



WHO Europe Children's Nursing Curriculum

WHO European Strategy for Continuing Education for Nurses and
Midwives

2003

Keywords

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Introduction

This Children's Nursing, also known as Paediatric Nursing, curriculum has been prepared for WHO Europe as one of several post-qualifying curricula, requested by some Member States, to assist them in their progress towards implementation of the WHO European Region Continuing Education Strategy for Nurses and Midwives (WHO 2003). The Children's Nursing curriculum document therefore commences with a description of the context for the Continuing Education Strategy.

Context

The WHO European Region Continuing Education Strategy for Nurses and Midwives is set firmly within the context of the Second WHO Ministerial Conference on Nursing and Midwifery in Europe, which addressed the unique roles and contributions of Europe's nurses and midwives in health development and health service delivery (WHO 2001). At that Conference of Ministers of Health of Member States in the European Region, the Munich Declaration "Nurses and Midwives: A Force for Health" (WHO 2000a) was signed, and this key document, together with the WHO European Strategy for Nursing and Midwifery Education (WHO 2000) form the context for the Continuing Education Strategy.

The need for a Continuing Education Strategy

Nurses and midwives together constitute the largest proportion of the health care workforce in all Member States of the WHO European Region, numbering approximately six million at the start of this new century. The service they provide covers 24 hours of every day of the year. It is imperative that they are competent to provide the highest quality of nursing and/or of midwifery care. In order to do this, their initial nursing and midwifery education must be such that the people of their nation can be assured of their competence to practise on entry to their professions of nursing and midwifery, and that the foundation has been laid for them to continue to learn throughout their professional lives. Maintenance and further development of competence is essential to the ongoing provision of high quality nursing and midwifery care. In the rapidly changing health care services of today, with the knowledge explosion and the impact of technology upon health care, many nurses and midwives are increasingly called upon to work in expanded, specialist and/or advanced practice roles. The WHO European Strategy for Continuing Education for nurses and midwives has been developed in order to assist Member States to ensure the continuing competence of their nursing and midwifery workforce. In some cases this will be by developing new knowledge for specialist fields of clinical nursing and midwifery practice, in others by deepening their knowledge of an existing field of practice, and in yet others by gaining new competencies in the field of nursing and/or midwifery education, management or research.

The Continuing Education Strategy does not stand alone. Firstly, it builds upon the firm foundation provided by the WHO European Strategy for Nursing and Midwifery Education (WHO 2000), in which the link between initial and continuing education is clearly stated:

The initial programme of education must prepare nurses and midwives who are not only competent to practise in today's health services, but who value and are committed to maintaining that

competence. This they will achieve through continuing to update their knowledge, skills and attitudes, in order that they can continue to meet the changing health priorities and needs of the people of the Member States (WHO 2000).

Secondly, its principles are in harmony with continuing education developments in nursing more generally in Europe and worldwide and with the growth of specialization in nursing. The International Council of Nurses (ICN) considered specialization as implying a deeper level of knowledge and skill in a specific aspect of nursing than would be acquired in initial nursing education (International Council of Nurses 1987 and 1992). The European Commission's Advisory Committee on Nursing (Commission of the European Communities 1994) recommended that specialist educational preparation was necessary in order to prepare qualified nurses to continue to meet the changing and increasingly complex needs of patients for whom advanced technology was enabling new treatment regimes, with resulting advanced practice roles for nurses. ENNO, the European Network of Nursing Organizations (2000) advocates a European Framework for Specialist Nursing Education, in recognition of the reality that the field of nursing knowledge and skills has become too vast and complex for any one individual to master in full. If quality of care is to be ensured, then specialization within nursing is essential, and they cite European Directives 89/48/CEE and 92/51/EEC, as amended in 1997, as the directives which are appropriate for specialist nurses (European Network of Nursing Organizations 2000).

The aim and purpose of the Continuing Education Strategy

The key aim of the strategy is to ensure fitness for purpose of each Member State's nursing and midwifery workforce. Ongoing competence to practise can only be achieved by a commitment to lifelong learning on the part of all nurses and midwives. However, that personal and professional commitment can only be realized if each Member State accepts its obligation to ensure, or set in place plans to ensure that opportunities for continuing education are provided, and that the requirement for nurses and midwives to maintain their competence is regulated under legislation, in order to support safe, up-to-date and evidence-based practice.

The purpose of the Continuing Education Strategy is therefore twofold; it is both visionary and pragmatic. It provides the vision that will help shape the philosophy of continuing education in nursing and in midwifery, often termed continuing professional development, and it outlines and/or confirms some fundamental guiding principles. If followed, these principles should enable Member States to set up, or further develop existing systems of continuing education. In turn, this will enable nurses and midwives to maintain their competence and so feel confident that their knowledge, skills and attitudes are "fit for purpose" in the multiprofessional team in the health care services of which they are an essential part.

Background to the Continuing Education Strategy

Of crucial importance to the implementation of the Continuing Education Strategy is the implementation by Member States of the WHO Education Strategy for initial nursing and midwifery education. Of equal importance is the belief, which underpins both Strategies, that education and practice are very closely related. Education and practice must move ahead together, in mutual respect and partnership, with shared values and goals. This is essential to the provision of an appropriate quality of cost-effective and efficient nursing and midwifery care and of health promotion for all the people of the Member States of the WHO European Region. This

progress and partnership must be achieved within the changing structures of health care priorities and provision in the different Member States, many of which are undergoing major political, economic, social and demographic change and are in the midst of health care reforms. Although some of these differences can be significant, the shared values were clearly demonstrated at the Second WHO Ministerial Conference on Nursing and Midwifery in Europe (WHO 2001) when, in The Munich Declaration (WHO 2000a), Ministers of Health stated their belief that:

Nurses and midwives have key and increasingly important roles to play in society's efforts to tackle the public health challenges of our time, as well as in ensuring the provision of high quality, accessible, equitable, efficient and sensitive health services which ensure continuity of care and address people's rights and changing needs (WHO 2000a).

In the "Munich Declaration" which was issued by Ministers at the Conference, all relevant authorities were urged to 'step up their action' in order to strengthen nursing and midwifery by:

- ensuring a nursing and midwifery contribution to decision-making at all levels of **policy** development and implementation;
- addressing the **obstacles**, in particular recruitment policies, gender and status issues, and medical dominance;
- providing financial incentives and opportunities for **career advancement**;
- improving initial and continuing **education** and access to higher nursing and midwifery education;
- creating **opportunities for nurses, midwives and physicians to learn together** at undergraduate and postgraduate levels, to ensure more cooperative and interdisciplinary working in the interests of better patient care;
- supporting research and dissemination of information to develop the **knowledge and evidence base** for practice in nursing and midwifery;
- seeking opportunities to establish and support **family-focused community nursing and midwifery** programmes and services, including, where appropriate, the Family Health Nurse;
- enhancing the roles of nurses and midwives in **public health, health promotion and community development** (WHO 200a).

Of the above actions, those of direct relevance to the Continuing Education Strategy are the need to improve continuing education and access to higher nursing and midwifery education; to create opportunities for nurses, midwives and physicians to learn together at both undergraduate and postgraduate levels in order to ensure more cooperative and interdisciplinary working in the interests of better patient care; to support research and dissemination of information in order to develop the knowledge and evidence base for practice; to provide financial incentives and opportunities for career advancement; and to ensure nurses and midwives contribute to decision-making at all levels of policy development and implementation.

On a worldwide basis, at the Fifty-fourth World Health Assembly in May 2001, delegates from the 191 countries present stressed the crucial and cost-effective role of nurses and midwives in reducing mortality, morbidity and disability in populations, in caring for those who are ill and in promoting healthier lifestyles (WHO 2001a).

If nurses and midwives are to fulfil these key roles to their maximum potential, if they are to work effectively in partnership with others in the health care team, then it is imperative that they build systematically upon their initial nursing and midwifery education, continuing their professional education in ways which ensure they maintain competence to meet the needs of the people of their nations for health care.

