



The Development and Implementation of a Hospital Based Paediatric Orthopaedic Nursing Transition Program

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Key words:

Paediatric nursing;
Staff development;
Transition;
Orthopaedic;
Work based learning;
Curriculum;
Education;
Novice;
Expert;
Competency;
Subspeciality

Within Australia and the rest of the world paediatric orthopaedic nursing as a subspeciality nursing workforce faces challenges due to a lack of formal education programs that support the development of knowledge. Despite these challenges the need to ensure the availability of competent and knowledgeable nursing staff to positively contribute to health care outcomes remains unchanged. Thus a need has arisen to develop locally implemented education programs. A multi-tiered paediatric orthopaedic nursing transition program which incorporates work based learning processes combined, with formal assessment components, has been designed utilising Benner's "theory of novice to expert" to facilitate the growth of experts in the clinical setting driven by the requirements of individual clinical settings. The implementation of this program has led to increased confidence in the clinical setting for nursing staff which has positively influenced the care of children and their families in the orthopaedic service. Crown Copyright © 2013 Published by Elsevier Inc. All rights reserved.

What is Already Known?

THERE IS LIMITED capacity to support paediatric subspeciality education in the academic sector within Australia due to population related restrictions.

What This Paper Adds

The development of locally implemented, subspeciality specific transition programs can address existing gaps in tertiary education. Through these programs, units can "grow their own" experts to ensure they meet specific education needs driven by the requirements of individual clinical settings.

Implications for Practice and/or Policy

Paediatric health care settings require innovative and locally led education initiatives if they are to meet the unique education needs of the sub-speciality nursing workforce.

Background

A National Specialisation Framework for Nursing and Midwifery was developed in Australia in 2006. This occurred in response to an increasing trend of specialisation in healthcare leading to fragmentation of care and inefficiency within the nursing workforce (National Nursing & Nursing Education Taskforce, 2006). Within the newly developed Nursing Specialty Framework, a speciality area of practice was recognised following assessment against criteria, including its geographical scope and demand within the community. Eighteen speciality practice areas were identified meeting all criteria as identified by the task force.

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This realignment and rationalisation of speciality areas of practice relegated a range of health professionals and clinical settings to generalist areas of practice or reclassification as a subspecialty. Paediatric nursing was identified in the National Speciality Framework as one of the 18 areas of practice. Orthopaedic nursing was not identified as a speciality practice area in either the adult or paediatric setting.

One of the principle reasons for establishing agreed speciality areas of practice was to align the skill development of the nursing and midwifery workforce with the demand for health services. Post graduate education programs are designed to meet the needs of the 18 identified speciality practice areas (National Nursing & Nursing Education Taskforce, 2006). For paediatric orthopaedic nursing where the workforce and patient population are considered relatively small and post graduate programs do not exist, the need to develop local education strategies to meet the workforce needs has emerged. The paediatric health care setting is frequently faced with a dilemma whereby nurses are employed with limited paediatric clinical experience. Creating an inexperienced nursing workforce adds to organisational strain by increasing stress for existing staff. This in turn can lead to job dissatisfaction for both new and existing staff and result in inconsistent nursing care for patients and families (Orsini, 2005).

A partnership was established between a range of local area health services (AHS) and a university to develop clinically-focussed adult postgraduate programs of study in the late 1990s. These programs of study integrated AHS expectations of the specialist and sub-specialist registered nurse with competency standards from speciality specific national nursing organisations to form Clinical Accreditation Programs (CAP). Each CAP was designed by the AHS to provide formal and informal work based learning opportunities to facilitate clinical competence in the participant's area of clinical practice. Successful completion enabled participants to apply for advanced standing in a relevant graduate certificate program at the university. It was not until 2007 that an agreement to develop CAP's in paediatrics was established resulting in a range of paediatric specific CAP's including general paediatric, emergency, perioperative and intensive care.

In Australia graduate certificate qualifications are commonly sought by nursing staff as an entry level option for post graduate education. Graduate certificate students are required to complete four subjects to obtain the qualification, at a cost of approximately \$2000 per subject. Accreditation of hospital based programs provides participants with recognition of prior learning for one subject of a Graduate Certificate in Paediatric Nursing program, saving them both time and money in the pursuit of post graduate education qualifications.

In January 2010 the paediatric tertiary referral centre identified a need to support the development of specialised nursing knowledge in the orthopaedic setting and requested a CAP be developed. A group of nursing key stakeholders were identified to support the development and included the

director of nursing, nurse managers, nurse unit manager, clinical nurse consultants and nurse educators. The program development was led by the orthopaedic clinical nurse consultant (CNC). The CNC role in Australia is largely dependent upon the individual health care services interpretation of the role (Bloomer & Cross, 2011), broadly consisting of consultation and clinical practice; education; research; clinical leadership; and clinical services planning and management. The CNC acted as the program development leader and coordinator in lieu of a nurse educator as an educator was yet to be appointed to the service due to the realignment of clinical services. The CNC was supported from an education perspective by curriculum experts and nurse educators from other services in the organisation.

The program content was determined by conceptually exploring the clinical practice to be demonstrated at the program's completion, utilising an outcome based curriculum development framework (Prideaux, 2003). The key stakeholder team recognised that the program was based on the concept of partnership between the participant, health care setting and university. The value of an integrated approach to learning for post basic professional education and a focus on work based learning was highlighted by Hargreaves (1996). Within a work based curriculum model the theoretical components of the program are integrated with clinical education opportunities (Caldwell, 2001).

Thus a work based learning curriculum drives both professional development and clinical practice enhancement meeting the unique needs of individual practice settings (Caldwell, 2001). From an interdisciplinary perspective, members of the orthopaedic medical staff were involved in the initial program development and provided feedback throughout the process. The need for broad stakeholder consultation and collaboration is necessary for innovative education program development to meet changing healthcare needs (Lawson, 2004).

Program Framework

The Paediatric Orthopaedic Program (POP) was designed to address the recognised need for a suitably qualified and experienced nursing workforce. The educational framework used to guide the development of clinical nurses is based upon Benner's "novice to expert" continuum of practice model (Benner, Tanner, & Chesla, 1992). Benner adapted the Dreyfus model of skill acquisition as a basis for clinical knowledge development and career progression. Benner theorised that clinical expertise developed through a combination of exposure to clinical experiences. With the development of internal reasoning and intuition, the nurse learns to view the clinical setting from the perspective of the patient, clinician and environment, rather than focus on the task (Benner, 1982; Benner, Tanner, & Chesla, 2009).

The program consists of clinical experiences, supported learning opportunities and assessments to promote self-

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