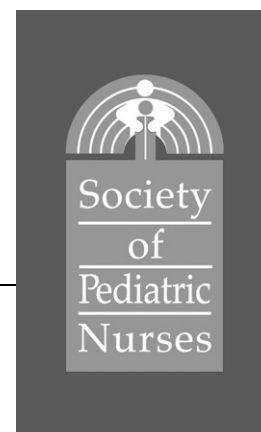


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### **Society of Pediatric Nurses Education Committee: Policy Statement “Child Health Content Must Remain in the Undergraduate Curriculum”**

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**T**HERE ARE NUMEROUS challenges experienced by nursing educators as they attempt to incorporate pediatric health care content into undergraduate nursing programs for nursing students. These challenges include the following: a greater focus on adult care; increased pressure to include content on topics such as bioterrorism, ethical–legal dilemmas, risk behaviors, and genetics as well as genomics; limited numbers of pediatric faculty to teach pediatric health care content; and limitations in clinical opportunities for students to be exposed to and participate in pediatric nursing practice ([American Nurses Association and Society of Pediatric Nurses, 2003a, 2003b](#); [Society of Pediatric Nurses, 2005](#)).

The Society of Pediatric Nurses (SPN) Education Committee addressed these challenges to providing pediatric nursing education in the position statement, “Child Health Content Must Remain in the Undergraduate Curriculum.” This position statement highlights that all educational programs preparing nurse generalists for licensure as professional RNs must contain content related to family-centered nursing care of children, preferably in a free-standing pediatric nursing course. There are numerous additional recommendations in this position statement that are crucial for all pediatric nurses to support so that our future

pediatric nurses will receive a strong foundation to provide health care for children.

#### **PROBLEM STATEMENT AND RATIONALE**

##### **Problem**

Despite the publication of the *Standards and Guidelines for Pre-Licensure and Early Professional Education for the Nursing Care of Children and Their Families* (1995), baccalaureate and associate degree nursing programs continue to decrease content and clinical learning experiences related to growth and development as well as child/family health.

##### **Rationale**

Critical changes have affected health care in the 21st century and continue to create challenges in educating pediatric nurses. Some major influencing factors include the following:

- Changes in the structure of the NCLEX (National Council Licensure Examination) have resulted in the integration of pediatric

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questions rather than a specifically designated section on the care of children.

- This integration has created the perception that child health content is not an important area in nursing that requires analytic and critical thought.
- Questions asked on the current NCLEX tend to focus on acute care rather than on prevention and health promotion.
- Based on market competition, faculty salaries, and the aging of faculty, it is difficult to recruit nurse-educators prepared and willing to teach pediatric content.
- Pressure from accreditation bodies and other forces calls for the inclusion of expanded information related to bioterrorism, ethical–legal dilemmas, risk behaviors, and genetic innovations, among others, while not extending the length of programs of study.
- The acuity of hospitalized children has accelerated markedly. Life-saving surgeries and therapies result in children living with complex and chronic conditions or diseases.
- Technology and advances in health care have resulted in increasingly complex care being provided at home or in ambulatory facilities.
- Consolidation of acute pediatric care into large urban medical centers that specialize in this area has decreased the ability to provide student learning opportunities in caring for acutely ill children.
- There is a perception that unless students attend an urban school of nursing that has access to a facility that specializes in the care of children, the availability of traditional child health clinical experiences is unlikely; however, recent research indicated that 64% of children receive their nursing care in settings other than children's hospitals (Wasserman, Owens, Elixhauser, Remus, & Goodman, 2005).

Whether based on perception or on reality, many schools of nursing have limited pediatric clinical experiences to community, ambulatory, and/or school settings while concomitantly decreasing the hours of theory dedicated to teaching how to care for children. The members of the SPN believe strongly that this trend must be reversed. Basic principles and content preparing every nurse to care for children are also expected of the major accrediting bodies in nursing; this is evidenced by frequent references to core competencies that cover

the life span (American Association of Colleges of Nursing, 1998).

## POSITION STATEMENT/RECOMMENDATIONS

### Position Statement

The SPN believes that all educational programs preparing nurse generalists for licensure as professional RNs must contain content related to family-centered nursing care of children, preferably in a free-standing pediatric nursing course.

### Recommendations

Based on this position statement, the SPN recommends the following:

1. Required curricula in all professional nursing education programs must have readily discernable pediatric nursing content built upon theoretical and empirical knowledge of the following:
  - infant/child/adolescent physical growth;
  - life span development;
  - anatomical, functional, and pathophysiologic differences between adults and children;
  - communication with children,
  - concepts of child health, promotion of wellness, restoration, and prevention; and
  - concepts of child and family experience with death, dying, and grief.
2. Theoretical and clinical educational experiences must reflect integration of evidence-based current information related to ethical, moral, politicolegal, spiritual, cultural, religious, and environmental changes occurring within the society that affect children and their families.
3. Clinical experiences must provide opportunities to use basic nursing skills, apply critical thinking skills, and implement evidence-based practice with children and families in settings such as inpatient/acute care, ambulatory facilities, communities, schools, camps, homes, and elsewhere in which the health and well-being of children and families are central. These clinical experiences should occur in an environment that allows students to observe nurses who role model exemplary practice of family-centered nursing care of children.

4. Nursing educators must have an advanced educational background and clinical experience in caring for children to provide educational experiences in family-centered nursing care of children.
5. Curricula of nursing must evidence both classroom and clinical hours in family-centered nursing care of children that are consistent with those allocated to other age-related groups across the entire educational program.

Schools of nursing are challenged to be creative in finding alternative nontraditional child health clinical experiences that support didactic content. These experiences could include—but are not limited to—home care of children, community-based schools or clinics, day-care centers, and camps, among others. The use of technology-driven educational opportunities (e.g., clinical simulations) can also enrich/support clinical learning.

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