The Health Care context

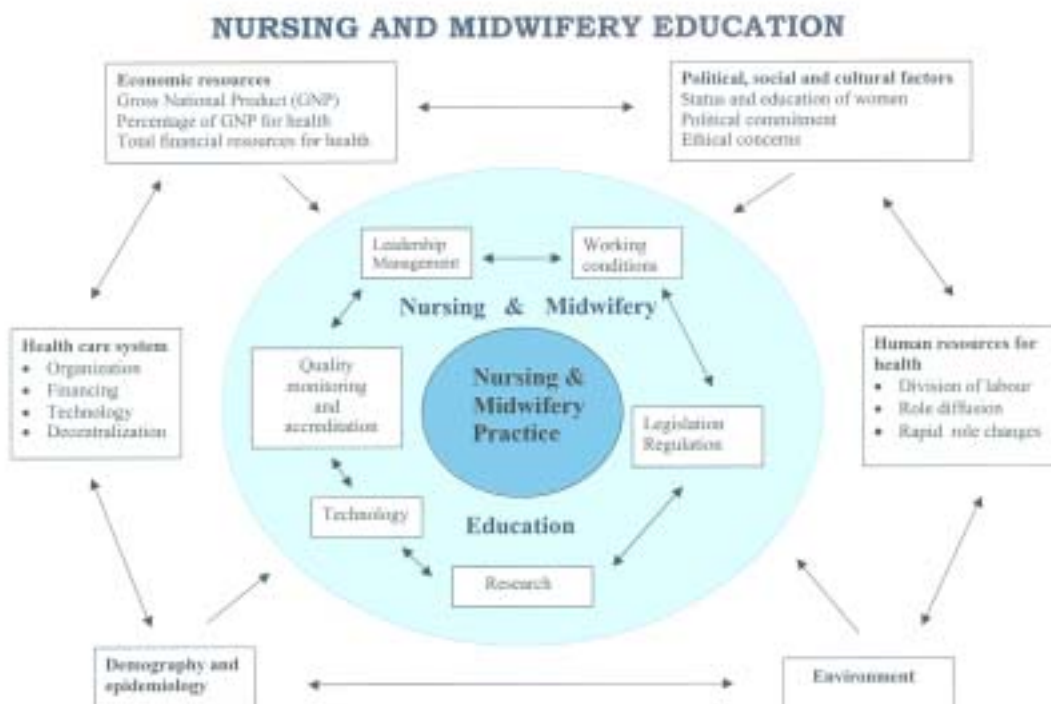
As the Continuing Education Strategy was being prepared, all governments across Europe continued to face a wide range of complex health problems. Although in each Member State the existence and the severity of these problems varies, they include environmental pollution; the increasing gap between the rich and the poor; unacceptable levels of maternal and child morbidity and mortality; and a resurgence of diseases thought to have been conquered such as, for example, tuberculosis, cholera, typhoid fever and malaria. There are increases in the level of chronic illness, including cancer, cardiovascular diseases and mental health disorders; in lifestyle-related problems such as unhealthy diet, lack of exercise, smoking, alcohol and substance misuse and in sexually transmitted diseases. In some parts of the Region, wars and ethnic conflict continue to cause intense suffering, increasing numbers of refugees and homeless people and disruption to society's essential infrastructures. There are also the major challenges for health care systems which are inherent in the changing demography, i.e. the steady increase in the proportion of elderly people in the population which, in some Member States, is compounded by a gradual decrease in the proportion of those who normally contribute to the gross domestic product through working.

The future is likely to see continuing reforms of the health sector. These include a greater involvement of citizens and the community in decision-making about care; more people cared for at home and therefore a growing demand for community-based health services; a steady increase in the availability of new treatments and therapies; increasing costs of providing care; and more and more ethical challenges. However, whatever the reforms and changes, care which is centred upon the individual will remain the starting point of the health care organization and of the work of all nurses and midwives.

Continuing advances in practice, in the evidence base and in the quality of care required make it imperative that the capabilities of the nursing and midwifery workforce are regularly updated, and that there is a commitment by Member States to ensure provision of appropriate continuing education. Effective implementation of the role of the nurse and of the midwife as outlined in the Strategy for Nursing and Midwifery Education is the essential first step. Effective implementation, or setting in place of plans to achieve implementation of the Strategy for Continuing Education is also essential if the workforce is to be prepared for the necessary specialist and advanced practice roles which the developments outlined above demand. Member States will be required to regularly evaluate and, if necessary, update their existing continuing education provision, to keep pace with the priority of maintaining a nursing and midwifery workforce which is fit for purpose, and which remains fit for purpose.

Just as "health care does not take place in isolation from political, economic and cultural realities" (WHO 1996), so nursing and midwifery education and practice do not take place in isolation from the political, social, economic, environmental and cultural realities of the Member States; neither must they be seen in isolation from the various stages of health care reform and the dynamic nature, or otherwise, of progress. Figure 1 depicts that complexity.

Figure 1. The dynamic context of nursing and midwifery education
Adapted from WHO 1996



Likewise, nurses and midwives do not practise in isolation from their colleagues in the other health care professions. Although each profession contributes unique knowledge and skills to health promotion, the care of patients and to the health care system as a whole, there is a need for much more multidisciplinary and interdisciplinary work, in a spirit of recognition and respect for each other's authority, responsibility, ability and unique contribution. Thus, nurses and midwives must continue to build upon their initial professional education so as to continue to take their full part as members of the multiprofessional health care team, sharing both in decision-making and, when appropriate, in taking responsibility for leadership of the team and for the outcomes of the work of the team.

The Member States of WHO Europe need well prepared, up-to-date, competent nurses and midwives, who participate in lifelong learning and who are able to work confidently, maintaining professional standards of care as the sound basis for multiprofessional collaboration and partnership with patients, healthy individuals, families and communities.

The Children's Nursing Curriculum

All Member States are reminded that this is a sample curriculum. It should be used as guidance and be adapted as necessary to meet the Member State's specific priorities and needs for Children's Nursing.

1. Children's Nursing*

In many countries of the world, advances in technology, medicine and nursing have led to a marked increase in the numbers of ill people of all ages who are admitted to hospitals and who subsequently recover from often very serious illness or injury. In many of these countries, sick or injured children are cared for in the same wards or other settings as patients of all age groups and by nurses who do not have any specialist knowledge and expertise in the care of children, i.e. they have been educated as generalist nurses. However, in other countries, the special needs of children are recognized, and they are cared for in children's wards or units, where their medical and nursing care is provided by specialist children's doctors and nurses. A similar picture exists in relation to the steadily growing increase in the numbers of patients, including children, who are discharged early from hospital to be cared for in their own homes as part of the primary health care service. Some receive care from a generalist nurse and others receive care from a nurse who, following her initial generalist nursing education and experience, has specialized in the care of children.

This curriculum focuses on the preparation of a specialist children's nurse who will be competent to work in hospital or in the community, i.e. in health care centres or in home settings.

1.1 Definition of Children's Nursing and the Children's Nurse

The definition of a child varies from country to country. The United Nations Convention on the Rights of the Child defines a child, for the purposes of the Convention, as "every human being below the age of eighteen years unless, under the law applicable to the child, majority is attained earlier" (United Kingdom Committee for UNICEF 2000). Alternative definitions include children from birth to the age when the child is eligible, under the law of their country, for employment; or from birth to adolescence. The period described as adolescence is widely debated and ranges from as young as 10 years of age to 21 years.

For the purposes of this curriculum, the term child will be used to cover a similar period to that specified by the United Nations Convention, i.e. from birth to below the age of eighteen years. The children's nurse will have successfully completed specialist post-qualification education in children's nursing which builds upon initial generalist nursing education. This enables the nurse, in addition to her/his generalist role, to work in a specialist role providing skilled nursing care which is sensitive to the child's physical, developmental and emotional needs in a range of settings, including hospitals and the community and home. In recognition of the pivotal role of the family to the child's health and wellbeing, the children's nurse will take into account that it is the family as a whole which is facing illness, and not just the ill child. A partnership will be

* Also known as Paediatric Nursing. For simplicity, the terms Children's nursing and Children's nurse will be used throughout this document.

established between the children's nurse and the family, to provide care, promote health and or adjustment/adaptation to chronic ill health or long-term illness. A key responsibility of the children's nurse will be to facilitate coping abilities and educate the family to take on health care responsibilities wherever appropriate or necessary. In this way, the role of the children's nurse will be complementary to and supportive of that of the School Health Nurse and the Family Health Nurse (WHO 2000b).

