

## TOWARDS A CONCEPTUAL FRAMEWORK TO GUIDE THE EDUCATION OF PAEDIATRIC NURSE EXPERTS

Seugnette Rossouw<sup>1</sup>, Tanya Heyns<sup>1</sup> & Yvonne Botma<sup>2</sup>

<sup>1</sup>*Department of Nursing Science, Faculty of Health Sciences, University of Pretoria, Pretoria, Gauteng, South Africa.*

*E-mail: seugnette.rossouw@up.ac.za*

<sup>2</sup>*Department of Nursing, School of Nursing, University of the Free State, South Africa.*

### Abstract

*This paper describes a conceptual framework for the education of paediatric nurse experts. The conceptual framework is informed by principles derived from an analysis of the accreditation criteria of councils of higher education. Furthermore, a literature search was conducted to identify models and theoretical and conceptual frameworks related to the education of paediatric nurses. These models were deconstructed and synthesised into a conceptual framework for the education of paediatric nurse experts, which was validated by educational and clinical experts. The synthesised framework consists of a patient-family-centred foundation that rests on three pillars representing situational factors, the programme and teaching and learning domains respectively. In following the proposed educational process, a paediatric nurse could be educated to become an expert. The teaching and learning domains are interdependent and equally important in the process of educating a paediatric nurse expert. It is suggested that the framework may be transferable to other programmes aimed at developing clinical nurse experts.*

**Key concepts:** *Clinical experts, educational conceptual framework, paediatric nurse expert, paediatric nursing education, person-centred care, teaching and learning domains*

### Background

Worldwide, paediatric health care has undergone profound changes. Over the past two decades, the complexity of caring for children admitted to hospital has increased (Wilson, Megel, Enenbach, & Carlson, 2010), and changes in health profiles have influenced morbidity and mortality rates among children. You, New, and Wardlaw (2013) estimate the global mortality rate for children younger than five years at about 6.6 million, and these authors also refer to the disparities in child mortality rates between low- and high-income countries. Mortality rates in low-income countries are approximately 13 times the average rates in high-income countries. Being 15 times higher than in developed regions, the mortality rates in sub-Saharan Africa are the highest (You et al., 2013).

In 2012 there were about 5.3 million children younger than five in South Africa, of which 19.6% lived in the Gauteng province (Statistics South Africa, 2013). Conditions or occurrences such as pneumonia, tuberculosis, diarrhoea, burns, falls, traffic

accidents, accidental poisonings and drownings, sepsis, meningitis, human immunodeficiency virus (HIV) infections, and the acquired immunodeficiency syndrome (AIDS) have contributed to the mortality and morbidity of children in this age group (Statistics South Africa, 2013). One of the ways in which the high mortality rate among children can be addressed is to educate paediatric nurse experts. Although the South African Nursing Council (SANC) makes provision for specialisation in child nursing science (South African Nursing Council, R212), only 2 956 paediatric nurses registered for this qualification in 2014 (South African Nursing Council, 2015). Of those registered, only some were employed as paediatric nurses or were actively involved in the field. The rest of the trained paediatric nurses worked in other fields of nursing, such as management or education, or had emigrated from South Africa. The exact figures were not disclosed. Coetzee (2014) expresses concern about the small number of paediatric nurse practitioners in South Africa and suggests that educators should once again devote themselves to training and supporting paediatric nurses in local service delivery and the use of best practices. Through education, educators should make a collaborative effort to increase the number of paediatric nurse experts who can take care of vulnerable and sick children in different clinical settings. As recommended by Stephen, Mulaudzi, Kauchali, and Patrick (2009), paediatric nurses should not only be trained to have specific knowledge and skills, but should become experts in charge of paediatric wards, especially in district hospitals. Not only should paediatric nurses be able to recognise any deterioration in a child's condition, but they should have the clinical competence to respond quickly and act appropriately (Coetzee, 2014). Frameworks for the training of paediatric nurse experts have been developed but these focus on paediatric nursing care and not on education.

The authors of this article posit that an educational framework could be used as a guide in training paediatric nurses to become experts who have the contextual knowledge and clinical skills to work competently with children and their families in paediatric communities (Coetzee, 2014). The said authors, who are educators in two different departments of nursing at a tertiary institution, identified that although a clear philosophical stance and embedded theoretical approach were followed in their department, there was no conceptual framework that could guide the training of paediatric nurse experts.

