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ABSTRACT

The standards for nursing education offered in this guide are stated in the form of 11 goals based on concepts of central concern to the nursing of children and their families. These concepts can be categorized into three classes: (1) child, family, and societal factors; (2) clinical problems or areas; and (3) care delivery. Each goal statement is supported by guidelines that facilitate implementation and evaluation in the form of process and outcome criteria. The process criteria provide examples of content areas and teaching methods that are consistent with achieving the goal. The outcome criteria offer examples of evaluation methods and outcomes that are desirable to accomplish through the teaching methods. The intent is that the goals will be implemented across all settings where pre-licensure and early professional education occur. Within the child, family, and societal factors area, concepts are: (1) anatomic structures, physiologic processes, psychologic processes, and spiritual processes in neonates, infants, children, and adolescents; (2) health behavior; (3) separation, loss, and bereavement; and (4) economic, social, and political influences. Within clinical problems or areas, concepts are: (1) safety and injury prevention; (2) children with a chronic condition, disability, or special health need and their families; and (3) children with acute illness or injuries and their families. Within care delivery, concepts are: (1) family-centered care; (2) cultural competence; (3) communication; and (4) values and moral and ethical reasoning. The guidelines are preceded by an executive summary, background on their development, and discussion of the theoretical bases. The most significant differences between this revised version and the first version involve the integration of material related to prevention and pre-hospital and emergent care. (Contains 26 references.) (EV)

STANDARDS and GUIDELINES for PRE-LICENSURE and EARLY PROFESSIONAL EDUCATION for the NURSING CARE of CHILDREN and THEIR FAMILIES

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Standards and Guidelines for Pre-Licensure and Early Professional Education for the Nursing Care of Children and Their Families

Executive Summary (Revision, 1998)

As academic and clinical educators gathered to revise this document it was found that the three major concepts identified in the original work were still very applicable. Therefore, this revision remains organized around the concepts of: (1)**Child, Family and Societal Factors,** (2) **Clinical Problems or Areas,** and (3) **Care Delivery.** The format also remains unchanged including process and outcome criteria for each concept. The most significant differences between the first and revised editions are reflected in the integration of materials related to prevention, pre-hospital and emergent care. The strong emphasis on home and community-based care is still prominent, since it is believed that this remains the direction of future health care of children and their families.

Executive Summary (First Edition, 1995)

With increased attention to family-centered and community-based care and with reorganization of health-care services, all nurses will care for children and their families during their nursing careers. The Standards and Guidelines for Pre-Licensure and Early Professional Education for the Nursing Care of Children and Their Families were developed to support the education of pre-licensure students and the professional development of new graduates for the nursing of children and their families. Throughout this document, "children" refers to neonates, infants, young and school-age children, and adolescents. "Care" refers to nursing practice in primary, secondary, and tertiary health-care settings. "Pre-licensure education" refers to degree-related education for students who will qualify as registered nurses. "Professional education" refers to the education that occurs early in the professional career of a new graduate of a nursing program.

The standards for education are stated in the form of 11 goals based on concepts of central concern to the nursing of children and their families. These concepts can be categorized into three classes: (1) child, family, and societal factors, (2) clinical problems or areas, and (3) care delivery. Each goal statement is supported by guidelines that facilitate implementation and evaluation. These guidelines are process and outcome criteria. The process criterion provides selected examples of content areas and teaching/reaming methods that are consistent with achieving the goal. The outcome criteria specify selected examples of evaluation methods and outcomes that are desirable to accomplish through the teaching/reaming methods.

The intent is that the goals will be implemented across all settings where pre-licensure and early professional education occur. Resources and circumstances unique to each educational community will influence how the goals are implemented, how teaching-learning processes are selected and applied, and the outcomes that are selected as the primary aims of the education. It is expected that the standards and guidelines will be addressed throughout the entire pre-licensure curriculum and professional development program, rather than just in a specific course. Community health nursing experiences, for example, will contribute to the preparation of pre-licensure students for the nursing£ of children and their families.

The standards and guidelines are based on assumptions about the nursing care of children and their families and about the education that is needed for this care. Assumptions concerning the nature of care and where it is delivered are as follows: (1) education for pediatric nursing must be oriented to family-centered, community-based, and coordinated care

that is sensitive and responsive to the beliefs, practices, and strengths of cultural groups; and (2) much of the care of children with an acute or chronic illness or disability will be shifted from the hospital to community settings, including homes, schools, day-care centers, and primary care clinics.

Assumptions that concern the knowledge that is central to the nursing care of children and their families are as follows: (1) pediatric nursing care has its theoretical and empirical bases in knowledge of physical growth, behavioral development, and family relationships; (2) every graduate of a pre-licensure program must have course work in life-span development and physical growth; and (3) an ecological model of human development provides a means of integrating physical, cognitive, psychological, spiritual, and social domains within a context of personal and family health functions and goals.

Assumptions concern learning, what it involves, and how it is supported and evaluated. Among these assumptions are the following: (1) knowledge and skills needed to care for children and their families have a variety of origins, including empirical, aesthetic, ethical, and practical sources; (2) critical thinking skills are needed to develop knowledge that is comprehensive, flexibly applied, and regularly updated; (3) theoretical and practical knowledge must be integrally and deliberately linked in educational experiences; (4) pre-licensure students and new graduates will learn and develop in a variety of ways, depending on their unique history, cultural and ethnic heritage, and personal goals; (5) interdisciplinary experiences are needed to prepare nurses for making their contributions to comprehensive and coordinated care; (6) evaluation methods should include the pre-licensure students or new graduate's written and verba! descriptions of care activities and their outcomes; and (7) nurse educators for pediatric didactic and clinical courses must have extensive clinical experience and/or advanced education in and preparation for the nursing of children and their families (Pridham, 1995). The concepts and goals in each of the three categories are as follows

CHILD, FAMILY, AND SOCIETAL FACTORS

1. **Concept**. ANATOMIC STRUCTURES, PHYSIOLOGIC PROCESSES, AND PSYCHOLOGIC PROCESSES IN NEONATES, INFANTS, CHILDREN, AND ADOLESCENTS

   Goal. The nurse will integrate knowledge of the unique anatomic structures, physiologic processes, and psychologic processes of children from birth through adolescence to make assessments, plan, implement, and evaluate care.

2. **Concept**. HEALTH BEHAVIORS

   Goal. The nurse will use opportunities to influence positively the health behaviors of children and their families.

3. **Concept**. SEPARATION, LOSS, AND BEREAVEMENT

   Goal. The nurse will provide supportive care for children and families experiencing separation, loss, and/or death.

4. **Concept**. ECONOMIC, SOCIAL, AND POLITICAL INFLUENCES

   Goal. The nurse will use knowledge of how the larger environment influence the child's health and development and the family's activities in relation to the child's health to: (a) make assessments, plan strategies, and implement approaches to care of the child that are in accord with the family's economic and social situation and available resources, and (b) work with others in the community to make and implement plans for the health-care needs of children.

CLINICAL PROBLEMS OR AREAS

1. **Concept**. SAFETY AND INJURY PREVENTION

Goal. The nurse will provide and promote safety in order to prevent injury and support the development of the child.

2. **Concept**. CHILDREN WITH CHRONIC CONDITIONS OR DISABILITIES AND THEIR FAMILIES

Goal. The nurse will make assessments, plan strategies of care, and intervene in ways that promote the growth and development of the child with a chronic condition or disability, support the child's and family's management of care, and promote a healthy family life style. Evaluation of nursing care is a part of this process.

3. **Concept**. CHILDREN WITH ACUTE ILLNESS AND THEIR FAMILIES

Goal. When providing care to children with acute illness or injuries and their families, the nurse will make assessments, plan strategies of care, and intervene in ways that promote the growth and development of the child and support the child's and family's management of care. Evaluation of nursing care is a part of this process.

CARE DELIVERY

1. **Concept**. FAMILY-CENTERED CARE

Goal:

A. The nurse will use the family-centered approach to:

(1) Assess needs, plan interventions and evaluate outcomes relevant to the health-care needs of children in partnership with children and their families, and

(2) Work with other health-care providers and the family to promote coordinated service delivery.

(3) Advocate for family-centered care of children.

B. The nurse will participate in developing and working within service delivery systems to support practice that is consistent with principles of a family-centered approach.

2. **Concept**. CULTURAL COMPETENCE

Goal. The nurse will acknowledge and integrate into health care the beliefs, practices, and values of cultural groups defined by geography, race, ethnicity, religion, or socioeconomic status.

3. **Concept**. COMMUNICATION

Goal. The nurse will communicate effectively with the child, family, and others who participate in the care and education of the child and family.

4. **Concept**. VALUES AND MORAL AND ETHICAL REASONING

Goal. The nurse will respond to health-related issues in an ethical, moral, or legal dilemma in ways that promote the development of families, children and health care professionals, assist them in making decisions.

The process and outcome criteria as well as references are presented in the full document.

SECTION I: Introduction and Background

The introduction of Standards and Guidelines for Pre-Licensure and Professional Education for the Nursing Care of Children and Their Families (1995) was written by Karen Pridham and Marion Broom with contributions by Mary Baroni and Barbara Woodring. This material was revised, updated and divided into Sections I, II and III by Barbara Woodring (1998).