2. The Children's Nursing course

2.1 Aims

The aims of the course and of the curriculum are to:

- extend the knowledge and skills of nurses in the assessment and promotion of health and the care of sick children within the context of the family, across a range of clinical and community settings;
- provide an advanced educational experience which will develop the student's intellectual and imaginative abilities in order to facilitate the development of independent judgement and problem-solving skills;
- develop the student's ability to respond to changing needs in children's nursing in an analytical way;
- develop the student's critical awareness of relevant research findings and facilitate integration of these findings into children's nursing practice; and
- provide leadership which is appropriate in the context of children's nursing and which is underpinned by knowledge and understanding of relevant nursing and social theories and conceptual frameworks.

2.2 Structure, length and mode of delivery

The curriculum is structured in modules or units of study, several of which combine both theory and practice elements. The length of the course must be sufficient to enable the student, on successful completion, to achieve the specified competencies or learning outcomes, the academic award and the specialist nurse qualification relevant to the course, and is normally of 40 weeks. Each week of the course is calculated as comprising 30 hours, which gives a total of 1200 hours. The preferred mode of delivery is full-time. Flexibility to deliver the course in a part-time mode or by distance/on-line learning should be open to negotiation, depending upon each Member State's resources.

The course is based on the philosophy of the children's nurse as a reflective, lifelong learner (Figure 2, Section 2.6). It emphasizes the importance of the integration of theory and practice, which should be, wherever possible, evidence-based.

2.3 Entry requirements

Course participants will be nurses who have successfully completed an initial nursing education programme, as described in the WHO European Strategy for Nursing and Midwifery Education

entitled “Nurses and midwives for health: A WHO European strategy for nursing and midwifery education” (WHO 2000) or its equivalent. They should have a minimum of two years post-qualifying experience.

2.4 Competencies or learning outcomes

The competencies or learning outcomes of the course have been developed to demonstrate achievement of both theoretical and clinical learning in the following areas:

- Specialist clinical practice
- Care and programme management
- Clinical practice leadership
- Clinical practice development.

These are detailed in the Continuing Education Strategy (WHO 2003) and are based upon the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC 1998) standards for specialist education and practice, as adapted to children’s nursing. Underpinning knowledge will be delivered in the theoretical component of the course and the students will be expected to integrate and apply this knowledge in children’s nursing practice.

On successful completion of the course, the student will be competent to:

- assess the health and development of children in the age group 0–17 years;
- identify factors which contribute to or inhibit health in childhood, including the effects of the family and of the wider environment;
- recognize the signs of acute and chronic illness in childhood and the significance of these to health in later life;
- assess, plan, implement and evaluate care formulated from decisions based on ethical principles and up-to-date evidence/research;
- illustrate safe and effective practice in the administration and disposal of drugs used in the care of the sick child;
- communicate with the child and family in ways which are appropriate, i.e. taking specific account of their age, ability, language and culture, and of the context of the situation, e.g. the degree of anxiety and stress;
- demonstrate empathy with the child’s and family’s situation and promote coping and adaptation whenever possible;
- systematic, accurate and timely completion of nursing documentation;
- protect the rights of children as stipulated within the United Nations Convention on the Rights of the Child (United Kingdom Committee for UNICEF 2000) and their rights as patients according to their national legislation;
- promote the participation of children in all decisions affecting them, according to their age and ability;
- empower the child’s family to share in decision-making about their child’s care and to take responsibility for their health;

- analyse management and leadership theories and demonstrate their application in professional practice;
- analyse professional and legal issues in children's nursing and apply these to clinical practice.

2.4.1 Care scenarios

To aid understanding of the role of the children's nurse, and of the advanced knowledge, skills and attitudes the children's nurse will require to master, a portfolio of four care scenarios is given. These scenarios, each concluding with a brief commentary, provide just a very small illustrative glimpse into the complex range of nursing care situations across the age range within which a children's nurse may practise.

2.5 Curriculum Content

The curriculum will be delivered in a series of seven modules. In order to complete the course, the student must successfully complete all modules. While all of the modules offer the knowledge needed to develop a reflective and competent children's nurse, modules one, three, five and six specifically focus on generic transferable knowledge and skills which are applicable for all nurses working in a specialist role. These modules form the "core curriculum" and feature as part of all the other WHO European Specialist Nursing curricula.

2.6 Teaching/learning and assessment strategies

These strategies will stimulate learning at all six levels of cognitive skills, as described by Bloom (1956) in his seminal text. The teaching/learning and assessment strategies employed in the course should be congruent with the principles of andragogy, the rationale for which is that teachers and students will bring to the course existing competencies – relevant knowledge, skills and attitudes – to contribute to a mutually educative process. Overall, emphasis will be placed on interactive approaches. Active student participation, facilitated by nurse teachers (who have a role both in the university setting and in clinical practice) and by mentors (in practice/clinical areas) is considered to be the optimum way of achieving learning outcomes. There will continue to be a place for the didactic lecture, but it is envisaged that this will constitute a relatively minor proportion of the curriculum. The latest educational technology available in the particular Member State, including where feasible on-line or E-learning and video-conferencing, should be used to enhance teaching and learning.

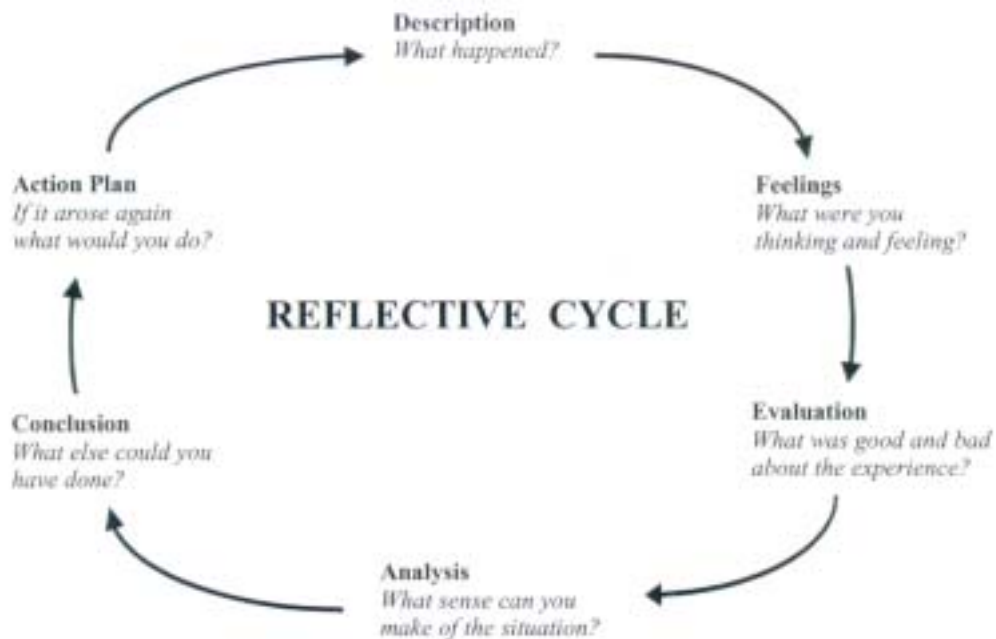
A key objective will be the use of "reflection" as a means of learning from and developing expert practice (Figure 2). This will require the student to maintain a reflective diary/journal for the duration of the course. Case studies, critical incidents and care scenarios will form the focus for a reflective, problem-solving approach to learning.

Assessment methods should be supportive of the adult learning approach, should promote the integration of theory and practice, be research/evidence based and include a variety of methods. Assessment will enable the measurement of the student's progress and achievement in relation to the prescribed competencies/learning outcomes of the children's nursing course.

The success of the teaching/learning and assessment strategies will depend critically on the availability and deployment of appropriately qualified and prepared nurse educators who are

committed to the philosophy of adult learning approaches. In addition, such interactive and problem-solving approaches must be supported by an environment which is conducive to learning. This must include attention to the provision of adequate space, library facilities and other technological resources, all of which should be borne in mind at the planning stage.

Figure 2. The Reflective Cycle
Gibbs 1988



2.7 Supervision of practice

Clinical practice should be undertaken under the auspices of a suitably experienced children's nurse, who will ensure that the students gain the relevant experience during the period of clinical practice. The clinical practice assessment should be designed to demonstrate achievement of the clinical learning outcomes.

Supervisors are responsible for guiding students through clinical practice periods as well as making an assessment of the student's competence to practise by the end of the clinical experience. The course leader should retain responsibility for the student throughout this period and should liaise with the student and supervisor as appropriate.

