AMERICAN ACADEMY OF PEDIATRICS


GUIDELINES ON SHORT-TERM CONTINUING EDUCATION PROGRAMS FOR PEDIATRIC NURSE ASSOCIATES

I. INTRODUCTION

The American Nurses' Association and American Academy of Pediatrics recognize collaborative efforts are essential to increase the quality, availability, and accessibility of child health care in the U.S.A. In order to meet the health care needs of children, it is essential that the skills inherent in the nursing and medical professions be utilized more efficiently in the delivery of child health care.

Innovative methods are needed to utilize these professional skills more fully. One such innovative approach is the development of the Pediatric Nurse Associate* program. This program will enable nurses, both in practice and reentering practice, to update and expand their knowledge and skills. It is essential that physicians become more aware of the skills and abilities of the nursing profession and that such skills be expanded in the area of ambulatory child health to enable both the nurse and the physician to devote their efforts in the delivery of child health care to the areas of their respective professional expertise.

The expansion of the nurse's responsibilities would encompass some of the areas that have traditionally been performed by physicians. Proficiency and competence in performing these new technical skills associated with the expanded responsibility should be viewed as increasing the sources from which the nurse gathers data for making nursing assessment as a basis for diagnoses and action and thus contributing directly to comprehensive nursing. Nurses must therefore be prepared to accept responsibility and accountability for the performance of these acts and must have the opportunity to be engaged in independent as well as cooperative decision making.

The ANA and AAP are agreed in developing the following guidelines and concepts for short-term continuing education courses for Pediatric Nurse Associates (PNA).

II. FUNCTIONS AND RESPONSIBILITIES

As nursing functions have changed over the years, and nurses have assumed responsibilities that have formerly been performed by physicians, the two professions have issued joint statements concerning the changes. The continuing discussions between the American Nurses' Association and the American Academy of Pediatrics concerning the preparation of nurses for pediatric ambulatory nursing practice represents a formalized joint effort of both professions to collaborate and plan for the reorganization of certain health care services to children.

The following responsibilities in ambulatory child health care include those which are inherent in existing nursing practice:

- Secure a health history.
- Perform comprehensive pediatric appraisal, including physical assessment and developmental evaluation on children from birth through adolescence.
- Record findings of physical and developmental assessment in a systematic and accurate form.
- Advise and counsel parents concerning problems related to child rearing, growth, and development.
- Advise and counsel youth concerning mental and physical health.
- Provide parents and other family members with the opportunity to increase their knowledge and skills necessary for maintenance or improvement of their health.
- Cooperate with other professionals and

* The titles “Pediatric Nurse Associate” and “Pediatric Nurse Practitioner” are used interchangeably.
agencies involved in providing services to a child or his family and when appropriate, coordinate the health care given.

Identify resources available within the community to help children and their families, and guide parents in their use.

Identify and help in the management of technologic, economic, and social influences affecting child health.

Plan and implement routine immunizations.

Prescribe selected medications according to standing orders.

Assess and manage common illnesses and accidents of children.

Work collaboratively with physicians and other members of the health team in planning to meet the health needs of pediatric patients.

Engage in role redefinition with other members of the health team.

Delegate appropriate health care tasks to nonprofessional personnel.

III. CONTINUING EDUCATION PROGRAMS

A. Goals

The goal of continuing education programs for preparation of Pediatric Nurse Practitioners is to provide knowledge, understanding, and skill that will enable them to assume a direct and responsible professional role in ambulatory child health care. The programs should build on previous nursing knowledge and skill and include some knowledge and skills that conventionally have been the province of the physician. Experimentation is indicated as the health professions attempt to change their functions.

On completion of the program, the Pediatric Nurse Associate should be able to:

Secure a child's health and developmental history from his or her parent and record findings in a systematic, accurate, and succinct form.

Be able to evaluate a health history critically.

Perform a basic pediatric physical assessment using techniques of observation, inspection, auscultation, palpation, and percussion and make use of such instruments as the otoscope and stethoscope.