Introduction

As we move toward the 21st century, we will continue debate strategies for health-care reform. Nurses are committed to improving access to care, and to operationalizing the concepts of family-centered, community-based, and coordinated care that is sensitive and responsive to the beliefs, practices, and strengths of cultural groups. With increased attention to family-centered and community-based care and with reorganization and realignment of health care services, *all* nurses *will* care for children and their families in some context at some point during their nursing career. It is within this climate of change that attention has been focused upon the development of standards and guidelines that address the needs for nursing care of children and their families. It is the intent of those who have created this document to provide a basis for nursing educators in academic and clinical settings to initiate discussion about developing educational opportunities for pre-licensure students and new graduates that will ultimately improve nursing care for children and their families.

Throughout this document, "children" refers to neonates, infants, young and school age children, and adolescents. "Care" refers to nursing practice in primary, secondary, and tertiary health care settings and in settings that are not traditionally considered to be health care settings, such as schools and child care centers. "Pre-licensure education" refers to degree-related education for students who will qualify as registered nurses. Professional education, in general, is non-credit education that is provided by an institution or agency for staff members. In this document, "professional education" refers specifically to non-credit education provided new graduates. However, the standards and guidelines may also be useful for the professional development of licensed nurses who are inexperienced with the care of children but who may be experienced with the care of adults.

The standards for education are presented are constructed as eleven (11) goal statements Although each goal is addressed to a specific aspect of practice, the goals are not intended to be mutually exclusive or even exhaustive of the aspects of pediatric nursing practice. They are, however, intended to address the most salient issues of the nursing care of children and their families at this time. Our intent is that these goals will be implemented in all settings where pre-licensure education or education for professional nursing practice with children and their families takes place. Guidelines, stated as process and outcome criteria, are presented for each goal. The process criteria illustrate experiences that provide students and new graduates opportunities for learning the nursing care of children and their families. It is expected that resources and circumstances unique to each educational

community will influence how the goals are implemented, the teaching-learning processes that are applied, and the outcomes that are selected as the primary aims of the education (Pridham, Broome, Woodring, Baroni, 1996).

These guidelines remain a working draft of processes that can be implemented and outcomes that can be realized within the context of each school of nursing and health care setting. The guidelines may require accommodation, adaptation, and expansion for implementation in a specific setting. Both the standards and guidelines should provide a catalyst for critical thinking, dialogue, and consensus building between and among nursing educators in academic and service settings.

We do not believe that the knowledge and skills required for nursing care of children and their families will necessarily be contained within one specific course or set of courses. The implementation of the standards and guidelines will take many forms, depending on local resources, philosophies, and commitments. A number of other specialties within nursing education and practice will contribute to and reinforce the implementation of the standards and guidelines, including community health nursing and psychiatric-mental health nursing, nursing research, and nursing ethics.

Background of the Development of the Standards

The development of the first edition of the standards was the culmination of two years of activity, under the direction of Karen Pridham, Ph.D., R.N., University of Wisconsin-Madison School of Nursing (Pridham, 1995).

1. Following a regional meeting of nurse educators (1990), a graduate training grant was funded by the Bureau for Maternal Child Health, USDHHS, to prepare leaders for pediatric nursing at the University of Wisconsin, Madison. At subsequent regional meetings, both academic and clinical leaders addressed the challenge of pediatric nursing education. The groups agreed that standards and guidelines for preparation of nurses at the pre-licensure and entry-into-practice levels were needed in order to assure a cadre of nurses adequately prepared to provide nursing care for children and their families. (Pridham, 1992-93, 1995).

2. A proposal for a continuing education project to support the development of standards for pre-licensure education and education for new graduates in the nursing care of children and their families was written by Karen Pridham with the assistance of Marion Broome, R.N., Ph.D., (then President of the Society for Pediatric Nurses, SPN) and other members of the SPN Education and Professional Development Committees. The project was funded by the Bureau of Maternal and Child Health, USDHHS, in October, 1993. It was housed at, and administered by, the University of Wisconsin-Madison (Pridham, 1995).

3.The initial draft of the Standards and Guidelines for Pre-licensure and Professional Education for the Nursing Care of Children and Their Families was developed at a three-day working conference, attended by 24 nurse educators from academic and clinical settings throughout the United States. In January, 1994, this conference was held in Chicago, and was followed by several rounds of draft-review by conference participants and others.

4. The next-to-final draft of the Standards and Guidelines for Pre-Licensure and Professional Education for the Nursing Care of Children and their Families was sent to 600 individuals or agencies throughout the 50 States. The purpose of this mailing was to obtain feedback about the clarity,

completeness, compatibility with philosophies of practice and education, and applicability of the Standards and Guidelines. The individuals or agencies selected to evaluate the Standards and Guidelines included: (l) the staff educators at 100 children's hospitals selected from the list of members of National Association of Children's Hospitals and Related Institutions (NACHRI); (2) the undergraduate pediatric nursing education faculty of 50 of the top-ranked NLN-accredited schools of nursing as reported by U.S. News (Jan/Feb,1994); (3) directors of 50 associate degree NLN-accredited programs in nursing education offered by technical and community colleges and universities; (4) the 22 advisory board members of the Child Health Corporation of America home health care agencies; (5) directors and nurse consultants from maternal-child health units in each of the 50 states; (6) 21 nurse consultants of the Indian Health Service; (7) 150 members of the Society of Pediatric Nurses; and (8) parents and students recruited by members of the working group in their own locales to respond to the draft (Pridham, 1995).

5. The revised edition, 1998, was developed with the financial assistance of a Partnership Grant from the Emergency Medical Services for Children (EMSC), USDHHS, HRSA, Maternal-Child Health Bureau. Revisions were directed by Barbara Woodring, R.N., Ed.D., then a member of the Board of Directors of SPN, and a member of the original developmental group. The revisions were determined using a process similar to that identified above: (a) a two-day working conference was held in Denver, 1997, (b) participants included 7 SPN members who were academic and clinical nurse educators with expertise in pre-hospital and emergent care of children, (c) consultation was provided by Jane Ball from the EMSC headquarters, (d) the revised draft was critiqued by 10 clinical and academic educators in addition to the conference participants and (e) was supported by the SPN Board of Directors.

SECTION II: Theoretical Bases and Implementation Process

The Theoretical Bases of the Standards: An Ecological Perspective

The art and science of nursing as a caring profession has as its basis support of health and the processes that restore the health of individuals and families (Nightingale, 1969). It is essential that nurses be grounded in an understanding of growth and development, since growth and development are integrally related to health and reparative processes. The premise that a sound knowledge of physical growth, behavioral development, and family relationships and parenting, should serve as the theoretical and empirical base for pediatric nursing care is not new (Barnard, 1984; Barnard & Neal, 1977; Hoekelman, Starfield, McCormick, et al., 1983; Nadler & Evans, 1987). The behaviors and abilities that are the foundation of health and well-being are developed in childhood. A sound knowledge of this development is crucial to understanding and facilitating the health behaviors of all people, the central objective of Health Children 2000 (Mason, 1991). This premise was unanimously identified as a guiding principle for both editions of The Standards and Guidelines for Pre-licensure and Professional Education for the Nursing Care of Children and Their Families.

At a time when the need for nurses who are prepared to provide nursing care for children and their families is increasing, pressure from many sources has resulted in an alarming reduction of attention to growth and development and to principles of, parent-child nursing in curricula across the country (Betz, 1991; Selekman, J., 1992-93). The decreasing attention to pediatric nursing education has occurred at a time when public awareness of the social ills, chronic and disabling conditions, and

service-delivery problems affecting children and families have increased. Poverty, violence, divorce, homelessness, abuse and neglect are now recognized as endemic between the children and families of this country. In addition, we are faced with a growing population of children with chronic conditions, some of which are relatively new (e.g., AIDS). These conditions exist despite continued medical and technological advances, and sometimes as a result of them.

Furthermore, many of the individuals who acquired a chronic illness in childhood are now young adults in need of transition to adult health care systems. Limited access to services that facilitate the transition from pediatric to adult health services make traditional distinctions in service delivery outdated. New systems that facilitate continuity of care across settings and within systems must be developed.

It is for these reasons that knowledge of growth and development, using a life span perspective, is critical to nursing care of children and their families. This knowledge provides a theoretical framework for education concerning the nursing care of children and their families.

One such framework for a lifespan perspective of growth and development is the ecological model of human development (Bronfenbrenner, 1979, 1993). A working definition of growth and development refers to personal and family functions or goals and to the how and why people change or remain the same over time in respect to these functions or goals (Berger, 1993). In its concern with health and reparative processes, nursing focuses on the health related functions, goals, and competencies of persons and families as well as on limitations or risks or vulnerabilities, for example, chronic disease. The process of identifying strengths (competencies) and vulnerabilities (limitations) structures a nurse's focus on the capacity of the person and family for positive functioning or competence, and supports the resilience of people (Egeland, Carlson, & Sroufe, 1993). Competencies must be considered in the context of the child's environment, and what the environment supports.

Essential to any assessment of growth and development is the consideration of physical, cognitive, psychological, spiritual, and social domains in the context of personal and family functions or goals. The physical domain includes biological and physical growth, nutritional status, motor skills and general physical health status. The cognitive domain includes thinking processes, memory, and the reception and expression of thoughts through language. The psychological domain includes temperament, personality, emotion, gender identity, and sexuality. The spiritual domain concerns meaning, values, ethical issues, and may include a religious preference. The social domain includes the family's culture or ethnicity, family and peer relations, communication, and integration within social groups, such as the family, school, and community. Because nurses focus on care for people within settings, each of these domains of development is crucial to a nurse's practice with children and families and must be considered in the nursing process.