2.8 Optimum student intake and teacher/student ratio

As interactive adult teaching/learning and assessment strategies will be used throughout the course, which will include the requirement for clinical supervision, the optimum intake per course is likely to be 30 students. The ideal teacher-student ratio should not exceed 1:10, i.e. one teacher per ten students.

2.9 Accreditation with ECTS points

Each module is assigned credit points using the European Credit Transfer System (ECTS). The ECTS system has been chosen because the European Community Directives guide nursing and midwifery education for all European Union (EU) countries and those accession countries which become members of the EU (European Commission 1989). Credits are “a numerical value allocated to course units (modules) to describe the student workload required to complete them” (European Commission 1995). In other words the number of points does not reflect only the direct contact hours, e.g. while the student is attending a lecture, seminar, practical skills demonstration or tutorial and is in direct contact with the teacher, but also includes the number of hours which the student is expected to devote to independent study or practising of skills. Credit points take into account the learning in both the university, i.e. the theory component of a module, and in practice placements. The total number of ECTS credits for an academic year is 60. Their apportionment per module reflects the length of that module, calculated in weeks and number of hours. A week is taken as comprising 30 hours, and 20 hours equates to one ECTS credit point. Thus, a two-week, 60-hour module earns three credit points and a 16-week, 480-hour module earns 24 credit points. The overall length of the course is 40 weeks or 1200 hours which equate to 60 ECTS credit points. Further information on this system and its application to nursing education can be found in Section 8 of the Guidelines prepared to assist Member States with implementation of the initial Education Strategy (WHO 2001b).

2.10 Quality control and evaluation

External audit will be essential to evaluate the quality and standards of the course, as evidenced by the curriculum design, the teaching/learning strategies, the marking of student assessments and the results in both academic work and in practice learning outcomes. Curriculum evaluation should be carried out by teachers, students and also by those providing the service, i.e. children’s nursing managers and existing children’s nurses.

3. Teachers and mentors

The types of teaching/learning and assessment strategies considered essential for this curriculum are challenging for teachers, mentors and students. It is therefore important, if they are to be effectively delivered, that only qualified nurse teachers and mentors are involved. The setting up of structures to ensure peer group support and close liaison between teachers and mentors will be particularly important in the early years, as there may be no role models either in education or in practice.

Teachers of the children’s nursing course must:

- hold a degree at an academic level equivalent to the requirements for university or equivalent institute teachers in the country;
- hold a teaching qualification in order to apply appropriately the full range of research-based teaching, learning and assessment strategies within the theory and clinical components of the curriculum;
- hold the qualification to which the programme leads, or be able to provide evidence of updating of knowledge, skills and attitudes relevant to children’s nursing;

- teach and/or work within children's nursing;
- take responsibility for the clinical supervision of the nurse on practice placement, and share this responsibility with their clinical mentor.

The children's nurse who is acting as mentor must be experienced in children's nursing and must hold the appropriate academic qualification.

4. Location of the course

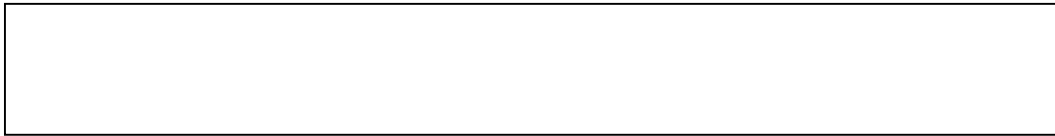
The theoretical component of the course should be delivered in a university or equivalent institute. Practice elements will take place in hospitals, family homes, clinics/dispensaries, kindergartens and schools. To observe the effects of separation and loss on children, and where feasible, practice placements may include institutions such as orphanages, refugee camps and/or children's homes.

5. Qualification on successful completion of the course

On successful completion of the curriculum the nurse will receive the specialist qualification and postgraduate academic award of "Children's Nurse". The specialist qualification will be formally recorded in accordance with the country's legislative and regulatory system for nursing and nurses.

6. Course content – Modules One to Seven

An overview of the curriculum, and descriptions of the modules which comprise the curriculum are given in the following pages. It should be noted that a number of concepts and subjects introduced in one module are revisited and further developed in another. As knowledge and experience are gained, students will be able to view these concepts and subjects from different aspects and build upon their earlier learning and experience.



Module One
INTRODUCTORY MODULE
Concepts, Practice and Theory
2 weeks – 60 hours
ECTS credits – 3

Module Two
CHILDREN'S NURSING I
The Healthy Child in the Context of
the Family and Community
8 weeks – 240 hours
ECTS credits – 12

Module Three
INFORMATION MANAGEMENT
AND RESEARCH
2 weeks – 60 hours
ECTS credits – 3

Module Four
CHILDREN'S NURSING II
The Sick Child requiring
Nursing Intervention
14 weeks – 420 hours
ECTS credits – 21

Module Five
DECISION-MAKING
2 weeks – 60 hours
ECTS credits – 3

Module Six
LEADERSHIP AND
MANAGING RESOURCES
2 weeks – 60 hours
ECTS credits – 3

Module Seven
CHILDREN'S NURSING III
The Child with Chronic Illness and Long-term Care Needs:
Working across the Acute/Primary Care Interface
10 weeks – 300 hours
ECTS credits – 15

**WHO Regional Office for Europe
Children's Nursing Curriculum**

MODULE ONE

Title: Introductory Module
 Concepts, Practice and Theory

Duration: 2 weeks – 60 hours

ECTS Credit points: 3

Module Content Summary

This module introduces the student to the key concepts which have shaped the children's nursing curriculum. The approach will encourage the student to build upon, integrate and expand their existing knowledge, skills and experience using the new knowledge and experiences which will be gained as a result of studying the curriculum. The close relationship between the practice of nursing and the theoretical and research knowledge related to nursing will be explored using examples from children's nursing. The teaching and learning strategies will encourage the nurse to get to know her fellow students and to share professional knowledge and experiences. The value of debate about the relevance of the theoretical content to children's nursing practice will be explored.

This module will take place in the university or equivalent institute setting.

Syllabus

The Children's Nurse
Typical care scenarios (See Portfolio of Care Scenarios)
The competency-based and research-based curriculum
Concept of competence
Androgogy – appropriate teaching and learning strategies for students and for adult patients
Facilitation of learning
Problem-solving
Teamwork
Debating as a form of constructive challenge
Analytical and critical thinking and its relationship to the practice of children's nursing
Continuing professional development/lifelong learning

Competencies or Learning Outcomes

On completion of this module, the student will be able to demonstrate:

- understanding of how previous learning and experience can inform and enrich the new knowledge and skills necessary for the practice of children's nursing;
 - knowledge of a variety of teaching and learning strategies which may be appropriate to the education of nurses and of child patients and their families;
 - an understanding of competence and its relevance in nursing practice and in the team approach to care;
 - an analytic and critical approach to discussion and constructive debate about nursing issues;
 - a commitment to lifelong learning and continuing professional development.
-

Reading List

WHO publications

National and international literature covering the syllabus

Where accessible – On-line and distance learning materials

Relevant Internet sites:

Centre for Evidence-Based Child Health – <http://www.ich.bpmf.ac.uk/ebm/ebm.htm>

Centre for Evidence-Based Nursing – <http://www.york.ac.uk/depts/hstd/centres/evidence/ev-intro.htm>

Netting the Evidence: An introduction to evidence-based practice on the Internet – <http://www.shef.ac.uk/-schar>

Teaching/learning Strategies

Lecture (key concepts)

Reflective exercises

Group work

Case studies

Seminars

Debate and discussion

Assessment Methods

Dates on which assignments are due:

Format of assignment:

Examination – multiple choice and short answer questions – 50% of whole

Short essay – approximately 600 words – 50% of whole

The student will choose a concept from those listed in the syllabus and discuss the relevance of the chosen concept to her personal understanding, at this early stage of the course, of what will be expected of her as a qualified Children's Nurse.

Examination: Mark awarded%

Essay: Mark awarded%

Aggregate mark for module (out of 100%)%

**WHO Regional Office for Europe
Children's Nursing Curriculum**

MODULE TWO

Title: Children's Nursing I
The healthy child in the context of family and community

Duration: 8 weeks – 240 hours

ECTS Credit points: 12

Module Content Summary

This module aims to further develop and deepen the student's theoretical knowledge of the physical and psychosocial aspects of healthy child development. Critical analysis of the concept of normality will be encouraged. The effects of the environment and the crucial role of the family on healthy growth and development will be examined. An exploration of the role of health care workers in child health surveillance, health promotion and child protection will also be included. This theoretical knowledge will be applied to the observation and interaction with children in their normal everyday environments.