Discriminate between normal and abnormal findings on the screening physical assessment and know when to refer the child to the physician for evaluation or supervision.

Discriminate between normal variations of child development and abnormal deviations by utilizing specific developmental screening tests and refer children with abnormal findings to the pediatrician.

Provide anticipatory guidance to parents concerning problems of child rearing, such as: feeding, developmental crises, common illnesses, and accidents.

Recognize and manage specific minor common childhood conditions.

Carry out (and) or modify a predetermined immunization plan.

Identify community health resources and guide parents in their use.

Make home visits in view of presenting health problems.

Make decisions arrived at prospectively and collaboratively with the physician, in addition to decisions involving a level of traditional nursing judgments. Trust and a close state of interdependence are essential for this collaborative decision making.

B. Planning

Collaboration between nursing and medicine is vital in achieving understanding of the preparation of Pediatric Nurse Associates. In order to ensure such collaboration, it is necessary that nursing and medicine assume equal responsibility for planning the Pediatric Nurse Associate short-term continuing education programs.

Planning should take into account national, regional, and local needs for ambulatory child health care. Planning should involve district and state nurses' associations, district or chapter chairmen of the AAP, and nursing and medical schools. Active participation should be sought from
consumer groups, since their orientation to the changing roles of physicians and nurses will determine to a significant extent the effective utilization of these professionals.

C. Organization and Administration

Every attempt should be made to establish the educational programs to prepare Pediatric Nurse Practitioners under the aegis of accredited collegiate nursing programs. Whenever possible the program should be developed in collaboration with a Department of Pediatrics of a College of Medicine. Programs should conform to the existing policies and regulations governing the conduct of comparable educational programs. As in the delivery of care, the organization and implementation of the educational program should be a joint pediatric and nursing effort. The educational programs should be financed as are other continuing education programs sponsored by the institution. A variety of funding sources may be included.

D. Services and Facilities

The program should provide:

A health service for evaluation and maintenance of mental and physical health of the students.

A counseling service for student guidance.

Library facilities which contain an adequate supply of books, periodicals, and other reference materials related to the curriculum.

Appropriate teaching aids and classroom facilities.

Clinical facilities for demonstration, student observation, and directed practice experience in public and private ambulatory and applicable inpatient settings. These facilities should be in institutions, clinics, or private offices which have sufficient qualified, experienced child care personnel, and adequate numbers of patients to provide the type and amount of experience for which the student is assigned.

E. Faculty

Collaboration between nursing and medicine is vital in achieving the goals of the program. For this reason, the planning and implementation of the curriculum should be a joint effort of both professional groups.

The medical and nursing codirectors of the program should be qualified through both academic preparation and experience as practitioners. The faculty should meet the same requirements as other faculty of the sponsoring institution.

Medical input will be primarily in those areas of health care that have traditionally been within the province of medicine. Since the acquisition of new knowledge and skills is intended to enhance professional nursing practice, appropriate nursing faculty should assume major responsibility for the development and implementation of the program.

It is envisioned that wherever appropriate, other members of the health team, for example, psychologists, nutritionists, and social workers, would participate in teaching in order to assist students in gaining perspective of the interdependent role and contributions of other health professionals. The nursing codirector of each program is also the logical person responsible for the coordination of the educational input of these other health professionals.

Other instructional staff should be qualified through academic preparation and experience to teach the subject (or subjects) assigned.

The student-instructional staff ratio should be in at least the same proportion as similar education programs organized by the sponsoring institution.

Joint appointments for faculty between departments of pediatrics and the schools of nursing are recommended.

F. Course Content

Curriculum should build on existing nursing knowledge and skills, updating and adding depth in the areas of normal growth and development, clinical pediatrics, and
the behavioral sciences. It should provide a systematic program to increase the nurse’s ability to make a more discriminative and accurate assessment of the developing child.

**Growth and Development:** A comprehensive review of growth and development and normal variations, including the use of the Denver Developmental Screening Test, or a comparable instrument.

**Interviewing and Counseling:** Principles of the interviewing process and basic approaches to counseling parents in child-rearing practices.

