nurse associate/practitioner provides comprehensive primary health care in response to the wide range of presenting problems of individuals from diverse cultures.

We, the Association of Faculties of PNA/P Programs, advocate active collaboration among nurses and physicians who have expertise relevant to the nurse practitioner role and primary care. Following are statements of philosophy of this association regarding primary health care, the education of the Pediatric Nurse Associate/Practitioner and the practice of the Pediatric Nurse Associate/Practitioner.

WE BELIEVE

1. Society is a complex, interacting system which influences the growth, development and health of the child and family.
2. The professional view of the child is holistic and developmental.
3. Optimal health is the highest level of function possible for the child within the family/environmental setting.
4. All children and their families have certain basic rights of health care, including the right to optimal health, the right to make decisions, and the right to privacy.

5. The profession of nursing is an applied discipline which derives its theoretical base from nursing and other fields and its empirical base from nursing practice.
6. The goal of nursing practice is to assist the child and family in achieving optimal health.
7. Nursing has the responsibility to participate jointly with other health care professions in planning, managing, and evaluating health care.
8. Nursing has the responsibility to respond to the changing needs of society by providing educational programs which increase the efficacy, availability, and accessibility of health care.
9. Primary child health care means the provision of a broad range of services needed to respond to the health needs of children in their community settings.
10. Primary child health care has the following characteristics:
 - a. an initial and continuing relationship between the child/family in need of care and the providers of that care;
 - b. continuity of care for the child in all states of health including the chronically ill child;
 - c. a broad range of services which include:
 - i. promotion and maintenance of health
 - ii. prevention of illness and disability
 - iii. guidance and counseling
 - iv. referral to other health care providers when appropriate
 - v. coordination of all necessary services.
11. The PNA/P is a primary health care provider.
12. The PNA/P uses the nursing process as a basis for the delivery of primary child health care incorporating the necessary scientific knowledge and clinical skills.

13. The PNA/P uses cognitive, affective, and psychomotor skills guided by critical thinking and rational decision making.
14. The PNA/P may also provide care to chronically ill children and their family, functioning as a health team member and case manager.
15. The goal of the PNA/P is to promote the attainment of optimal health for the child.
16. The PNA/P promotes the development of self-care by the child and family.
17. The PNA/P role requires professional accountability and child/family advocacy.
18. The PNA/P generates and uses current research to facilitate nursing practice.
19. The PNA/P is a team member responsible for independent nursing decision making and interdependent decisions collaborating with pediatricians or other health care providers.
20. The relationship between the PNA/P and pediatrician or other physician is collegial, collaborative, and complementary.
21. Specific socialization into the PNA/P role is required.
22. Primary child health care necessitates responsibility and accountability from the PNA/P.
23. The PNA/P is responsible for professional growth using such mechanisms as peer review and continuing education.
24. The PNA/P is an adult learner who takes an active role in the education process recognizing that learning is a continuous, life-long process.
25. The goal of PNA/P education is to build on baccalaureate level nursing knowledge and skills to increase the scope of nursing practice in primary child health care.

26. A PNA/P Program must provide a systematic educational framework to develop the nurse's abilities in discrimination, critical thinking, and problem solving in the provision of child health care.
27. The educational process must provide sufficient opportunity for the PNA/P to develop clinical competency in primary child health care.
28. The educator acts as a catalyst in the learning process.
29. The educator serves as role model in the learning process.
30. The educator encourages the development and application of nursing research in primary child health care.

CONCEPTUAL MODEL FOR THE EDUCATION
OF THE PEDIATRIC NURSE ASSOCIATE/PRACTITIONER

---DIDACTIC/CLINICAL CONTENT

- . Communication
- . Growth & Development
- . Family/Cultural Dynamics
- . Pediatric Data Collection/
Physical Assessment
- . Child Health Maintenance
- . Common Pediatric Problems/
Illnesses
- . Health Care Delivery Systems
- . Role Development
- . Clinical Practice

---ROLE CHARACTERISTICS

- . Accountability
- . Advocacy
- . Collaboration
- . Competency
- . Critical Thinking
- . Mutual Decision Making
- . Responsibility
- . Self Direction

The identification and organization of critical program content continues to be a dilemma among educators. The above are major concepts of the Philosophy and Terminal Competencies of the Association of Faculties of PNA/P programs. The baccalaureate nurse's ongoing professional growth is expanded through advanced education and continued role development. Through application of the nursing process, the PNP integrates advanced knowledge and clinical expertise to function in an expanded role.