50% of this module will be based in the university or equivalent institute setting.
50% will be practice-based, e.g. within kindergartens, schools and health centres/dispensaries.

Syllabus

Child growth and development:

Physical and physiological – birth to 17 years of age

Assessment of developmental milestones

Measurement of growth

Genetics and the role of inheritance

Physiological and emotional differences in childhood and from onset of puberty

Sexual development and puberty

Homeostasis

Immunity

Nutrition

The nature of "families":

Definitions of family

Different family forms

The family/society interface

Family ideologies

Genograms and ecomaps

Theories of psychological development:

- Attachment theory and the effects of separation and loss
- Stages of development and variations within these
- Cognitive development
- Social learning theory
- Sensory-motor development
- Personality development
- Moral development

Social, cultural, ethnic and environmental factors in human development:

- Cultural norms and differences
- Influences of culture and ethnicity
- Effects of socioeconomic circumstances, including poverty, deprivation
- Legislation and social policy related to child care and education
- Voluntary and statutory support
- Effects of the environment on development
- Play – significance, theories and promotion
- Children’s rights – their recognition and promotion

Communication and counselling skills:

- Listening and responding
- Sociocultural influences on family communication
- Family communication patterns – functional and dysfunctional
- Communication breakdown – within families and between families, carers and professionals

Communicating effectively with children of differing stages of development:

- Language acquisition
- Language development
- Verbal and nonverbal communication

Child surveillance and health promotion strategies:

- The primary health care team – role and function
- Methods and effectiveness of health surveillance
- Strategies for health education/promotion
- Immunization and vaccination
- Morbidity and mortality
- First aid

Social policies related to child abuse/child protection and the implementation of relevant national legislation:

- Implications of abuse for the child and for the family
- Child protection agencies – role and function

Competencies or Learning Outcomes

On completion of this module, and in relation to the care of children of all ages, the student will be able to:

- apply knowledge and understanding of theories of psychological development;
- apply knowledge and understanding of social, cultural, ethnic and environmental factors in human development;
- demonstrate knowledge of policies related to child abuse and/or child protection;

- work effectively with representatives of child protection agencies;
- practise at all times in such a way as to ensure children's rights are protected;
- communicate effectively with children and with their families;
- identify barriers to effective communication;
- implement and evaluate child surveillance and health promotion strategies;
- conduct immunization and vaccination programmes;
- administer first aid effectively in emergencies.

Reading List

WHO publications

National and international literature covering the syllabus

Where accessible – On-line or distance learning materials

The United Nations Convention on the Rights of the Child

Relevant Internet sites, for example:

The children's environmental health network – <http://www.cehn.org>

The children's rights information network (CRIN) – <http://www.crin.org>

Teaching/learning Strategies

Lectures

Case Studies

Seminar presentations

Observational exercises

Discussions

Debate

Group work

Role play

Incident analysis

Reflection/independent learning

Assignment Methods

Dates on which assignments are due:

Format of assignments:

One essay of 2000 to 2500 words – 30% of whole

The student will choose one subject from the syllabus and, using available literature, will demonstrate understanding of that subject in relation to children's nursing.

Preparation of a clinical learning portfolio demonstrating achievement of each of the clinical practice learning outcomes for the module – 30% of whole.

Clinical Assessment demonstrating achievement of learning outcomes of the module – 40% of whole.

Essay: Mark awarded%

Clinical Portfolio: Mark awarded.....%

Clinical Assessment: Mark awarded%

Aggregate mark for module (out of 100%):%

**WHO Regional Office for Europe
Children's Nursing Curriculum**

MODULE THREE

Title: Information Management and Research
Duration: 2 weeks – 60 hours

ECTS Credit Points: 3

Module Content Summary

This module will enable students to extend their knowledge in relation to applied aspects of information management and research. It will develop their understanding of approaches to information management and the research process, ethical issues in relation to obtaining informed consent from participants in research, confidentiality and security of data and the communication of results of relevance to practice. The research component will have a particular focus on studies and evidence which contribute to knowledge within the field of children's nursing.

80% of this module will be based in the university or equivalent institute setting.
20% of this module will be practice-based.

Syllabus

Sources/types of information, knowledge and evidence
Analytical and critical thinking, critical appraisal and constructive questioning of practice
The research process, research design and methods
Basic statistics – interpreting demographic and statistical data, summarising data and drawing conclusions
Identifying and measuring outcomes
Information management and information technology
Documentation – structure and standardization
National and local information systems
Report writing
Core/minimum data sets
Ethical issues, confidentiality and security of data/records

Competencies or Learning outcomes

On completion of this module, the student will be able to demonstrate the ability effectively to:

- analyse different sources of information and apply as appropriate to practice;
 - seek out and interpret relevant statistical data and research of relevance to children's nursing;
 - set measurable outcomes for nursing practice;
 - appraise and appropriately utilize developments in information technology;
 - maintain accurate, clear and timely records;
 - maintain confidentiality of data;
 - utilize knowledge and information gained through the practice of nursing in an ethical manner.
-

Reading List

WHO publications

National and international literature covering the syllabus

Where accessible – On-line and distance learning materials

Teaching/learning Strategies

Lectures

Group work

Student-led seminars

Discussions

Case study presentations

Mentor support

Assessment methods

Date on which assignment is due:

Format of assignment:

Essay – *either* a critical review of a research study relevant to children's nursing *or* an analysis and critique of epidemiological data related to the incidence of national child care priorities (100% of whole).

Mark awarded.....%

**WHO Regional Office for Europe
Children's Nursing Curriculum**

MODULE FOUR

Title: Children's Nursing II
The Sick Child requiring Nursing Intervention

Duration: 14 weeks – 420 hours

ECTS Credit Points: 21

Module Content Summary

The aim of this module is to increase the student's knowledge and expertise in the care of the acutely ill child, and of children suffering from emotional and/or psychological disturbance. Students will be given opportunities to further develop their understanding of physiology and pharmacology relevant to the care of these children, and to review their monitoring, diagnostic and multidisciplinary management. The practice component of the module will provide the student with the opportunity to apply this knowledge and to practise the related skills, in their holistic nursing care of the child patient, working individually and as a member of the multidisciplinary team.

50% of this module will be based in the university or equivalent institute setting.

50% will be practice-based, i.e. will take place within a children's ward or unit in a hospital or within a community or home setting where children are cared for.

Syllabus

Epidemiology – national incidence and nature of childhood accidents and illness and local variations if relevant

Pathophysiology, causation and treatment of acute and chronic illness in children:

Common medical conditions

Common surgical conditions, including orthopaedic

Shock and dehydration

Homeostasis and the effects of imbalance

Compensation mechanisms

Altered physiology

Investigative methods and age-related normal values

Trauma, including road traffic accidents, accidental poisoning, burns, fractures, head injury

Physiology and assessment of pain

Infectious diseases of childhood

Infection control

Emotional, psychological and behavioural problems in children
Effects on children of disaster, war and separation from family
Mental illness in children
Self-harm and suicide
Promotion of positive mental health
Assessment and monitoring of children:
 Methods of assessment and assessment tools
 Observation skills
 Eliciting information from a child
Assessment, planning, intervention and evaluation of evidence-based nursing care of the acutely ill child and the child suffering from chronic illness
Care of the dying child and of her/his family
Bereavement counselling and support:
 Accurate and timely measurement of vital signs
 Calculation and administration of drugs
 Maintaining nutrition, fluid and electrolyte balance
Critical review of models of nursing for their appropriateness in nursing care of children
Psychosocial aspects of childhood illness and hospitalization, including effects of hospitalization on children and their family
Explaining illness, treatment and nursing procedures to children
Informed consent
Planning and delivery of family-centred care
Health education and health promotion in hospital settings

Competencies or Learning Outcomes

On completion of this module, the student will be able to:

- assess, plan, implement and evaluate evidence-based nursing care of children suffering from physical and/or mental illness, whether acute or chronic;
- demonstrate understanding of the pathophysiology of childhood diseases, whether acute or chronic, in order to provide a rationale for care;
- complete accurate, clear and timely records;
- interpret results of monitoring of vital signs and communicate these and their significance and possible consequences to relevant members of the nursing and multidisciplinary team;
- promptly report any suspected signs of child abuse;
- accurately assess and record pain, utilising valid and reliable tools appropriate to the age of the child;
- calculate and check drug dosages, routes of administration and the response of the child;
- initiate prompt and appropriate action in the case of suspected deterioration of the child's condition;
- provide clear and understandable information to the child patient and her/his family;
- provide appropriate health promotion and health education for the child and family;
- evaluate the effectiveness of health promotion strategies;

- ensure protection of children's rights;
- practise at all times to high ethical standards;
- work effectively with social, voluntary and other agencies which care for children and work in the interests of protecting their rights;
- demonstrate effective and sensitive holistic care of the dying child and of her/his family.