**Family Dynamics:** Study of attitudes and knowledge needed to identify factors that affect interaction between family members and critical periods in family life. Review of sociocultural patterns and their influence on family health.

**Positive Health Maintenance:** Basic child care, including physical assessment, nutrition, immunization programs, safety and accident prevention, dental health measures, and other aspects of anticipatory guidance.

**Childhood Illness:** Review of systems and the most commonly seen pediatric illnesses, with emphasis on prevention, management, early recognition of complications, and the more common emotional adjustment problems of each age group; importance of health education for families in providing better health care in the home.

**Community Resources and Delivery of Child Health Care Services:** Review of community resources, traditional modes of delivery of services, the referral process, and new patterns of providing comprehensive health care.

**Family/Nurse/Physician Relationship:** Interpret goals of the nurse/physician team and role changes required for practicing in an expanded role. Review elements of working within a system while changing the system.

**Clinical Experience:** Planned field experiences and directed practice which provide a transition from theory to application should be incorporated into the program. These activities should allow for the application of previous and ongoing learning under the direction of competent instructors and practitioners. There should be qualified preceptors in each field of practice to which students are assigned under the general direction of the codirectors of the program.

**G. Admission of Students**

Only registered nurses are eligible for the programs. Policies for selection of students should be developed by the faculty of the sponsoring institution in cooperation with those responsible for conducting the programs. Admission criteria should be based on education and experiential factors, taking into account local needs and resources. Careful assessment of each applicant’s qualifications is indicated, to assure that those admitted have a common core of knowledge and skill. If the applicant lacks preparation in an area regarded as essential, he or she should be guided to correct the deficit before entering the program, or to enroll in a supplemental course concurrent with enrollment in the Pediatric Nurse Associate program. Pretesting for admission and appropriate placement appears advisable in the following areas: knowledge of growth and development of children; care of children with common health problems; child psychology; and family dynamics.

Because a larger purpose of this course is to change the current delivery practices of pediatric health care by placing in action working models of “pediatric team” care, it is recommended that the trainee already hold a job within a practice setting that serves as a source of comprehensive health care for all children in a family. It is recommended that each nurse accepted as a trainee be guaranteed by her employer the opportunity to function in an expanded role in the practice setting in which she works.

Adoption of this expanded role by the nurse makes it necessary for her to relinquish responsibility within her work setting for nonpatient care tasks of an indirect and
clerical nature. These tasks can be assumed by trained assistants, aids, and secretaries.

H. Length of Program

Experience to date has indicated that a minimum of 4 months of educational experience is needed to attain the desired objectives.

The program should include a combination of classroom work, clinical practice and work experience composed of approximately 4 hours of class and 8 to 12 hours of supervised clinical practice each week, with the remainder devoted to on-the-job work experience.

I. Evaluation

Special licensing or accrediting of programs or certification of individuals who complete the programs would be premature at this stage. Opportunity for experimentation in educational programs and in manpower utilization is essential for full exploration of ways to improve health services. The candidate who successfully completes the program should be provided with a certificate of completion, or other written statements, according to the policies of the educational institution under whose aegis the training was conducted.

It is imperative that the educational, attitudinal, and economic aspects of the continuing educational programs for the Pediatric Nurse Associate be evaluated within each program. The data collected from ongoing evaluation can be utilized to modify the upgrade existing programs in the area of prerequisites, curriculum, facilities, and faculty.

Each program should conduct ongoing evaluation of graduates to include:
 Adequacy of care rendered.
 Acceptance of expanded role by self, pediatrician and recipients of care.
 Productivity measures and cost effectiveness analysis.

IV. GENERAL INFORMATION

Inquiries regarding school programs and careers for Pediatric Nurse Associates should be addressed to the Maternal and Child Health Division, American Nurses’ Association, 10 Columbus Circle, New York, New York 10019; or, Office of Allied Health Manpower, American Academy of Pediatrics, 1801 Hinman Avenue, Evanston, Illinois 60204.

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