At this point the construct of a conceptual framework is looked at. According to Fawcett (1999) as quoted by Rycroft-Malone and Bucknall (2010), a conceptual framework is made up of sets of concepts that are integrated into significant and meaningful propositions. As such, a conceptual framework is a visual representation of the relationship between concepts derived from existing theories and research. A conceptual framework also reflects the philosophical views and assumptions of researchers or educators (Botma, Brysiewics, Chipps, Mthembu & Phillips, 2014; Brathwaite, 2002). The conceptual framework developed by the authors of this article focused on the education and training of a paediatric nurse expert.

### Objective

This paper describes a conceptual framework that was developed to guide the education of paediatric nurse experts.

### Methods

General principles relating to situational analysis and programme development as applied by various councils of higher education informed the conceptual framework (Kouptsov & Tatur, 2001; Schrimshaw & Gleason, 1992; South African Higher Education Quality Committee, 2004; Stella, 2005; World Health Organization, 2009). A detailed literature search was conducted to study models, theoretical frameworks and conceptual frameworks guiding the education of paediatric nurse experts. A summary of the search engines used and the key concepts relevant to paediatric nursing practice and education that were explored are presented in Table 1.

**Table 1. Search engines and key concepts explored**

Search engine	Key concept and/or facet
CINAHL	Competencies of child/paediatric nurse practitioners
Google	Skills required of child/paediatric nurse practitioners
Google Scholar	Knowledge required of child/paediatric nurse practitioners
MEDLINE	Attitudes/behaviour of child/paediatric nurse practitioners
	Characteristics of child/paediatric nurse practitioners
	Management of child/paediatric nursing/health care
	Nursing care of children in different age groups
	Family-centered care approach
	Domains of child/paediatric nursing practice
	Characteristics of competent child/paediatric nurse practitioners
	Proficient child/paediatric nurse practitioners
	Characteristics/roles of child/paediatric nurse specialists

In reviewing the literature, four conceptual were identified, namely: the Synergy Model for Patient Care of the American Association of Critical-Care Nurses – which focuses on the competencies of critical-care nurses (Hardin & Kaplow, 2005); Paediatric Family-centred: Care Domains and Care Outcomes (Department of Health, 2003); the Cuthbertson Diagrammatical Matrix of the Australian Confederation of Paediatric and Child Health Nurses (Australian Confederation of Paediatric and Child Health Nurses (ACPCHN), 2006); and the Competency Framework of the South African Nursing Council – which is a general nursing competency framework that focuses not only on the competencies of paediatric nurse experts (South African Nursing Council, 2004). In order to construct a framework to guide the education of paediatric nurse experts, inductive and deductive reasoning were used to analyse existing frameworks and to synthesise them to produce a new conceptual framework.

Table 2 summarises the authors' collaborative extraction of care domains from the identified models and frameworks. The last column portrays the teaching and learning domains synthesised from the care domains. As indicated by Fink (2003) and Coetzee (2014), teaching and learning domains are integrated into a conceptual framework that is used to guide the education of paediatric nurse experts.

Table 2. Synthesis of domains from selected models and frameworks

Synergy Model for Patient Care (Hardin & Kaplow, 2005)	Paediatric Family-centred: Care Domains and Care Outcomes (Department of Health, 2003)	Cuthbertson Diagrammatic Matrix (ACPCHN, 2006)	South African Nursing Council (SANC, 2004)	Synthesised teaching and learning domains
<ul style="list-style-type: none"> <li>Clinical judgement</li> <li>Clinical decision-making</li> <li>Critical thinking</li> <li>Global grasp of situation</li> <li>Experiential knowledge</li> <li>Evidence-based guidelines</li> </ul>	Medications Clinical interventions and management Personal care Clinical assessment and monitoring Prevention of risk and promotion of safety Quality in paediatric and child health nursing practice		Care provision and management	Clinical expertise <ul style="list-style-type: none"> <li>Research utilisation</li> </ul>
<ul style="list-style-type: none"> <li>Clinical inquiry</li> <li>Research utilisation</li> <li>Experiential learning</li> </ul>			Research	Research <ul style="list-style-type: none"> <li>Foundational knowledge</li> <li>Critical appraisal</li> </ul>
<ul style="list-style-type: none"> <li>Advocacy and moral agency</li> <li>Resolution of ethical and clinical concerns</li> </ul>	Privacy and dignity	Professional paediatric and child health nursing practice	Professional, ethical and legal practice	Professional, ethical and legal practice
Response to diversity				
Care practices				
<ul style="list-style-type: none"> <li>Therapeutic environment</li> </ul>				Interprofessional collaborative practice
<ul style="list-style-type: none"> <li>Collaboration</li> <li>Intra- and interdisciplinary work with colleagues and community</li> </ul>	Documentation and communication Promotion of self-management	Consultation in paediatric and child health nursing practice Coordination in paediatric and child health nursing practice		<ul style="list-style-type: none"> <li>Person-centredness</li> <li>Positive practice environment</li> </ul>
Systems thinking			Management and leadership	
<ul style="list-style-type: none"> <li>Environmental and system resources</li> </ul>				
Facilitation of learning	Learning culture and development of practice	Education in paediatric and child health nursing practice	Professional development	Mentoring and/or precepting
				<b>Expert</b>