Reading List

WHO publications

National and international literature covering the syllabus

Where accessible – On-line or distance learning materials

Relevant Internet sites:

Centre for Evidence-Based Child Health – <http://www.ich.bpmf.ac.uk/ebm/ebm.htm>

Centre for Evidence-Based Nursing – <http://www.york.ac.uk/depts/hstd/centres/evidence/ev-intro.htm>

Netting the Evidence: An introduction to evidence-based practice on the Internet – <http://www.shef.ac.uk/-schar>

Action for Sick Children – <http://www.actionforsickchildren.org>

Teaching/learning Strategies

Lectures	Tutorials	Critical incident analysis
Group work/discussion	Practice demonstrations	Reflective diaries
Clinical ward rounds	Role play	Practical workshops

Assessment Methods

Date on which assignments are due:

Examination – multiple choice and questions requiring short answers – 30% of whole

Nursing Care Study – 30% of whole – 2000–2500 words

The student will base her/his care study on one child patient s/he has nursed and demonstrate application of knowledge gained during this module to the care of that patient.

Clinical Assessment demonstrating achievement of learning outcomes of the module – 40% of whole

Examination: Mark awarded.....%
Nursing Care Study: Mark awarded.....%
Clinical Assessment: Mark awarded.....%

Aggregate mark for module (out of 100%)

**WHO Regional Office for Europe
Children's Nursing Curriculum**

MODULE FIVE

Title: Decision-making
Duration: 2 weeks – 60 hours
ECTS Credit Points: 3

Module Content Summary

This module will enable students to extend their knowledge of decision-making processes, typology and skills in preparation for their future role as children's nurses.

66% of this module will be based in the university or equivalent institute setting.
34% of this module will be practice-based.

Syllabus

Decision-making – theories, processes, skills
Diagnostic reasoning, therapeutic, clinical
Concepts of accountability, responsibility and autonomy in decision-making
Critical thinking in practice
Ethical issues and involvement of the patient and carer in decision-making
Strategic decision-making
Prioritizing care
Rationing care
Legal aspects in relation to practice

Competencies or Learning outcomes

On completion of this module, the student will be able to:

- demonstrate an understanding of the complexities of clinical decision-making;
- analyse and describe examples of decision-making in relation to her/his care of child patients;
- describe the exercise of accountability and responsibility in relation to her/his care of child patients;

- differentiate between strategic and clinical/ethical decision-making in nursing;
 - discuss the rationale for involving child patients and families in decision-making about their care, ways of doing so and the implications of such involvement;
 - state the key principles which guide the rationing and the prioritization of care in the student's country;
 - outline the law in relation to nursing in her/his country and the implications for children's nursing.
-

Reading List

WHO publications
National and international literature covering the syllabus
Where accessible – On-line and distance learning materials

Teaching/learning Strategies

Lectures	Discussions
Group work	Case study presentations
Student-led seminars	Mentor support

Assessment methods

Date on which assignment is due:

Format of assignment:

Examination – multiple choice and short answer questions – 100% of whole

Mark awarded.....%

**WHO Regional Office for Europe
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MODULE SIX

Title: Leadership and Managing Resources

Duration: 2 weeks – 60 hours

ECTS Credit Points: 3

Module Content Summary

This module will enable students to explore aspects of leadership and of management which have relevance in children's nursing practice. Key principles of effective multidisciplinary team working will be analysed and applied to children's nursing practice, and students will gain an understanding of the complex nature of organizational change.

50% of this module will be based in the university or equivalent institute setting.
50% of this module will be practice-based.

Syllabus

The concept of leadership – theories, processes and skills
Management – theories and processes
Managing human resources
The child patient and her/his family as a resource
Care management
Organization and management of the children's nursing service
Delegation of duties and responsibilities
Budgetary control
Time management
Management of change
Working as a multidisciplinary team member
Working with statutory, voluntary and private agencies involved in child care provision
Standard setting and quality assurance systems

Competencies or Learning Outcomes

On completion of this module, the student will be able to:

- demonstrate understanding of leadership principles and processes and their application in children’s nursing practice;
- demonstrate an understanding of management principles and processes and their application in to the organization and management of the children’s nursing service;
- analyse the relative merits of different methods of workload measurement, in relation to the children’s nursing settings;
- utilize the children’s nursing staffing protocols in scheduling adequate staffing cover, reporting when safe levels cannot be achieved;
- demonstrate knowledge of different methods of care management and effective delegation;
- appropriately manage her/his time both when on duty in children’s nursing settings and when studying;
- show awareness of how the children’s nursing service budget is managed;
- play a full part in maintaining standards and in contributing to quality assurance monitoring;
- demonstrate in practice the team member role of the children’s nurse.

Reading List

WHO publications
National and international literature covering the syllabus
Where accessible – On-line and distance learning materials

Teaching/learning Strategies

Lectures	Discussions
Practice in scheduling work rotation	Mentor support

Assessment methods

Date on which assignment is due:
Format of assignment: Essay of 1000–1500 words focussing on analysis of one concept from the syllabus and its application to practice in the critical care environment – 100% of whole

Mark awarded.....%

**WHO Regional Office for Europe
Children's Nursing Curriculum**

MODULE SEVEN

Title: Children's Nursing III
The Child with Chronic Illness and Long-term Care Needs:
Working across the Acute/Primary Care Interface

Duration: 10 weeks – 300 hours

ECTS Credit Points: 15

Module Content Summary

The aim of this module is to equip the student with the knowledge and skills to provide ongoing care and support to children with long term or chronic illness and to children suffering from cancer, and/or learning disability and their families. Emphasis will be placed on the role of the family and, if relevant, the role of the school, in the ongoing care needs of the ill child. Existing skills will be further developed and deepened and new skills will be acquired. The adaptation of skills from hospital to the home environment will be an important component of the learning within this module.

50% of this module will be based in the university or equivalent institute setting.
50% will be based in the practice-based in both hospital and home settings.

Syllabus

Incidence, causation and nature of chronic illness and disability in children
Childhood cancers – nature, causation and treatment
Inheritance, genetics
Epidemiology
Intrauterine environment
Common disorders, including:
 Birth trauma
 Cerebral palsy
 Muscular dystrophy
 Neuro-degenerative disorders
 Cystic fibrosis
 Metabolic disorders
 Diabetes
 Asthma

Advantages and disadvantages of home care for the child, the family and for health care providers

Effects of hospitalization – on the child and on family functioning

Hospital/primary care interface – working effectively across boundaries

Implications of home as the location of care

Caring for the gravely ill child, including children with cancer

Interface between professionals and family carers

Educating the child patient and families for home care

Cultural differences in attitudes to hospitalization and home care

Financial implications of care at home – for the family and for service providers

Working as a member of the multidisciplinary health care and social care teams

Assessment of the child and family in their home environment, in relation to the care of the child in relation to:

Physical, physiological and psychological functions

Drug regime, understanding and compliance

Nutrition

Coping mechanisms

Symptom control

Working in partnership with families, e.g. to plan care and maximize the child and family's potential for health and development.

The concept of empowerment

Child and family rights

Conceptual models of care appropriate to home care

Promotion of optimum independence

Therapeutic interventions to promote self esteem and quality of life

Specific psychosocial and educational needs of the child and of their family when the child is being nursed at home

Health promotion and health education in the home setting

Evaluation of care within the home/community environment

Competencies or Learning Outcomes

On completion of this module, the student will be able to:

- discuss the incidence, causation and nature of chronic illness and disability in children;
- evaluate the advantages and disadvantages of home care for the child, for the family and for the home care providers;
- assess, plan, implement and evaluate the needs of the child being cared for at home, and the needs of her/his family;
- work in partnership with the child and family to assist and support them to maximize their abilities to cope with the child's illness or disability and their potential for improved health and wellbeing;
- provide support and care when a child is dying;
- contribute to bereavement support and counselling following the death of a child.

