Pediatric Nurse Practitioners: Report [1976]

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Report of Task Force

PEDIATRIC NURSE PRACTITIONERS

Joint Practice Committee of North Carolina Medical Society and North Carolina Nurses Association

June, 1976
FOREWORD

The National Joint Practice Commission evolved from a generally recognized need for interdisciplinary cooperation between medicine and nursing especially as it related to the expanding role of nursing. Recognizing this need, the National Joint Practice Commission was formed through the collaborative efforts of the American Medical Association and the American Nurses' Association. The National Joint Practice Commission stimulated the formation of joint practice committees in the several states.

The North Carolina Joint Practice Committee (NCJPC) was formed in 1971 following appropriate actions by the North Carolina Medical Society (NCMS) and the North Carolina Nurses Association (NCNA) establishing and agreeing to participate in such a state level committee.

Diligent efforts have been made to assure that the membership of the interdisciplinary NCJPC be composed of practicing nurses and practicing physicians who are appointed by the respective sponsoring professional organizations. However, the committee itself is an autonomous body and its actions do not necessarily reflect the policies of the sponsoring organizations.

Since its inception, the NCJPC has met approximately five times annually and has selected priority listing of target areas for intensive study of interdependent roles. Each of these target areas was assigned to a task force appointed by the NCJPC. Task Force members were selected for their expertise in the target area involved, and each task force conducted its study following the guidelines established by the NCJPC.

At the conclusion of its study, each task force submitted its report in a conjoint meeting with the NCJPC where the reports were critically reviewed and, in many instances, substantially altered prior to final approval. Thus, this series of reports represent actions of the NCJPC rather than those of the task forces.

The NCJPC gratefully acknowledges the long hours and untiring efforts of those physicians and nurses who served on the various task forces and the NCJPC, without whose efforts this series of reports would not be possible.

The NCJPC also wishes to thank Jim Bernstein, Chief Rural Health Section, Division of Facility Services, Department of Human Resources, for his wise counsel, support, and efficient coordination of the task force reports.

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REPORT OF TASK FORCE

PEDIATRIC NURSE PRACTITIONERS

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Other Task Force Reports Available:
Clinics Manned by Nurse Practitioners
Maternity and Family Planning
Occupational Health Services
Psychiatric-Mental Health

Under Development:
Care of the Aged
Child Health
Critical Care
Emergency Services
Long-term Care

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Report of the Task Force on Pediatric Nurse Practitioners to the Joint Practice Committee

The Task Force on Pediatric Nurse Practitioners appointed by the North Carolina Joint Practice Committee of the North Carolina Medical Society and the North Carolina State Nurses Association recommends the approval for practice of pediatric nurse practitioners who have completed a training program which fulfills the criteria for accreditation outlined in the 1971 Joint Statement of the American Nursing Association and the American Academy of Pediatrics entitled, "Guidelines on Short Term Continuing Education Programs for Pediatric Nurse Associates". (See page 6).

Extensive nationwide experience has been gained during the last 10 years on the role of pediatric nurse practitioners in health care of children. The role and responsibilities of the pediatric nurse practitioners have been extensively defined in practice and are outlined well in the Joint Statement. Further attempts at definition by this Task Force are unnecessary.

The Rules and Regulations for Registered Nurses Performing Medical Acts provides an acceptable mechanism at this time for approval of pediatric nurse practitioners. The definition of physician supervision as defined in the Rules and Regulations for Registered Nurses Performing Medical Acts as amended March 14, 1975, would apply to pediatric nurse practitioners in practice.

The Task Force believes there are a substantial number of pediatric nurse practitioners currently practicing in North Carolina who are graduates of programs which meet the standards of the Joint Statement and their practices should be approved as quickly as possible.

As objectives for the future the Task Force recommends that emphasis be placed on the need for development of standard tests for entry certification of nurse practitioners. Standard certification tests, when developed, should be used as a basis for certification in North Carolina. As these standard certification tests become available for pediatric nurse practitioners, certification should be granted to the individual pediatric nurse practitioner independent of site of practice, provided the nurse practitioner has physician supervision and subject to periodic recertification.

The Task Force suggests that the Joint Practice Committee authorize the Task Force for Pediatric Nurse Practitioners to meet periodically to review the work of pediatric nurse practitioners in the state of North Carolina. The Task Force would meet at the request of the Joint Practice Committee or the co-chairmen of the Task Force to make recommendations to the Joint Practice Committee regarding problems which may arise in North Carolina regarding the practice of pediatric nurse practitioners.
POLICY STATEMENT
ON
PEDIATRIC NURSE PRACTITIONERS
BY THE
NORTH CAROLINA JOINT PRACTICE COMMITTEE
of the
NORTH CAROLINA MEDICAL SOCIETY
and the
NORTH CAROLINA STATE NURSES’ ASSOCIATION

The North Carolina Joint Practice Committee of the North Carolina Medical Society and the North Carolina State Nurses Association recommends the approval for practice of pediatric nurse practitioners who have completed a training program which fulfills the criteria for accreditation outlined in the 1971 Joint Statement of the American Nursing Association and the American Academy of Pediatrics entitled, “Guidelines on Short Term Continuing Education Programs for Pediatric Nurse Associates”. It is further recommended that the minimal length of the educational program be established at four months of full-time educational experience which shall be comprised of at least 100 hours of didactic training with the remaining time to be spent in supervised clinical practice.

Extensive nationwide experience has been gained during the last ten years on the role of pediatric nurse practitioners in health care of children. The role and responsibilities of the pediatric nurse practitioners have been defined in practice and are outlined well in the Joint Statement and are recommended for adoption by the Joint Practice Committee.

The Rules and Regulations for Registered Nurses Performing Medical Acts as developed by the Joint sub-committee of the North Carolina Board of Medical Examiners and the North Carolina Board of Nursing provide an acceptable mechanism at this time for approval of pediatric nurse practitioners. The definition of physician supervision as defined in the Rules and Regulations for Registered Nurses Performing Medical Acts as amended March 14, 1975, would apply to pediatric nurse practitioners in practice.

The Joint Practice Committee authorizes the Task Force for Pediatric Nurse Practitioners to meet periodically to review the general experience of pediatric nurse practitioners in the state of North Carolina. The Task Force would meet at the request of the Joint Practice Committee or the co-chairmen of the Task Force to make recommendations to the Joint Practice Committee regarding problems which may arise in North Carolina regarding the practice of pediatric nurse practitioners.
A Joint Statement of the American Nurses’ Association, Division on Maternal and Child Health Nursing Practice, and the 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.

*The titles “Pediatric Nurse Associate” and “Pediatric Nurse Practitioner” are used interchangeably.
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 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. A health service for evaluation and maintenance of mental and physical health of the students.
A counseling service for student guidance.
A 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 coordi-
nation 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 propor-
tion 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 pedi-
atries, and the behavioral sciences. It should provide a systematic program to
increase the nurse's ability to make a more discriminative and accurate assess-
ment of the developing child.

Growth and Development: A comprehensive review of growth and develop-
ment 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 childrearing 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 assess-
ment, nutrition, immunization programs, safety and accident prevention, den-
tal health measures, and other aspects of anticipatory guidance.

Childhood Illness: Review of systems and the most commonly seen pediat-
ic 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 on-
going 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 co-directors 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 ac-
count local needs and resources. Careful assessment of each applicant's quali-
fications 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 and 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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