Knowledge of the child's environment is also important to understanding how an individual (child, family, student or recently graduated nurse) changes, or remains the same over time. Nursing assessments must move beyond the person and also consider the environments (groups, places, and settings) within which the person develops as well as the linkages or lack of linkages between groups, places, and settings. The ecological model highlights the need to evaluate the social, economic, political, and cultural contexts of the child and family. These contexts and historical forces influence the environments within which the developing child interacts with family members, teachers, peers, health care providers, and others (Ambert, 1994). While nurses have a long history of considering each of these contexts, we continue to struggle with the conceptual integration and practical application of ecological ideas to our work with individual children and their families.

Knowledge Needed for the Nursing Care of Children and Their Families

The development of knowledge and skills needed to care for children and families is a process that evolves over time and must begin during the pre-licensure educational experience. Understanding of development and physical growth is foundational to the development of knowledge and skills in all of the domains relevant to the nursing care of children and their families. This knowledge is requisite for every new graduate of a pre-licensure program, as most nurses will interact with children within the health care delivery system. For nurses who choose to work primarily with children, the depth and extent of the knowledge will increase during the early professional years. Knowledge and skills needed to care for children and their families are obtained from a variety of sources at both the pre-licensure and early professional levels. Empirical, aesthetic, ethical and practical knowledge (Carper, 1978) are all important aspects of knowing. Each is needed to understand how children learn to be healthy and how they and their families maintain health and respond to illness. Empirical investigations from many disciplines, including nursing, medicine, psychology, sociology, and the biological sciences, yield information that can be used to guide decision making about interventions. Aesthetic knowledge is the expression of imagined possibilities, and enables nurses to perceive the significance of a situation and to envision the results of their nursing actions, including the meaning of these actions in the life of a child and family and for a community (Bournaki & Germain, 1993). Aesthetic knowledge also includes an understanding of the need for beauty, orderliness, and harmony within self and environment, and is central to understanding how children learn to value themselves, their health, and the health of others.

Knowledge about ethics is needed to understand a family's decisions, to facilitate decision making about the care a child receives, such as whether or not medicine will be administered or life support continued for a critically ill child, and to function as advocates for children and their families. Practical or personal knowledge develops through actions involved in clinical nursing experiences. Students and new graduates bring to the learning environment diverse cultural backgrounds and personal experiences that influence their interpretation of information. Knowledge of one's own origins and experience are a foundation for learning about and providing care for children and their families.

Critical thinking skills are needed to develop knowledge that is comprehensive and flexibly applied. These skills include examining assumptions, identifying and weighing options for care, and setting priorities (Brookfield, 1987, 1993). For students and new graduates to develop skills in critical thinking, teaching/learning experiences should include a variety of strategies, such as research journals, classroom discussions, clinical seminars, videotapes, peer review, team projects, case studies, and computer-assisted instruction. Formal and informal interaction with educators and clinical experts in child health, as well as with children and their families, must be an integral part of the learning opportunities. Simulated problems and personal narratives are some other ways of bringing care activities into a classroom setting (Diekelmann, 1989; 1991).

As treatment modalities evolve, genetic bases of disease are discovered, environmental factors gain prominence in the morbidity and mortality of children, and new infectious agents are identified, it is crucial that students and new graduates have access to up-to-date information about the development of children, families, health, disease, treatments and long range effects of illness and treatments. To establish a solid foundation for life-long inquiry and learning, students and new graduates need to be supported in learning and in using systematic and efficient ways of accessing and managing information.

Classroom activities should support the student or new graduate's desire for continued learning and opportunity to deal with controversy and to apply knowledge in creative ways. Textbooks provide a comprehensive overview of health needs and problems, including illness. Yet, textbooks alone cannot provide adequate exposure to new developments in a field. Therefore, a variety of sources should be considered as important sources of information. These sources may include research and clinical journal articles, federal or professional guideline documents, commission reports, conference presentations, published conference proceedings, on-line journals, Internet interactions and connections via the World Wide Web. Clinical experiences that are organized and summarized as case material are also important sources of information. Additional sources of rich descriptive information that chronicles a family's negotiation of an illness include autobiographies, newspaper accounts, parent panels and diaries. Theoretical and practical knowledge must be integrally and deliberately linked in educational experience. As the health-care system moves toward providing integrated care, educational experiences for nurses must reflect the linkages between academic and practice settings.

Ways of Learning and Developing

The ideas about ways of teaching and learning are based upon the belief that theory and practice are inextricably linked. These links can be forged through classroom and clinical experiences that deliberately keep theory or practice, whichever is central at the time, as foreground and the other as background, with the result that both are addressed. Through both classroom and clinical experiences, pre-licensure students and new graduates learn about the assumptions, concepts, and principles of nursing care of children and their families. Educators need to anticipate and plan for increased participation of students and new graduates in both clinical and didactic activities as their knowledge and skill develop.

Both pre-licensure students and new graduates learn and develop in a variety of ways, depending on their unique history, cultural and ethnic heritage, and personal goals. Learning groups composed of students or new graduates from diverse backgrounds and life experiences provide a rich and, thereby, useful context for learning. Diversity provides access to a broader range of ideas and to opportunities to reflect on and connect one's own ideas and ways of thinking with those of others (Belenky, Clinchy, Goldberger, & Tarule, 1986).

Participation in nursing care activities will increase learning productivity if the learners are committed to the activity and choose the learning activities in which they engage. Participating in a nursing care activity is also likely to be most useful for learning if students and new graduates are engaged with a more experienced nurse who can help them to reflect and monitor their own experience. The clinical preceptor model that links new graduates with staff nurses who are prepared for clinical teaching and pre-licensure students with staff nurses and academic instructors is an example of a learning design that permits joining others in nursing care activities. Whether or not a formal preceptor model exists, staff nurses are likely to exert a powerful influence on students' practices and learning experiences. The child and family are also a part of the teaching/learning team. This team provides a stimulus and vehicle for reflection on contributions to and the experience of care activities.

At what point and place in the curriculum complex concepts, such as family functioning and parenting patterns, should be introduced is likely to be a question for educators. The development of the standards assumed that having a sense of the whole activity (i.e., the process and context of care) is important to learning, no matter what the stage of learning. A student or graduate who is new

to the activity is, initially, likely to focus more on tasks, rules, and skills that are components of a concept or process than on the activity, for example, providing family-centered care (Benner, 1984). However, a pre-licensure student or new graduate needs opportunities to learn what is meaningful for care and how a task or skill relates to a broader, child-and family-centered goal (Lave & Wenger, 1991). Beginning pre-licensure students can be introduced to complex concepts, such as family functioning or family-centered care, by reading clinical, theoretical, and research literature, by describing the families with whom they work, and by reflecting on the meaning to a family of whatever task or procedure they undertake.

Through the process of coordinating their practice with that of others, students and new graduates are likely to encounter new or different ideas about ways of practice. At first the learning experiences with others may best be limited to other nurses, as the students develop a sense of themselves as nurses. Upper division pre-licensure students and new graduates could be expected to make good use of learning experiences in an interdisciplinary context for the development of ideas of their interdependent functions in the care of children and their families.

Educators aid students and new graduates in expanding their ideas and taking on increased responsibility for nursing care by supporting them in: (a) relating what is new and different in the encounters they are having to what is familiar and already known to them; and (b) expressing beliefs that are counter to already expressed or prevailing views. The encounters with others in providing care stimulate students and new graduates to reflect on, monitor, and expand their ideas about care. Reflecting, monitoring, and expanding ideas are all components of critical thinking that serve learning (Brookfield, 1987; 1993). Assistance to students and new graduates in connecting their past and present experiences with those of the children and families with whom they are working supports reflection on, and expansion of, ideas. Reflecting and monitoring processes aid testing of ideas generated through practice.

Intra-and interdisciplinary-experience provides opportunities and practical knowledge for students and new graduates to develop an understanding of their contributions to the nursing of care of children and a language that will allow them to express their ideas and describe their nursing practice to others (Belenky et al., 1986). When this experience includes delegating and sharing components of practice, the student or new graduate must also learn ways of constructing/ coordinating nursing practice with others, including the child and family. Through shared activity in which communication about practice is open, and inquiry and critical thinking are encouraged, construction and reconstruction of ideas and methods of practice can occur among all participants of the activity, including instructors and experienced practitioners of nursing.

Courses

Concepts of growth and development should be prerequisite to, and interwoven throughout, courses for the nursing care of children and their families. Additionally, concepts such as parenting that are relevant to the development of diverse types of families and family practices and beliefs should also be explored. Developmental content should reflect contemporary research and theory from the psycho-social and biological sciences and address the various domains (eg., cognitive, social, physical, psychomotor, and spiritual domains) of the child relevant to health behavior and responses to illness.

Experiential learning must include opportunities for all pre-licensure students to interact with children and their families in community, acute care, and ambulatory settings. This participation in caring for children and their families is necessary so that all nurses, most of whom will encounter

children or be responsible for the nursing care of children at some point in their careers, will have knowledge and skills that provide a foundation for care. In some settings, nurses who choose to specialize will need more intensive, guided opportunities to care for children and their families before or upon entering practice. Due to the relatively limited amount of time devoted to the nursing care of children and their families in most pre-licensure programs, all students who plan to work with children after graduation should be afforded the opportunity to participate in an in-depth, intensive course of study in pediatric nursing, including both classroom and clinical experiences. This opportunity may be provided via elective courses, externships, or nurse assistant programs in clinical settings. For new graduates, the opportunity may be provided by internship or extended / precepted orientation programs. It will be important that schools of nursing work with service agencies in the geographical area in which most of their graduates are employed before changes are made in the curriculum to prepare students specifically for pediatric nursing practice.