Teaching/learning Strategies

Lectures	Reflective diaries
Group work	Case studies
Practical demonstrations	Tutorials
Role play	

Assessment Methods

Dates on which assignments are due

Format of assignments:

A clinical portfolio which will include in-depth analysis of a specific area of evidence-based children's nursing practice – 50% of whole

Assessment in practice of demonstration of achievement of the competencies of a children's nurse – 50% of whole

Clinical Portfolio: Mark awarded.....%
Competency assessment: Mark awarded.....%
Aggregate mark for module (out of 100%)

Portfolio of Care Scenarios

These depict four illustrative examples of Children's Nursing.

Care Scenario 1. Care of a six-week-old baby suffering from vomiting and diarrhoea

Six-week-old David has been brought to the evening emergency clinic by his mother. She reports that the baby vomited his morning feed, has had several very loose stools and he is now reluctant to feed. This is her first baby and she is very worried.

The nurse diagnoses the condition of gastroenteritis, and as the cause of death in gastroenteritis is dehydration, the first action which the nurse takes is to assess little David's level of dehydration. He appears alert, the mucous membranes of his mouth and lips are slightly dry, his fontanelle and eyes are not sunken, his heart rate, blood pressure, skin turgor (elasticity) are normal and his capillary refill time is less than two seconds. Her professional judgment is that little David has mild dehydration, i.e. < 5% body weight loss.

The nurse informs the mother that her baby has gastroenteritis, which is most probably due to infection by a virus. She reassures her that her baby has only mild dehydration and commends her for seeking help early. She recommends substitution of David's normal feeds with an oral rehydration fluid, which should be fed to him until his vomiting and diarrhoea subside, which is usually within 24 hours. Normal feeds can then be introduced immediately. There is no need for gradual resumption of feeds.

David's mother is asked to return to the clinic with her baby if she is at all worried or if the symptoms persist.

The nurse also informs the family health nurse and asks her to visit the mother to offer support and reassurance. The visit could also be used to reinforce teaching of basic hygiene precautions and sterilization of feeding bottles and equipment.

Commentary

The children's nurse knows that in developing countries gastroenteritis is responsible for approximately five million infant deaths per year. In developed countries, although mortality from gastroenteritis has reduced considerably over the past few years, it is still an important cause of infant deaths. Infants are at greater risk from dehydration because of their:

- higher basal fluid requirements (100–120 ml/kg/day)
- higher surface area to weight ratio, leading to greater insensible water losses
- immature renal tubular function.

The most common cause of gastroenteritis in developed countries is rotavirus infection which accounts for 60% of cases in children less than two years. Bacterial causes are less common. All acute diarrhoeal illnesses require fluid replacement either via the oral or intravenous routes. For mild to moderate dehydration, giving of fluids orally or by naso-gastric tube is the preferred method of rehydration – 100ml/kg. If there is no rapid improvement in the symptoms or state of

hydration, then intravenous fluids should be given. Support and advice regarding hygiene and sterilization should be an essential part of the care in this situation.

Care Scenario 2. Care of a two-year-old girl with pyrexia

Katie, aged two years, is the youngest child of parents who have two other children, a boy aged seven years and girl aged five years.

Katie has been admitted to the Children's (Paediatric) ward of the town's major hospital, following a referral from the family doctor. Katie has been unwell for the past 24 hours and has become increasingly hot and lethargic over the past three to four hours.

The children's nurse immediately informs the doctor on duty of Katie's arrival. Being careful not to separate the child and mother, she assesses the child. During her assessment of Katie, the nurse asks her mother about the onset of the illness and what signs and/or symptoms she noticed. She takes the little girl's temperature, using an aural (ear) thermometer and records it to be 39.8°C. Katie clearly does not like to be disturbed, but she is alert and responsive. Her heart and respiratory rate are increased. Her skin, including the palms of her hands and soles of her feet are examined for signs of any rash. Her ears and throat are examined for signs of inflammation.

The nurse decides to give Katie a child's dose of a tablet for the relief of her pain. In doing this, she is following ward procedures which permit a nurse to prescribe certain drugs for patients. She also places a urine specimen bag in position, and then applies a local anaesthetic cream to the area of Katie's arm from which she expects the doctor to take a sample of venous blood and prepares the equipment for venepuncture and for a lumbar puncture, in case the doctor should require this. When the doctor arrives, the nurse informs him of her findings from her assessment of Katie, and after the doctor has completed his own assessment of the child and taken a history from her mother, the nurse informs the mother and little Katie about what is going to be done. She assures them both that she will stay with them while the doctor takes a sample of blood and also performs a lumbar puncture in order to take a sample of cerebro-spinal fluid, a procedure with which she assists him. The samples of Katie's blood and cerebro-spinal fluid are sent to the laboratory for assessment and Katie is then transferred to a critical care unit where careful monitoring is undertaken, until the results of the initial investigations are known. Katie's mother is clearly very upset and worried, and the children's nurse conveys her empathy and works to establish a trusting professional relationship with her. She asks her if she wants to contact anyone, or if she needs to make arrangements for the other children. Katie's mother is not left alone with her at this anxious time and all information is given in a sensitive manner, giving her the opportunity to ask any questions.

When the laboratory results were returned, they demonstrated that Katie had *Haemophilus Influenzae meningitis*. This is a serious condition which can prove fatal if not treated quickly. The doctor prescribes a combination of intravenous antibiotics which are administered by the nurse. Over the course of the next 48 hours Katie's condition improves dramatically. As the nurse had established a close relationship with the family, it is much easier to talk with them, before Katie's discharge home, about the importance of immunization for child health and also about the need for Katie to have regular developmental health assessments, particularly of her hearing. The children's nurse liaises with the family health nurse and informs her in advance of Katie's discharge from hospital and of her care while there.

Commentary

A child with a raised temperature (pyrexia) is a very common cause of admission to paediatric health care services. The vast majority of febrile children can be cared for at home; however admission to hospital is justified if a serious bacterial infection is suspected. Assessment to determine the need for urgent medical intervention is an essential skill of a children's nurse. An understanding of the stress caused to the whole family system when a child is ill is also essential. Immunization against Haemophilus Influenzae infection is now available in many countries, but for a variety of reasons many children are not protected. The children's nurse uses her knowledge and communication skills sensitively to encourage Katie's mother to have her child immunized without at the same time making her feel guilty about the fact that her little daughter became ill with a life-threatening, but preventable infection. All children who have had meningitis should receive careful follow-up. Haemophilus Influenzae, for example, can have a particularly damaging effect on the eighth auditory nerve.

Care Scenario 3. A six-year-old boy who is admitted to hospital following a fall from his bicycle

Jonathan, aged six years, is admitted to the ward from the Accident and Emergency Department of his local hospital, following a road traffic accident. He was hit by a car on a busy road near his home. On arrival at the hospital, he is accompanied by his father. His mother is at home caring for his five brothers and sisters.

The children's nurse assesses Jonathan's condition on arrival. She knows from the history that this type of accident has the potential to cause serious head injury. She reviews the medical officer's notes and instructions. There is no sign of primary damage, such as cerebral laceration, and no signs or symptoms of other internal injuries.

Commentary

Head injury is a very common cause of death in children aged one to fifteen years of age. In the United Kingdom, it accounts for 15% of deaths in this age group and for 25% of deaths in the five to fifteen years age group. It is estimated that a boy has a 1:800 chance of a cycle-related accident. It will be useful for the nurses reading this account to search their own national statistics for data in relation to this form of injury. The main aim of the nursing care and management of Jonathan is to prevent secondary damage to the brain from hypoxia, infection and raised intracranial pressure. Jonathan requires careful and urgent assessment of his neurological status, in order to detect any signs and symptoms of raised intracranial pressure and this children's nurse commences immediately on his admission, and continues at 15 minute intervals. Frequent observations of his temperature, pulse, respiration, blood pressure and level of consciousness are extremely important, particularly as alterations in consciousness level tend to appear earlier than other changes and, together with a slowing pulse and respiration rate, are indications of bleeding into the cranium, causing pressure on the brain. Jonathan's pupils are also regularly checked for size, equality, reaction to light and accommodation. Jonathan's posture and general behaviour are also closely observed. If possible, the same nurse should perform the observations throughout a shift on duty, so that subtle changes can be quickly detected.

