Competency Based Transition to Pediatric Surgical Nursing Practice

**Purpose:** The purpose of this position statement is to address competency-based transition-to-practice programs for pediatric surgical nursing and disseminate to key stakeholders.

**APSNA Position:** The American Pediatric Surgical Nurses Association, Inc. (APSNA) believes and endorses the American Nurses Association’s (ANA, 2014) statement on professional role competence in that the public has a right to expect nurses to demonstrate competence throughout their careers. The nursing profession must shape and guide any process for assuring nurse competence. Regulatory bodies define minimal standards for regulation of practice to protect the public. The employer is responsible and accountable to provide an environment conducive to competent practice. The nurse is individually responsible and accountable for maintaining competence. Assurance of competence is the shared responsibility of the profession, regulatory bodies, employers, individual nurses, and other key stakeholders. Competence is definable, measurable, can be evaluated, and context determines what competencies are necessary.

**Background:** It is the responsibility of a professional organization to develop practice competencies. Competencies delineate the unique aspects of a particular area of practice and provide a model for entry into that practice.

The Institute of Medicine’s (IOM), Future of Nursing (2010) report mandated the following:

- The nursing profession must adopt a framework of continuous, lifelong learning that includes basic education, residency programs, and continuing competence. P. 60
- It should be noted that “competencies” here denotes not task-based proficiencies but higher-level competencies that represent the ability to demonstrate mastery over care management knowledge domains and that provide a foundation for decision-making skills under variety of clinical situations across all care settings. P. 229
- Competence at the specialty level will not be assessed or regulated by boards of nursing but rather by the professional organizations. P. 358
- Preparation in a specialty area of practice is optional but if included must build on the APRN role/population-focus competencies. P. 364
- Competency in the specialty areas could be acquired either by educational preparation or experience and assessed in a variety of ways through professional credentialing mechanisms (e.g., portfolios, examinations, etc.). p. 365

APSNA developed its strategic plan in 2015, using the IOM’s Report as a guide for strategic direction. Using 4 key messages from the IOM, APSNA determined that nurses working in pediatric surgical settings must be able to practice to the full extent of their education regardless of setting. APSNA furthermore identified the Pediatric Nursing Scope and Standards (2015) as the overarching framework for practice. A task force was developed to lead this strategic goal. The task force was asked to build from these scope and standards and develop competencies specific to nurse practitioners (NP) who practice in pediatric surgery settings; this would provide insight to the practice of NPs in the pediatric surgical areas of service. These competencies may be utilized to integrate them into education, preceptorship, and membership orientation to the organization and practice of pediatric surgery nursing.
The **competencies in this document** are intended to support the NP pursuing employment in pediatric surgery. In addition, these competencies along with the core competencies for all NPs, the population-focused NP competencies, and the advanced practice-nursing core curricula are intended to guide the preparation of NPs who plan to specialize in pediatric surgical care. The competencies provide a model for professional NPs upon entry into pediatric surgical care practice, but do not prescribe a scope of practice. As the practice of NPs in pediatric surgery care evolves, the requirements for competency will change. These competencies will be reviewed and updated periodically to reflect scientific advances and evidence-based practice changes in NP practice in pediatric surgery care.

References


**Brittney K. Anderson**, DNP, CPNP, Children’s Hospital Orange County, Orange, CA  
**Neil Ead**, MSN, CPNP, Hasbro Children’s Hospital, Providence, RI  
**Monique Jenkins**, PhD, ARNP, FNP-BC, Maimonides Medical Center, Brooklyn, NY  
**Raquel Pasarón**, DNP, ARNP, FNP-BD, Chair, Nicklaus Children’s Hospital, Miami, FL  
**Laura Saksa**, MSN, CPNP, Cleveland Clinic, Cleveland, OH

January, 2017