Evaluation of Teaching/Learning

Educational evaluation must focus on outcomes. The outcome criteria, and the evaluation techniques used, should reflect the unique features of each academic or practice-based educational endeavor. Both ongoing evaluation (formative) and evaluation at the end of a course or program (summative) will be needed to document the learner's progression.

Learning experiences must address the ability of a student or new graduate to solve clinical problems, develop alternatives for care, advocate, negotiate, set priorities, collaborate, delegate, and use other critical thinking skills in practice. The educator may not be able to assess these abilities with multiple choice or other standard tests that are designed for examination of factual knowledge alone. Alternative methods such as computer-assisted assessment, small group activities, oral response to case presentations, and narratives should become an integral part of assessing learner competence. Educators will be called upon to develop, use, and evaluate creative educational methods to assess and reach desired outcomes. Students and new graduates will need to develop abilities to systematically access and assess current literature and deal with the controversies, inconsistencies, and contradictions that lie within. New partnerships formed with clinical preceptors may be the basis of obtaining data to support the assignment of letter grades. Qualitative, in addition to quantitative evaluation summaries, such as narratives and paradigm cases, may better fit teaching/learning experiences oriented to critical thinking and to reflecting on, monitoring, and expanding experiences. The environments that support clinical learning may also vary significantly from traditional environments. Many pre-licensure pediatric/family clinical experiences may occur outside secondary/tertiary or primary care clinical facilities. Students and new graduates must learn how families handle the health of well, acutely ill, and chronically ill children in the home, school, and community as well as in the hospital or clinic.

Evaluation of the nursing practice of students or new graduates outside the walls of an agency requires the educator to develop new methods of evaluating "clinical" competency. The method of evaluation, as well as the method of clinical supervision, will need to be tailored to the level of a student's abilities. The use of diaries or narrative accounts may once again become useful methods of evaluation. Since an educator will infrequently be able to accompany each student or new graduate into homes, schools, or other community settings, the evaluation must incorporate information gathered with multiple methods, including direct instructor observation and indirect assessment through clinical pathways and structured audio and video taped reports of the student or new graduate. Personal assessment and responsibility on the part of the learner are likely to become more

important. The participation of children and family members will be important as methods of evaluating the learning of a student or new graduate are designed and implemented.
New and creative forms of interaction of educators and students engaged in community-based clinical experiences are needed to enhance learning. These forms may include joint analysis of audio-or videotape recorded materials, participation of the student or new graduate with the educator in community-based projects, and/or interaction in local/national/international web-based discussion groups. Other methods may include the following: (a) process recording; (b) observation by and feedback from nurses and other staff professionals, the child, and family concerning the student or new graduate's participation in discharge planning, rounds, and care conferences; (c) review of written care plans, charting, and verbal and written summaries for other care providers; (d) review of creative products and methods that students or new graduates devise for children and their families (eg., communication boards); (e) use of critical-paths and (f) case studies. (Fuszard, 1995).

A key factor in the evaluation, both of learners and the educational experience, lies in the links that faculty and service providers make between education and the practice of caring for children and their families. Processes of evaluation will change, but the needs of children and families for an advocate and for skilled nursing care will not.

Nurse Educators

Potential educators of pre-licensure students and new graduates concerning the nursing care of children and their families include course faculty, nurses responsible for professional development in hospital and agency settings, nurses at all levels who are committed to the learning of students, other health care and child service providers, and the children and their families. Collaboration and a sense of collegiality among these individuals are crucial for students and new graduates to learn how to work as a member of a team when providing care for children and their families. Nurse educators are distinguished by the following:

* extensive clinical experience and/or advanced education in the nursing care of children and families;
* experience in caring for children and families in a variety of settings;
* demonstrated commitment to the care of children and families;
* competence in problem solving concerning issues of caring for children and their families; and
* understanding of the teaching/learning process for the nursing of children and their families.

Nurse educators teach students through a variety of methods and strategies. Perhaps the most important is the educator's presentation of an image of nursing to students that includes mastery of knowledge and skills, a sense of inquiry, caring, and collegiality. These behaviors are closely observed by students and new graduates and that will be emulated as opportunities arise. Some of the learners' activities may occur under the guidance of a nurse-preceptor. For this guidance, both knowledge and skill in working with children and their families, in precepting, and in collaborative education are needed. A variety of preceptor models are used for pre-licensure education across the country. Preceptors should be selected for their:

(1) commitment to teaching students or new graduates;
(2) expert level of knowledge and skills in caring for children and their families; and
(3) skill in teaching the practice of nursing of children and their families.

A collaborative relationship between the faculty educator and preceptor is necessary for fostering

optimal learning experiences for the learner. The *faculty* educator's responsibility is to make certain that preceptors understand the clinical objectives and criteria for the outcomes of the experience and to keep the preceptor informed of classroom content and learning experiences. The *preceptor's* responsibility, in addition to providing clinical teaching, is to make certain that faculty educators understand clinical conditions that may influence the process of teaching and learning, how students are engaging in learning, and how they are experiencing to the teaching/learning plan.

As much attention must be given to the preceptor/faculty educator relationship as to the student-preceptor relationship. Time, effort and funds need to be directed toward preceptor development and to the development of a collaborative relationship between nurse preceptor and faculty member.

SECTION III: Components of the Standards and Guidelines for Pre-licensure and Professional Education for the Nursing Care of Children and Their Families

The standards for pre-lieensure and professional education are structured in terms of 11 **concepts** identified as central to the nursing care of children and their families. The goals express the use of the concept in relation to nursing practice. The term "nurse" in each of the goal statements refers to both pre-licensure students and new graduates.

The **goal** statements are to be interpreted as standards. The aim is that these goals will be visible components of every pre-lieensure and early professional development program. The concepts, skills, and teaching/learning opportunities are guidelines. The concepts, skills, and opportunities are addressed to each of the goals and are treated as criteria of the educational process. These criteria exemplify the substance, issues, and activities of nursing practice in relation to the goal. The **process criteria** are examples of how the goal could be implemented for a particular educational setting. Both the process and outcome criteria are not intended to be exhaustive. The concepts and goals are grouped in three categories as follows.

A. Child, family, and societal factors

1. **Concept**. The anatomic structures, physiologic processes, and psychologic processes that are unique to children from birth through adolescence

> **Goal.** The nurse will integrate knowledge of the unique anatomic structures, physiologic processes, and psychologic processes of children from birth through adolescence in assessments and in plans, interventions, and evaluation of care.

2. **Concept**. Health behavior

> **Goal**. The nurse will use opportunities to influence positively the health behavior of children and their families.

3. **Concept**. Separation, loss, and bereavement

Goal. The nurse will provide supportive care for children and families experiencing separation, loss, and/or bereavement.

4. **Concept**. Economic, social, and political influences

Goal. The nurse will use knowledge of how the economic, social, and political environment influences the child's health and the family's care of the child to: (a) make assessments, plan strategies. and implement approaches to care of the child that are in accord with the family's economic and social situation and available resources; and (b) work with others in the community to make and implement plans for the health care needs of children.

B. **Clinical problems or areas**

1. **Concept**. Safety and Injury Prevention

Goal. The nurse will provide and promote safety in order to prevent injury and support the development of the child.

2. **Concept**.Needs of families and children with a chronic condition, disability, or special health need

Goal. The nurse will make assessments, plan strategies of care, and intervene in ways that promote the growth and development of the child with a chronic condition or disability, support the child's and family's management of care, and promote a healthy family life style. Evaluation of nursing care is a part of this process.

3. **Concept.** Children with acute illness and their families

Goal. When providing care to children with acute illness or injuries and their families, the nurse will make assessments, plan strategies of care, and intervene in ways that promote the growth and development of the child and support the child's and family's management of care. Evaluation of nursing care is a part of this process.

C. **Care delivery**

1. **Concept**. Family-centered care

Goal:

a. The nurse will use the family-centered approach to:
   (1) Assess needs, plan, implement interventions, and evaluate outcomes relevant to the health-care needs of children in partnership with children and their families.
   (2) Work with other health-care providers and the family to promote coordinated service delivery.
   (3) Advocate for family-centered care of children.

b. The nurse will participate in developing and working within service delivery systems to support practice that is consistent with principles of a family-centered approach.

2. **Concept**. Cultural competence

Goal. The nurse will acknowledge and integrate into health care the beliefs, practices, and values of cultural groups defined by geography, race, ethnicity, religion, or socioeconomic status.

3. **Concept**. Communication

Goal. The nurse will communicate effectively with child and family and others who participate in the care and education of the child and family.

4. **Concept**. Values and moral and ethical reasoning

Goal. The nurse will respond to an ethical, moral, or legal dilemma concerning the child's health in ways that promote the development of families and children, assist them in making decisions, and support them in implementing the decisions.

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SECTION IV: Concept, Process and Outcome Criteria

I. CHILD, FAMILY, AND SOCIETAL FACTORS

1. CONCEPT: Anatomic structures and physiologic, psychologic, and spiritual processes in neonates, infants, children, and adolescents

DEFINITION: The underlying anatomic structures and physiological, psychologic, and spiritual processes unique to children from birth through adolescence.

GOAL STATEMENT: The nurse will integrate knowledge of the anatomic structures and physiologic, psychologic, cognitive, spiritual, and psychologic processes unique to acutely ill/injured and chronically ill children from birth through adolescence in the assessments she makes, the care she plans and implements, and her evaluation of care.

PROCESS CRITERIA:

A. Related concepts and skills:

1. Biologic development of neonates, infants, children, and adolescents, including neurodevelopment
2. Norms of physiologic status and deviations from normal
3. Processes, norms, and assessment of somatic growth
4. Processes of psychologic development, including the development of cognition and language and children's theories about health and illness
5. Processes of spiritual, religious and cultural beliefs in relation to care delivery.