Care Scenario 4. The acute care of an adolescent girl, following a self harming incident

The distraught middle-aged parents of Jennifer, aged 15 years, arrive with her at the hospital Accident and Emergency Department early on a Saturday morning. Jennifer is an only child who has always disliked school. As a small child, she used to have recurrent bouts of abdominal pain, which often prevented her from attending school. Nowadays, she often refuses to go to school saying that she has no friends and is being bullied by several other girls. When Jennifer's parents complained about the bullying to the school staff, they felt they were not believed. No action was taken by the school and the parents were told that they were being "overprotective".

On arrival at the Accident and Emergency department, the children's nurse immediately notes the time and assesses Jennifer's condition. Observations of her temperature, pulse, respiration, blood pressure and level of consciousness are recorded. Jennifer is uncommunicative and does not answer questions, but her parents report that when she returned from school the previous evening she was quiet and withdrawn. On questioning her, she said that she had been bullied by a group of girls at school but gave no other information. During the evening, Jennifer vomited several times, and continued to vomit throughout the night. The next morning, her parents found her very difficult to wake and she was confused and incoherent. They immediately brought her to the hospital.

The children's nurse, having taken the brief history and recorded the vital signs, calls the emergency doctor and he inserts an intravenous cannula and takes blood for biochemical evaluation of barbiturate, salicylate and paracetamol levels and liver function. Intravenous fluids are commenced. Careful monitoring of Jennifer's vital signs is continued at 15 minute intervals.

Throughout this time, the nurse communicates with Jennifer sensitively in a nonjudgmental manner, appropriate to her age. The parents are also cared for in a sensitive manner, with empathy for their feelings and the shock which they are experiencing. There is also recognition that, however difficult, Jennifer's privacy and confidentiality must be maintained.

When the results of the investigations are known, it is found that Jennifer has taken an overdose of barbiturate tablets, which she found in her parents' bedroom. The nurse goes with the doctor when he tells Jennifer that this is what the tests have shown, and she is also present when he conveys this information to Jennifer's parents. Treatment is commenced immediately, and the children's nurse accompanies Jennifer to the paediatric ward where she is admitted and a full report given on her condition.

Commentary

The children's nurse in this situation where a child has attempted to take her own life must have a high level of expertise and knowledge. In order to assess Jennifer she must know the normal range for vital signs and other relevant observations in Jennifer's age group and the correct action to take if any of these are out with this acceptable range. The children's nurse will have considerable insight into and understanding of the particular stage of growth and development of a 15-year-old girl, a stage often called adolescence. She will know that adolescence is a complex period, which often can be particularly turbulent for some children. As Jennifer is an only child, her parents may be having difficulty adjusting to this life stage event. Throughout the nurse's time with Jennifer and her parents, she will be aware of the profound effect such an event will have on the whole family system. An open, nonjudgmental manner is adopted in all

communications and interactions and the way in which the family interact together at this time is observed. It is likely that an appointment will be made for Jennifer to see a psychiatrist, and for her parents to do likewise. If they agree to do this, follow up appointments will be made, so that Jennifer can be monitored.

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Glossary

For more detail on all these terms, please refer to the Guidelines to the WHO European Strategy for initial education for Nurses and Midwives (WHO 2001b)

Academic level

The level of difficulty of a subject. For example level one is commonly used to describe the first year studies in a baccalaureate degree, with levels two, three and four describing second, third and Honours year respectively. Masters level describes postgraduate studies at Masters degree. Doctoral level describes study at Doctor of Philosophy/Doctor of Science level. In general, the higher the level of difficulty, the more requirement there is for demonstration of analytical, critical, evaluative and innovative thinking.

Accreditation (of an institution, programme or curriculum)

A process, based on a system of external peer review, and using written standards, by which the quality of a university's activities and its educational programmes are assessed and, if satisfactory, approved.

Authority

The rightful power to take action. This subsumes the right to make decisions on what action is appropriate.

Clinical Supervision

A clinically focused professional relationship between a practitioner and appropriately prepared clinical supervisor.

Competencies

Broad composite statements, derived from nursing and midwifery practice, which describe a framework of skills reflecting knowledge, attitudes and psychomotor elements. The term "Learning Outcomes" is often used synonymously with "Competencies".

Competent

A level of performance demonstrating the effective application of knowledge, skill and judgment.

Continuing education

Education that builds on initial professional or vocational education.

Credit points

See Accreditation of prior learning.

E-learning

E-learning means electronic learning, (just as e-mail means electronic mail). E-learning is a form of distance learning. Course materials are on-line, students communicate with their lecturers via e-mail, lecturers give feedback via e-mail, assignments are sent in via e-mail and comments returned to students via e-mail. Systems may be set up to enable several students and their

lecturers to communicate via “chat rooms”, i.e. where questions and discussions can take place through e-mailing.

Fitness for purpose

Employers are primarily concerned about whether nurses and midwives are able to function competently in clinical practice. The speed of change in the context and content of health care makes it difficult to define fitness for purpose. Its meaning cannot be fixed. Fitness for purpose depends on the commitment of employers and of practising nursing and midwives to constant professional updating (Adapted from UKCC 1999).

Health care reform

Any intended change towards improvement of health care of the acutely and chronically ill, rehabilitation, case-finding, health promotion and maintenance, prevention of disease and disability and health education.

Learning Outcomes

See Competencies

Licence

See Registration

Mentor

An appropriately qualified and experienced person who, through example and facilitation, guides, assists and supports individuals in learning and in acquiring new attitudes. The term is particularly used in relation to supporting learning in practice settings.

Multiprofessional team/Multidisciplinary team

A team of health care professionals from different disciplines, e.g. nurses, midwives, physicians, physiotherapists, who work together towards a common goal which enables them to make the best use of their knowledge, skills and experience in providing patient care.

Network

A grouping of individuals, organizations and/or agencies organized generally on a non-hierarchical basis around some common theme or concern.

On-line learning

See E-learning

Patient

The real person who is the end-user in all our health systems. S/he is the human being who is meant to benefit from our efforts, but who, if reduced to a mere statistic, demonstrates that the heart has gone out of the profession. User(s) of health care services, whether healthy or sick.

Peer review

Scrutiny of the work, activities or output of individuals or a group by other individuals or groups who have qualifications and experience that are directly comparable to those of the people being scrutinized.

Practice placement

The clinical area to which nurses and/or midwives are allocated in order to undertake the practice components of their education. These clinical areas may be in hospital or community settings.

Programme

This term is synonymous with course, i.e. a course of study, and denotes the entire course, in all its elements. It may be a full-time or part-time programme or course, e.g. a degree, or a short course.

Promote health

The process of enabling individuals, families and communities to increase control over the determinants of health and thereby improve their health. An evolving concept that encompasses fostering lifestyles and other social, economic, environmental and personal factors conducive to health.

Prospective Analysis Questionnaire

A questionnaire, based on the Prospective Analysis Methodology (PAM), which is a process that facilitates decision-making, interchange of ideas and opinions, and recognition and development of a need to change.

Resources

Human resources, money, materials, skills, knowledge, techniques and time needed or available for the performance or support of action directed towards specified objectives.

Registration

A method of ensuring a record is maintained of those who are *bona fide* nurses and/or midwives, i.e. they have successfully completed the initial nursing and/or midwifery education programme which is required in their country. In several Member States it is necessary to regularly renew this registration. In order to do so, nurses and midwives must provide evidence of successful completion of continuing education relevant to their area of practice.

Specialist Nurse

A nurse who has successfully completed a post qualification course of study in a specific clinical field and who applies higher levels of judgement, discretion and decision-making in clinical care in order to improve the quality of patient care, meeting the needs of patients within the specialty and in the specific area of practice.

Standard

Statement of a defined level of quality or competence which is expected in a given set of circumstances. In nursing and midwifery, the statements identify and define the criteria which influence the quality or competence of the nursing/midwifery service, and clarify what is

expected in relation to the structures, processes and outcomes. A means of measuring the degree of excellence of an educational programme and of comparing the degree of excellence of one programme with that of others.

Strategies

Broad lines of action to be taken to achieve goals and objectives incorporating the identification of suitable points of intervention, the ways of ensuring the involvement of other sectors and the range of political, social, economic, managerial and technical factors, as well as constraints and ways of dealing with them.

Video-conference

The use of video to bring groups together for discussions and a sharing of views. Groups in geographically separate areas can be connected via video link and can see and hear each other.

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