Eight role characteristics are identified that facilitate the acquisition and application of critical program content within the primary care setting. The didactic/clinical content represent critical areas of advanced knowledge necessary for the expanded role of the pediatric nurse practitioner.

TERMINAL COMPETENCIES

Upon completion of a formal program of study, the pediatric nurse associate/practitioner will:

1. Systematically collect and evaluate health assessment data to determine the health status of children.
 - . Obtain and record a complete and accurate health history.
 - . Perform and record a complete and accurate pediatric physical assessment.
 - . Perform or recommend age-appropriate screening procedures.
 - . Modify the history, the physical exam, and screening procedures according to the developmental age, anxiety level, and reason for contact.
 - . Construct a problem list based on interpretation of the health assessment data versus the expected normal data for the individualized child and situation.
 - . Given a child/family and situation, judge the completeness and appropriateness of the health assessment data collected.

2. Provide primary health care for the child.
 - . Define concept of primary health care.
 - . Interpret the PNA/P role in primary health care.
 - . Articulate an in-depth knowledge base essential to the provision of primary health care.
 - . Develop, implement, and evaluate health maintenance and health promotion services for the child/family by including teaching, counseling, advising, anticipatory guidance.
 - . Use patient care guidelines developed collaboratively with other health care professionals when indicated.
 - . Given a situation and relevant data, judge actions for appropriateness according to standards of nursing practice.
 - . Serve as an advocate for the child/family.

3. Provide the child with opportunities to develop health care practices.
 - . Define the concept of health.
 - . Analyze the family system to identify factors which influence the health of the child.
 - . Identify the cultural variations in child-bearing and child-rearing practices and the influence of socio-economic status on the health of the child.

- . Identify age-related growth and development factors which affect health.
 - . Describe a range of methods and techniques for assisting children, families, and others in maintaining and promoting health.
 - . Provide the family and others the opportunity to develop knowledge and skills to assist the child to develop optimal health care practices.
 - . Provide the child/family with opportunities to develop increasing accountability for health behaviors.
 - . Given established evaluation criteria and other relevant data, judge the completeness and appropriateness of the health care plan.
4. Assess and promote growth and development of children from birth through adolescence.
- . Analyze factors which affect the child's growth and development (e.g., genetic and acquired attributes, parenting practice, family life styles, environmental milieu, cultural background).
 - . Differentiate between normal and abnormal development in relation to anatomical, physiological, motor, cognitive, psychological and social behavior of the child.
 - . Assess the child's developmental status based on the individual differences in temperament, reactions to selected developmental and situational crises, and coping styles and strategies.
 - . Assist the parent/child in coping with developmental behaviors and in facilitating the child's developmental potential using problem solving skills.
5. Assess common pediatric problems and illnesses. Decide which situations the PNA/P can independently manage and those which require: (a) collaborative management with other health care professionals; (b) immediate assessment, treatment and referral; (c) scheduled referral for consultation and follow-up.
- . Determine history, physical, lab and developmental data that needs to be collected relative to the presenting problems.
 - . Analyze the influence of variables such as culture, family, and self-care potential on common pediatric problems/concerns.
 - . Identify strategies appropriate for assessing and managing common pediatric illnesses and emergencies as well as chronic illnesses.

- . Demonstrate knowledge, skills, and clinical judgment to:
 - . gather, organize and record data.
 - . integrate knowledge of pathological processes with the variables that affect the client/family's self-care potential needs and resources to jointly formulate a management plan.
 - . articulate effectively with other members of health care team.
 - . Given a specific common pediatric problem and established relevant outcome criteria, evaluate interventions.
6. Exemplify accountability for professional nursing practice.
- . Articulate a theoretical base for practice.
 - . Recognize competencies necessary for the provision of quality health care.
 - . Demonstrate the practical application of theory.
 - . Modify own nursing interventions based on self assessment, analysis of health care system, and acquisition of new knowledge.
 - . Meet regional and national professional standards.
 - . Identify research issues, interpret research, and implement appropriate changes in practice.
7. Advance the role of the PNP/A in the the health care system.
- . Interpret and demonstrate the role of the PNA/P.
 - . Evaluate the functioning of the health care systems in the community and devise methods for modifying the system to serve consumer groups effectively and effeciently.
 - . Promote collaborative relationships with health care professionals to meet the identified needs of the community.
 - . Support professional organizations that promote the role of the PNP/A in the health care system.
 - . Support professional efforts to improve the health and well being of children by serving on boards, acting as a consultant or otherwise functioning as an active participant in professional organizations.

1988 Revision Contributing Editors

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