6. Health assessment for children of various ages, including physical assessment
7. Screening procedures for deviations from expected anatomic structures, physiologic processes, sensory-motor functions, and development of psycho-motor function
8. Relationship between physiologic and psychologic characteristics, intervention strategies, and outcomes of care during times of health, acute or episodic illness, injury and/or trauma.
9. Relationship between physiologic and psychologic characteristics and the child's functioning in family, school, and other settings

B. Teaching/learning opportunities:

1. Life span anatomy and physiology course
2. Computer simulation/video presentations of anatomical structures and physiologic and psychologic processese
3. Communication with a wide variety of experts, including those who use a spiritual language in their work with children and their families
4. Clinical experiences, including management of physiologic stable and potentially unstable children
5. Anatomy laboratory opportunities
6. Experiences in observing and communicating with children in family, clinical, and other settings
7. Assessment/screening opportunities
8. Case studies, including follow-up of children over time
9. Utilization of pediatric references and tools to assess and manage children in all stages of wellness/illness.

OUTCOME CRITERIA:

A. Conducts an ongoing physical assessment. Compares assessed status with established norms and baseline data.
B. Conducts a developmental assessment, including psychological processes, and compares data with norms
C. Identifies and reports changes in physiologic and psychologic status
D. Discusses with the child and family the meaning of experiences to them, their sense of their spiritual tasks, and the relevance of these meanings and tasks for the child's health and health care
E. Individualizes interventions based on the physiologic and psychologic
F. Identifies aspects of care perceived as threatening and stressful to child/family and intervenes appropriately.
G. Anticipates homeostatic changes and intervenes appropriately

2. CONCEPT: Health behavior

DEFINITION: Knowledge and actions of the child and family members that positively influence health status, promote safety, and prevent disease and injury in the child. These actions reflect the culture, education, and environment of the family.

GOAL STATEMENT: The nurse will use opportunities to influence positively the health behavior of children and their families.

PROCESS CRITERIA:

A. Related concepts and skills:

1. Types of health behavior, including eating habits, exercise, sleep.
2. Preventative behaviors such as drug free lifestyle, uses of alcohol and tobacco, bicycle safety, methods of handling conflicts, use of car seats or safety belts, prudent sexual behavior, and family planning
3. Health practices related to protecting oneself and others, including immunization
4. The developmental bases of the child's health behavior
5. The relationship between the child's growth and development and the family's expectations concerning his/her health behavior and capacity for self care
6. Family roles and responsibilities in partnership with health professionals and educators in planning for, teaching, and promoting the health behavior of children
7. The family's readiness, beliefs, values, practices, and resources concerning the child's health behavior
8. Attention to and enhancement of the child's strengths that promote health behavior (e.g., self-esteem) and to vulnerabilities that make he child at risk for injuries
9. Teaching-learning processes for promotion of health behavior that are suited to the child and family
10. Consideration of the health risks and needed health behavior for a specific population of children
11. How learning and decision making about health behavior occur in families and variations in learning and decision making with the family's culture (beliefs, values, and practices)
12. The impact of the child's, peer's and family's health behaviors on the health of others in the environment (e.g., the effect of passive smoking, adolescent's sexual behavior)
13. The influence of political, social, and economic factors on the health behavior of children and their families (e.g. allocations of limited resource between children and the elderly)

B. Teaching/learning opportunities:

1. Participation with other professionals who work with children in, for example:
    a. Health fairs, scout groups, camps, clubs
    b. Schools
    c. Screening programs for dental, hearing, and vision problems
    d. Clinics/well child care/immunization programs
    e. Child care centers
    f. School or tutoring programs for children with a chronic condition or disability
    g. Juvenile detention facilities
    h. Emergent and urgent care centers

2. Participation with parents in, for example:
    a. Lamaze groups
    b. Parenting classes
    c. Ronald McDonald Houses
    d. Support groups related to a child's health condition
    e. Parent CPR education
    f. Presenting child safe baby sitting classes
    g. Child first aid & safety classes
    h. Participation in Safe Kids activities in community

3. Participation with parents, children, and others who work with children in, for example:
    a. Church groups
    b. Child care groups
    c. Head Start
    d. Women's, Infant's, and Children's Nutritional Supplement Program (WIC)
    e. Public housing communities
    f. Homeless shelters
    g. Acute care settings (urgent care centers, prehospital providers)
    h. Injury/illness prevention programs (e.g., State and local health department programs, Safe Kids, American Cancer Society programs, head and spinal cord injury prevention programs, Buckle Up Baby, and bike safety programs)
    j. Teen community centers
    k . School health offices (including teaching teachers and teacher aides)
    l. Birth control centers

4. Assessment of available health education programs in the community

5. Examination of documents intended to develop policy about health behavior (e.g., Healthy Children, 2000)

OUTCOME CRITERIA:

A. Conducts assessments of community and family/child current patterns of health behavior, resources to support health behavior, and threats to health behavior
B. Promotes positive health behavior in practice settings
C. Shares the assessment, discusses benefits of health behavior, makes and implements plans for, and evaluates intervention outcomes concerning health behavior with the child, family and other health care providers
D. Discusses with the child and family the benefits of health behavior and ways of integrating the behavior into their living and lifestyles
E. Seeks resources and identifies gaps in resources for development of health behaviors.
F. Works with other health professionals to support the learning and integration of health behavior into the lifestyles and lives of children and their families
G. Presents health education programs for children and families
H. Informs caregivers of resources available for rehabilitation, health maintenance, emergency care and restoration.

3. CONCEPT: Separation, loss, and bereavement

DEFINITION: Human responses involved in the experience of anticipating loss, loss, dying and bereavement.

GOAL STATEMENT: The nurse will provide supportive care for children and families experiencing/anticipating separation, loss, and/or death.

PROCESS CRITERIA:

A. Related concepts and skills:

1. Children's experience with and developmental understanding of separation
2. Children's conception of death
3. Parental and sibling bereavement and bereavement in other family members (e.g., grandparents) and in staff members
4. Children's grieving (e.g., concerning death of a parent, death of a peer or other loss)
5. The experience of the child who is dying
6. Impact of the experience of a dying child on care providers and staff
7. Impact of sudden versus expected death on family/friends (e.g.,: murder , suicide, trauma with anticipated loss, chronic illness)
8. Ethical issues related to treatment and care options, including decision making by parents and the child concerning cessation of treatment

9. Physical, emotional, and spiritual care of the dying child and his/her family
10. Symbolic language (e.g., how young children communicate)
11. The contribution of play and art therapy to a child's care and an Understanding of the role of children's play in their responses to separation, loss, or bereavement
12. Groups for families and staff concerning separation, loss, and bereavement (e.g., groups that follow-up a death in acute-care facilities, local and national bereavement groups, groups for parents who have experienced sudden infant death), and resources for families and staff
13. Issues of autopsy and organ donation and the nurse's role in informing families about these options (e.g., inclusion of child assent in treatment plan)
14. The nurses role in informing and educating the family and community about organ donation.

B. Teaching/learning opportunities

1. Autobiographical and biographical accounts of experience with separation, loss, and bereavement
2. Exploration of one's own feelings and experiences
3. Panels: e.g., parents, children, nurses, clergy, prehospital care providers (Emergency Medical Technicians), organ recipients
4. Experts, e.g., grief counselors; nurses trained through Resolve Through Sharing
5. Video and audiotape recorded experiences
6. Experiences in hospices, oncology clinics, or AIDS clinics
7. Seminar discussion
8. Support groups, Stress/Crises Intervention Teams
9. Assessment with parents and other family members of rooming-in experiences
10. Use of the Ronald McDonald House
11. Hospital ethics committee meetings
    Interaction with children and families experiencing/anticipating separation, loss and/or bereavement
12. Discussion of family involvement in child resuscitation

OUTCOME CRITERIA:

A. Discusses the impact of separation, loss, and impending loss experiences on children, parents, siblings, grandparents and other family members, community and staff

B. Provides support for children, family members, and co-workers experiencing separation and loss

C. Cares for children through the terminal phase of life and supports the family in the process

D. Makes referrals to community support agencies or groups

E. Complies with agency policies regarding organ procurement, donation and transplantation

F. Prepares and handles the deceased child in a sensitive manner in accord with agency policy, family desires and religious/cultural practices

4. CONCEPT: Economic, social, and political influences

DEFINITION: Forces external to the family that impact child health and development and family functioning in relation to the child's health and safety.

GOAL STATEMENT: The nurse will use knowledge of how the economic, social, and political environment influences the child's health and safety and the family's care of the child to: (a) make assessments, plan strategies, and implement approaches to care of the child that are in accord with the family's economic and social situation and available resources; and (b) work with others in the community to make and implement plans for the health-care needs of children.

PROCESS CRITERIA:

A. Related concepts and skills:

1. The child's living situation (e.g., home and family, including cultural and ethnic patterns and values expressed within the home)
2. The child's neighborhood, school, and peer group and the parents' work
3. The community, including community values, government, resources (e.g., transportation, housing, economic supports, police and fire protection, Emergency Medical Services for Children, child-care, recreation), and agencies (e.g., health-care, school, and religious)
4. State policies, laws, and resources relative to the educational system, health care system, and social welfare system
5. The impact of state regulations on the health care and safety provisions of children (e.g., car seats, helmets, immunizations)
6. The interface of federal policies, regulation, laws and allocations with state and international environments effecting economic and political practices impacting health care of children (e.g., lack of legislation/monitoring structures which ensure use of child appropriate equipment in acute care settings)

7. Issues concerning:
    a. Poverty (e.g., working poor, welfare)
    b. Violence (e.g., child abuse or neglect, family violence)
    c. Social support (e.g., cultural group, neighborhood, family)
    d. Personal and social resources (e.g., child care, transportation, employment)
    e. The politics of economic conditions (e.g., forces which maintain public housing at current standards)
    f. Access to health care (e.g., hours of operation, presence/ absence of language barriers)
    g. Financing of health care
    h. Substance abuse
    i. Homelessness
    J. Safety: personal and environmental

8. The availability and funding of health-care resources, including managed care models.

B. Teaching/learning opportunities

1. Assessmenting economic, social, and political influences in urban, rural, and suburban communities
2. Accompanying families to the welfare department to apply for Medicaid
3. Accompanying a family from home to clinic, including preparation for the trip, and return to home
4. Attending a School Board meeting and observation in a school based clinic
5. Attending a public hearing on housing, transportation-or another local issue affecting children's health
6. Home visits, ensuring that the student's own safety is protected
7. Visiting the classroom (e.g., outreach workers with recovering addicts; a gang member who can talk about her or his life experience)
8. Meeting with legislators concerning child safety and specific pediatric health related issues (prehospital services, injury prevention initiatives).
9. Tracking and evaluating the development of an economic, social, or political issue in professional journals
10. Debating current and/or pending health-care policy issues
11. Observating life in a homeless shelter, especially one with a community clinic on the premises or nearby
12. Observating in urgent care center, emergency departments and rehabilitative/long-term care facilities.
13. Discussing, in a round-table format, issues and different perspectives on them
14. Examinating projects designed to accomplish Year 2000 Maternal and Child Health Objectives
15. Writing a letter to a legislator supporting bills promoting child safety and well being.

16. Comparing the costs of providing health maintenance to the cost of treating subsequent illness in children.

OUTCOME CRITERIA:

A. Conducts a comprehensive community health assessment including adequacy of emergency resources to care for chronically ill/technologically dependent children

B. Implements interventions that reflect environmental needs and assets and that support or strengthen child health and development and family capabilities

C. Understands the relationships between local, state, and federal legislation, rules, regulations, program services, and funding sources

D. Explores the cost of providing immediate and long-term health care to an acutely ill or chronically ill child

E. Outlines community services available to children with special needs and identify methods of arranging for families to access these services.

II. CLINICAL PROBLEMS OR AREAS

1. CONCEPT: Safety and injury prevention

DEFINITION: Safety and injury prevention refers to providing an environment in which the child is protected and is free from hazards and injury and in which physical and emotional well-being is promoted.

GOAL STATEMENT: The nurse will provide and promote safety in order to prevent injury and support the development of the child; and to provide knowledgeable care to prevent complications or extension of the primary illness/injury.

PROCESS CRITERIA:

A. Related concepts and skills:

1. Injury prevention in the home, hospital, and other settings in which children are found
2. Family function and family assessment in relation to child safety and in the context of the family's environment
    a. cultural beliefs and practices related to safety and to child rearing, including discipline, rituals and traditional health practices

b. knowledge of safety factors, the parents' abilities to understand and anticipate safety needs of the child, factors that jeopardize the child's safety, and family approaches to guidance and discipline of the child and to protection of the child from physical, emotional, and sexual abuse
c. coping and problem-solving behaviors

3. Environmental management
   a. Assessment of how the environment is managed for safety promotion and injury prevention wherever the child spends significant amounts of time (home, day care, neighborhood, school, community, state, and federal).
   b. Universal precautions/isolation procedures
   c. Use of restraint (e.g., physical, mechanical, and chemical/drug restraints, police restraint for older children at risk for harming themselves or others, restraints for transportation & play)
   d. Environmental hazards, e.g., lead, toxic substances
   e. Monitoring of neglect and risk of non-accidental injury
4. Risks related to the child's risk-taking behavior (e.g., for adolescents, use of tobacco, alcohol and/or drugs)
5. Monitoring of the environment for safety hazards and for factors that support safety (e.g., guns in the home, unguarded water sources, latch-key children)
6. Anticipatory guidance and teaching concerning prevention of injuries and promotion of the child's safety and a healthy life style (Bystander CPR, drug awareness eduction programs [D.A.R.E.], Poison Control, suicide prevention)
7. Policies and laws related to safety (e.g., use of seat belts, bike helmets) and mandatory reporting of suspected child abuse (non-accidental injury) or neglect

B. Teaching/learning opportunities:

1. Experience of safety and injury prevention issues gained via any interaction with a child and family, e.g.:
   a. Home
   b. School/child care
   c. Acute care and rehabilitation settings
   d. Shelters
   e. Clinics
   f. Hospital, including the emergency room
   g. Long-term care settings (e.g., group homes for children with mental retardation, emotional disorders, or other mental health problems)

2. Classroom experience
   a. Discussion of student experiences related to their own safety and injury experiences or the experiences they have observed with families with whom they have worked

b. Panel of local health care workers (e.g., school nurse, trauma nurse), community citizens, members of groups (e.g., Mothers Against Drunk Driving)
c. Biographical and autobiographical accounts about children and family experiences related to safety and injury
d. Discussion of mandatory reporting of suspected abuse or neglect
e. Case studies concerning abuse or neglect

f. Examination of the research literature on a mechanism or environmental arrangement to prevent injuries or promote safety (e.g., car seats and the impact of car seats on injuries and fatalities)
g. Assessment of the services of poison control centers
h. Discussion of laws related to injury prevention (e.g., child protective services, safety restraints, the sale of firearms, and drunken driving)
i. Case studies related to violence in the workplace and children's protection within agencies (e.g., prevention of abduction by non-custodial parent)

OUTCOME CRITERIA:

A. Conducts a comprehensive safety assessment

B. Identifies potential areas for positive change and risk of injury at various developmental stages.
C. Uses universal precautions/isolation procedures and models safe practices
D. Works with the family and other professionals to seek resources, plan change, modify the situation, and evaluate outcomes related to safety promotion and injury prevention.

E. Implements and evaluates interventions designed to decrease the risk of physical or emotional injury or harm to interpersonal relationships

F. Documents injuries, circumstances, inconsistencies and evidence in cases of suspected abuse or neglect.

G. Applies basic first aid principles in the care of children.

2. CONCEPT: Needs of families and children with a chronic condition, disability, or special health

DEFINITION: A chronic condition, disability, or special need in children with long term condition(s) resulting in ongoing concerns/life style changes. The chronic condition may involve episodes of

exacerbations and remissions. A developmental disability is a life-long condition that originates before the age of 22 years and affects one or more areas of development and self-care activities.

GOAL STATEMENT: The nurse will make assessments, plan strategies of care, and intervene in ways that promote safety, growth and development of the child with a chronic condition or disability. The nurse will also support the child's and family's management of care and promote a healthy family life style. Evaluation of nursing care is a part of this process.

PROCESS CRITERIA:

A. Related concepts and skills:

1. The child's condition or disability and treatment

    a. Knowledge of development of the child's anatomy and physiology and the impact the child's anatomy and physiology have on treatment of the chronically ill child.
    b. Knowledge about pathophysiology of common chronic conditions of childhood, including the anticipated course, interposed acute illness/injury, and potential complications.
    c. Recognizes the value of caregiver expertise in assessment and provision of care for children with chronic illness/disability
    d. Types of diagnostic and treatment procedures or tests, including pharmacologic and non-pharmacologic interventions, used with children with a chronic condition or disability and implications for the child's growth and development
    e. Care (or medical) procedures (e.g., catheterization, splint or brace application) either to or by children and their families
    f. Medication administration either to children and by children and their families
    g. Pain assessment and management and evaluation of pharmacologic and non-pharmacologic methods

2. Knowledge of Advance Directives and agency policy related to termination of care.
3. The response of the child or family to the chronic condition or disability and treatment
    a. Effects of a chronic condition or disability and repeated hospitalizations and clinic visits on children and their families
    b. Risk and protective factors (including vulnerabilities and competencies) and processes of positively handling adverse situations (resilience)
    c. The risks of a child with a chronic condition for developmental delay or disability
    d. Habilitation and rehabilitation

e. Impact of a chronic condition or disability on the development, education, and self-esteem of the child and on family life circumstances and childrearing styles
f. Child and family coping and self-care activities and ways in which these change as the child with a chronic condition or disability grows and develops and the family becomes more experienced in the child's care
g. The needs of the family during an acute phase of the chronic illness in contrast to family needs during times of maintenance of ongoing care

4. Nursing processes
   a. Cooperation with members of other professions, including prehospital providers in planning and delivering care to children with a chronic condition or disability and their families, the functions and processes of care coordination, and assessment of interdisciplinary and interagency care for a specific family
   b. Methods of learning what the family knows about the child's diagnosis and treatment plan, and the skills they have for day-today care and how to support and enhance the application of this knowledge and skill
   c. Assessment of health care providers long-term relationship, functions with and emotional responses to, a chronically ill child and his/her family
5. Major life transitions in the future of a child with a chronic condition or disability and support for long-range planning for such issues as education, adult health care, employment, marriage, and living arrangements
6. Local and national support groups, their role in supporting the family and child with a chronic condition or disability, and family networking practices
7. State and federal laws pertaining to chronic conditions and disability (e.g., PL 94-142, PL 99-457) and services and care arrangements stipulated by these laws (e.g., individual educational plan, individual family service plan)

B. Teaching/Learning opportunities

1. Dissemination of knowledge specific to the needs of children with chronic conditions and their families (e.g., in care conferences and through panel discussions with chronically ill children, family members, and health-care providers)
2. Provision of care for children with chronic conditions in a variety of settings (e.g., home, clinic, hospital, school, rehabilitation centers, camps for children with a chronic condition, disability, or special need, schools, specialty clinics, community group homes)
3. Participation in parent, family, or child support groups related to a chronic condition

4. Examination of videos and films depicting life with a chronic condition or disability; review of art work produced by disabled children
5. Study of biographical and autobiographical accounts written by family members or by children about their experience with a chronic condition or disability
6. Participation in classes by consultants from state agencies (e.g., public health, maternal-child health, bureau for children with special health needs) who work with children with special health care needs, nurses who work with home care agencies, and members of local support groups for families and children
7. Participation in preparing an individual educational plan or an individual family service plan; participation in an early intervention program
8. Examination of care of children with a chronic condition or disability in a nursing home or state facility
9. Assessment of available resources in the community or region for children with a chronic illness, disability, or special health need, including education, transportation, respite care, financial and benefits counseling.
10. Examination of nursing research concerning aspects of chronic illness in children.
11. Panel of prehospital providers to discuss community readiness to handle technologically dependent children in case of emergencies.
12. Discussion with a school nurse related to the nurses role in caring for chronically ill/disabled children within the school setting.

OUTCOME CRITERIA:

A. Demonstrates accurate assessment, plans and implements interventions for children with chronic conditions and their families and evaluates outcomes

B. Provides and evaluates comprehensive, safe and developmentally appropriate care for children with chronic conditions and their families across various health care delivery environments including prehospital and urgent care centers.

C. Uses teaching to assist children, families and responsible individuals in the environments in which children spend the most time in anticipating health care needs and in planning and implementing adjustments to care related to developmental changes or to change in severity of disease.

D. Communicates with agencies providing long-term education, care coordination and developmental enhancements to children and support for families concerning the needs of a child and family.

E. Makes referrals to agencies for services for children with a chronic condition and their families

F. Demonstrates knowledge of the principles of technologies commonly used with children (e.g., CPR, feeding via various types of tubes, tracheal suctioning, catheterization, range of motion exercises and breathing treatments.

G. Develops/updates discharge documentation for use by other care providers.

H. Complies with agency policies related to Advance Directives for termination of care.

I. Respects and incorporates caregiver expertise when planning and implementing care of the chronically ill/disabled child.

J. Anticipates the occurrence of interposed and acute episodes/injuries in children with chronic illnesses/disabilities

3. CONCEPT: Children with acute illness/ injuries and their families

DEFINITION: Acute illness in children is an episode of injury/illness with resolution or progression to a chronic condition. Nursing care during this episode must include the family as well as the child.

GOAL STATEMENT: When providing care to children with acute illness or injuries and their families, the nurse will make assessments, plan strategies of care, and intervene in ways that promote the safety, growth, and development of the child and support the child's and family's management of care. Evaluation of nursing care is a part of this process.

PROCESS CRITERIA:

A. Related concepts and skills:

1. The child's acute illness and treatment
   a. Knowledge of development of the child's anatomy and physiology and the impact the child's anatomy and physiology have on treatment of the acute illness or injury
   b. Knowledge about pathophysiology of common acute conditions of childhood and/or undiagnosed congenital defects/conditions, including the anticipated course and potential complications.
   c. How acute illness is defined and treated among cultural groups
   d. Types of diagnostic and treatment procedures used with acutely ill children and implications for the child's growth and development
   e. Medication administration to children and by children and their families
   f. Pharmacologic and non-pharmacologic interventions for fear and pain

g. Care or medical procedures (e.g., dressing changes) either to or by children and their families

2. The response of the child and family to acute illness and treatment
   a. How children and their families experience acute illness or injury and hospitalization, including emergency admission and urgent care, at the time and in the long run
   b. The mechanisms families use to deal with acute illness either instead of or in conjunction with the methods of scientifically based practices
3. Nursing processes
   a. Teaching related to prevention, treatment, and resolution of illness/injury
   b. Direct provision or assistance of the family \with provision of safe, comforting, and restorative care for the acutely ill/injured child, including the chronically ill child during acute episodes of illness
   c. Arrangement for spiritual care in accord with the wishes of the child and family
   d. Participation with parents and/or home care agency workers regarding resolution and prevention of acute illness for the child with special health needs who is cared for at home
   e. Participation with health professionals in acute, transitional, home and long term care settings for the prevention and management of acute illness and sequela

4. Laws and policies related to communicable diseases, including immunizations

B. Teaching/learning opportunities:

1. Dissemination of knowledge specific to the needs of children/families with acute illness/ injury (e.g., through panel discussions with acutely ill children and family members)
2. Providing information to prepare children and families for planned acute health-care episodes (e.g., prehospitalization programs)
3. Providing care of the acutely ill child in any of a variety of settings, including in an acute care inpatient unit, an intensive care unit, emergency room, primary care clinic, or an urgent care or after-hours clinic

OUTCOME CRITERIA:

A. Demonstrates accurate assessments, well-constructed plans, and appropriate interventions for the acutely ill/injured child and family

B. Evaluates the outcomes of care provided to children and their families

C. Provides comprehensive, safe, and developmentally appropriate care to acutely ill/injured children and their families

D. Provides care to acutely ill/injured children in collaboration with their parents and other care providers, including home-care providers

E. Provides support to the child and to teachers and peers at the child's re-entry into school

F. Initiates referrals to agencies that provide services to the child that facilitates the child's care

III. CARE DELIVERY

CONCEPT: Family-centered care

DEFINITION: Family-centered care refers to nursing care that recognizes the central role of the family, however defined by its members, in the health of children. It is based on a partnership of health-care professionals, other professionals, the child, and the family. Its goal is to support, respect, encourage, and enhance the strengths and participation of children and families in the child's health care.

GOAL STATEMENT:

1. The nurse will use the family-centered approach to:
   a. Assess needs, plan and implement interventions and evaluate outcomes in partnership with children and families;
   b. Work with other professionals to support the development of and change in services (health care, educational, and social) relevant to the health of children and families; and
   c. Advocate for the family and work with other health-care providers and the family to promote coordinated service delivery.

2. The nurse will participate in developing and working within service delivery systems to support practice that is consistent with principles of a family-centered approach.

PROCESS CRITERIA:

A. Related concepts/skills:

1. Ecologically based child and family model of practice in relation to assessment, planning, intervention, and evaluation concerning the following:
   a. The child's health status, including all aspects of growth and development (physical, cognitive, and psychosocial), the child's family and home environment and access to and interactions of the child and family with the health care system

b. The parents' goals for their child's health care, knowledge of growth and development in relation to parental expectations of their child, style of management of the child's care, and the parental need for assistance in caring for their child/children

c. Family development, lifestyles, beliefs, practices. and values pertinent to the child's health

d. The development of parenting skills and the influence of culture on parenting

2. Examination of one's own values. beliefs, and practices in relation to families
3. The family's experience of issues related to the child's health
   a. How families may experience a crisis related to a child's health, and the impact of the family's response on the child and on health care needs
   b. Responses of the child and family to illness and to treatment, including coping and problem-solving strategies, care management styles, and lifestyle changes
   c. The impact of hospitalization (planned vs. unplanned, brief or prolonged), acute and chronic illness, injury, and disability on children and families, including the impact of health-care costs on family resources
   d. The family's management of a child's hospitalization and the family's presence and participation in the child's care during his/her hospital stay
   e. Child/family advocacy
   f. Family/ health care delivery system relationships

4. Nursing processes
   a. The development and maintenance of helping or therapeutic relationships
   b. Partnership/teamwork with the family, including negotiating, collaborating, and delegating
   c. Communication within a family, including reading, writing, speaking, listening, teaching, and eliciting the stories of family members
   d. The nurse's role in relation to the care giving functions and roles of family members
5. Community resources for support of the family's maintenance and promotion of the child's health

B. Teaching/learning opportunities:

1. Observation and interview of a nurse in a home health care agency, urgent care center or emergency department and/or Emergency Medical Services system.
2. Observation and interview of a parent liaison/ consultant
3. Following a family through the continuum of care (primary, secondary,tertiary)
4. Experiencing with a family a health-care encounter or component of it, e.g., following the family through the entire clinic visit, sitting with the family for several hours after a child's admission to the hospital
5. Study of life experiences written by family members (e.g., After the tears, by Helen Featherstone) and films about families and their experiences related to the health of a child
6. Analysis of one's own or family members' experience in health delivery system as it relates to a family-centered approach

7. Skills laboratory, including mock family conferences and other simulated situations and role play
8. Examination of clinical experiences in whatever setting
9. Analysis of the effect of culture on families and their child-rearing and health-care practices
10. Exploration and analysis of community resources, for example, parenting classes, family programs
11. Attendance at a care-planning family conference in inpatient or outpatient settings
12. Attendance at a parent action group meeting (e.g., advisory council)
13. Examination of the kind of information parents want concerning their child's health and the knowledge they have of resources, including public health services and programs

OUTCOME CRITERIA:

A. Assesses the family's strengths, needs, and concerns related to the health of the child

B. Discusses health-related issues, child health needs, and family care giving goals, concerns, and priorities related to the child's health and health care

C. Works in partnership with the family to identify the child's nursing care needs and the family's or the health-care system's capacity to meet them, to plan and implement approaches to care, and to evaluate outcomes

D. Works with the family and other service providers to identify and access resources needed for the child's health care

E. Understands the health-care agency standards and staff members' responsibilities related to the care of children and their families, including

F. Conducts an assessment of a care-delivery setting (i.e., policies and practices) to evaluate the extent to which principles of family-centered care are implemented

G. Works with other service providers, including child-life specialists, chaplains, educators, and social workers, to support interdisciplinary collaboration for family-centered care

H. Provides family-centered interventions and evaluates outcomes in terms of the extent to which it is family-centered

2. CONCEPT: Cultural Competence

DEFINITION: Cultural competence is the ability to recognize, respect, and respond sensitively to the unique needs and strengths of various groups, including the beliefs, values, and practices (culture) that are shared by a racial, ethnic, geographically-based, or other social group

GOAL STATEMENT: The nurse will acknowledge and integrate into health care the beliefs, values, practices and strengths of cultural groups defined by geography, race, ethnicity, religion, or socioeconomic status.

PROCESS CRITERIA:

A. Related concepts/skills:

1. Ecologically based child and family model

   a. differences and commonalities between and among various cultures (e.g., racial, ethnic, religious)
   b. culturally-based beliefs, practices and values held by a family relevant to a child's health (e.g., concerning wellness, illness, injuries, treatment of illness/injuries, providers of care, and death)
   c. family resources
   d. community facilities and supports

2. Communication
   a. identifying and obtaining resources for effective interaction, including translators and signers
   b. using communication techniques and language that are suited to the customs and roles within the culture
3. The articulation of traditional and scientifically-based health-care practices
4. Exploration with the family of alternatives to traditional or routine family practices if in the best health interest of the child
5. Reinforcement of the concept that continuous primary care of a child is more appropriate than sporadic emergency care (e.g., focus on education and health promotion)

B. Teaching/learning opportunities:

1. Interaction with individuals from a number of cultures in the area within which the student is located
2. Faculty/student exchange programs
3. Parent/family (children) panel to discuss their own beliefs, practices, traditions, and experiences related to health and illness
4. Student self-analysis of cultural beliefs, values, and practices
5. Assessment and incorporation into nursing care of family beliefs, values, and practices as they are expressed in:

a. homes
b. clinics
c. hospitals
d. shelters
e. family workplaces, such as migrant farms
f. places of worship
g. neighborhood health centers

6. Conduct of a health history and assessment with a child and family of another culture, including discussion of health-care practices
7. Analysis of childhood games and rituals in:
   a. daycare centers
   b. schools
   c. playgrounds
   d. peer groups in neighborhoods, community centers, or other settings in which children gather
8. Analysis of the experiences of cultural groups through use of films, videos, and guest speakers
9. Language classes for learning the language of population groups for which English is not the first or primary language and which may be the predominant language of the geographical area
10. Analysis of a videotaped interview in which the student explores with family members their beliefs, practices, and values related to the child's health
11. Role play of situations in which beliefs, values, and ideas about practice may be in conflict with the student's own beliefs, values, and practice
12. Examination of clinical experiences in whatever setting

OUTCOME CRITERIA:

A. Describes the differences and commonalities between and among various cultures, including values, beliefs, and practices concerning children, the importance of the family, and health (e.g., "coining")

B. Conducts a comprehensive assessment of the family s values, practices, and beliefs related to health, provides intervention that is sensitive and responsive to the family's culture, and evaluates the outcomes of care in terms of the assessment

C. Describes the child's and family's uniqueness through written and verbal communication

D. Incorporates the family's beliefs, values, and health practices into the plan of care

3. CONCEPT: Communication

DEFINITION: Sending and receiving information through verbal and non verbal means.

GOAL

STATEMENT: The nurse will communicate effectively with child and family and others who participate in the care and education of the child and family.

PROCESS CRITERIA:

A. Related concepts and skills:

1. The communication of the child and family
    a. The child's developmental/cognitive capacities and the implications of these for communication with the child
    b. What children are likely to make of and how they are likely to respond to the terminology and behavior of health-care professionals
    c. Language and communication forms used by children and their families, including behavior as a form of communication
    d. The functions of spontaneous play in a child's life, including what it communicates about a child's response to illness and care procedures, the forms it takes at different ages, and its use as a vehicle of health teaching
    e. The functions of therapeutic play, music, and art in a child's care, and how these therapies are accessed
    f. The influence of culture on communication styles and patterns
    g. Discussion with caregivers related the child's response to current and previous illness episodes
2. Nursing processes
    a. The use of a variety of communication methods and mechanisms (e.g., computer, interviewing, translators) to send and receive information
    b. Methods of communication with children, for example, the presence of the nurse with the child and spontaneous play
    c. Alternative means for communicating with impaired children
    d. Aiding the family to become empowered and involved in services for the child through supporting the family's communication of needs, observations, plans, and feedback
    e. Issues of confidentiality
    f. Communication when issues are confidential, sensitive and/or urgent
3. The relationships of health-care and other professionals and communication among professionals who work with the child and family

B. Teaching/learning opportunities:

I. Discharge planning
2 Physician rounds/nursing rounds
3 Case conferences and other small-group discussions
4. Student/faculty conferences
5. Intake/admission conferences (interdisciplinary)
6. Analysis of videotaped interaction of parent, child, and staff person

7. Role play
8. Interaction with children in the hospital, home or school in relation to health issues, including play with a child
9. Early childhood education and school conferences, including multi disciplinary team assessment and planning meetings and development of individualized family service plans
10. Observation of children (e.g., in preschool, special education classes, well-child clinics) and written description and interpretation of the observation
11. Writing health-related, child-focused articles or newsletters and directions for parents for health care at home
12. Problem-solving with families concerning the meaning of their child's behavior and ways of responding to it
13. Examination of clinical experiences in whatever setting
14. Utilization of computer-based case studies to analyze approaches to a child's psychosocial responses to trauma and illness.

OUTCOME CRITERIA:

A. Uses a variety of communication methods to: (a) assess the needs of children and their families; (b) to share information with others about the needs of children and their families; (c) to intervene to meet the needs of children and their families; and (d) to evaluate outcomes

B. Interacts with and teaches the child and family at the developmentally appropriate level in order to provide them with means with which to share their health and illness issues with others who could assist them

C. Makes plans With a child and family based on the concerns and needs the child communicates verbally and non-verbally

D. Communicates clearly through writing and verbal interaction

E. Communicates appropriately With the child by adapting language, grammar, and concepts to the child's level of cognitive development

F. Analyzes communication patterns between parent and child and between nurse, parent and child and uses the assessment in making plans for nursing care, intervening, and evaluating, outcomes

G. Uses resources/opportunities available to communicate in writing, speaking and receiving information about the care of child and family.

H. Selects and uses alternative communication patterns with communication impaired children and their parents

I. Communicates and works effectively with nursing colleagues and other professionals in relation to the nursing of a child

J. Communicates roles and responsibilities when organizing and planning and implementing, care activities with staff members or other clinician's

K. Critiques/evaluates the effectiveness of one's own communication with children and their families

L. Participates in care coordination, self-directed teams, and/or quality assurance groups

M. Communicates and works effectively in group settings, including care conferences and support groups

N. Documents assessments, plans, interventions, and outcomes for the purpose of maintaining continuity of care and facilitating preventive care

O. Identifies aspects of emergency care that are threatening and stressful to a child and apply appropriate interventions.

4. CONCEPT: Values and moral and ethical reasoning

DEFINITION: The ability to identify divergent values and beliefs and to arrive at a decision based upon an examination of these beliefs and an understanding of ethical and legal principles.

GOAL STATEMENT: The nurse will respond to an ethical, moral, or legal dilemma concerning the child's health in ways that promote the development of families and children, assist them in making decisions, and support them in implementing the decisions.

PROCESS CRITERIA:

A. Related concepts and skills:

1. Consent and assent processes; confidentiality

2. Legal issues (e.g., guardianship, foster care, education and care of children with special needs in schools, the implications of an adolescent's being an emancipated minor, and federal, state and local laws related to children with a disability
3. Social change
4. Value clarification (parental presence during treatment and/or resuscitation, DNR decisions)

5. Ethical principles (e.g., justice, autonomy, beneficence, fidelity, triage decisions, organ donation, allocation of scarce personnel/resources)
6. Ethical decision making processes
7. Advance directives
8. The participation of adolescents in ethical decision making and advance directives
9. Child's Bill of Rights
10. Concepts related to oral development
11. Ethics committees in acute-care settings and their functions
12. The family's spiritual beliefs and religious practices and their function in the child's health care

B. Teaching/learning opportunities:

1. Examination of formal methods of ethical decision-making
2. Analysis of cases and personal narratives, including filmed and video taped health-care dilemmas occurring in various settings including transport, Emergency Department, Intensive Care Units
3. Participation in or observation during a meeting of an ethics committee
4. Participation in interdisciplinary rounds
5. Analysis of an experience or a case study related to a moral, ethical, or legal dilemma
6. Engagement in simulated problems or decision-making exercises
7. Interview of social workers and chaplains concerning their practices in relation to family values, spiritual beliefs, and religious practices
8. Participation in class or interview of professionals from the juvenile court system
9. Interview of a child's lawyer or guardian ad litem in regard to issues pertaining to the child's health
10. Examination of clinical experiences in whatever settings
11. Interview of members of an emergency health care team to determine roles played , practices/protocol/standards used to determine triage decisions.

OUTCOME CRITERIA:

A. Analyzes the process of ethical decision making and the component parts of an ethics decision

B. Differentiates one's own beliefs and values from those of the child and family

C. Facilitates decision making by families, children, and health-care workers in situations posing ethical/moral/legal dilemmas

D. Communicates with families, children, and health care workers as an advocate for children

E. Discusses ethical concerns with children, families, and other health professionals

F. Supports the ethical decision of a family through the nursing care that is administered

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