### Validation

A validation tool was developed to appraise the usability of the constructed conceptual framework for the education of paediatric nurse experts. For this tool the authors used the criteria of Brathwaite (2002) in which the criteria of Fawcett (1995) and Sidani (2000) had been incorporated. These criteria included comprehensiveness of content, logical congruence, conceptual clarity, level of abstraction and clinical utility. In respect of the tool, comprehensiveness referred to provisions made in the conceptual framework relating to the depth and breadth of the framework, its constructional links and its basis of potential research, education and management (Fawcett as quoted by Brathwaite, 2002).

The criterion of logical congruence reflected critical reasoning and the merging of viewpoints to enable judgement based on different types of knowledge (Fawcett as quoted by Brathwaite, 2002). Conceptual clarity related to a clear identification and description of and the association between the different concepts in the conceptual framework (Fawcett as quoted by Brathwaite, 2002), whereas the framework's level of abstraction was assessed based on a consideration of the representation and explanation of the concepts (Brathwaite, 2002). Lastly, the criterion of clinical utility (Sidani as quoted by Brathwaite, 2002) was used to judge the application and relevance of the conceptual framework to the education and training of a paediatric nurse expert as well as its transferability to the training and education of other nurse experts. In Table 3, the assessment criteria used in appraising the usability of the conceptual framework are presented.

**Table 3. Validation of education conceptual framework for paediatric nurse experts**

Assessment criteria	Yes	No
<b>1. Comprehensiveness (depth and breadth of the framework (Fawcett, 1995))</b>		
• Depth is provided by adequate descriptions of constructs.		
• Constructs are linked.		
• Scope of the framework is broad enough to provide guidance in several situations.		
• The framework is developed on a basis of education, research and management.		
Suggestions:		
<b>2. Logical congruence (logic through critical reasoning (Fawcett, 1995))</b>		
• The framework reflects judgements of world views and types of nursing knowledge.		
• The framework highlights strengths.		
• The merging of different viewpoints is evident.		
Suggestions:		
<b>3. Conceptual clarity (Fawcett, 1995)</b>		
• Concepts are identified and described.		
• The association between concepts is clear.		
• Assumptions (basis) are described.		
Suggestions:		
<b>4. Level of abstraction (extent to which concepts are represented)</b>		

<b>(Brathwaite, 2013))</b>			
<ul style="list-style-type: none"> <li>• Abstract concepts are explained (concepts are not limited by time, space and not directly measurable).</li> </ul>			
<ul style="list-style-type: none"> <li>• Concrete abstracts are explained (concepts are measurable).</li> </ul>			
Suggestions:			
<b>5. Clinical utility (Sidani, 2000)</b>			
<ul style="list-style-type: none"> <li>• The framework is applicable to education.</li> </ul>			
<ul style="list-style-type: none"> <li>• The framework is relevant to the education and training of a paediatric nurse expert.</li> </ul>			
<ul style="list-style-type: none"> <li>• The framework is transferable for use in the education and training of other nurse experts.</li> </ul>			
Suggestions:			

Three educators and two clinical paediatric nurse experts evaluated the clarity and usability of the conceptual framework. Their feedback provided conclusive proof of the clarity of the conceptual framework, its usability in educating a paediatric nurse expert and the sufficiency of its generalisability to the training and education of other clinical experts. On the recommendation of the educators, more detail was added to the discussion of the foundation and the education process.

### Conceptual framework

The authors developed a multilevel conceptual framework to guide the education of paediatric nurse experts (see Figure 1). This framework consists of a person-centred foundation (and three pillars) that are aligned throughout the educational process, a process the authors believe will culminate in the development of a paediatric nurse expert.

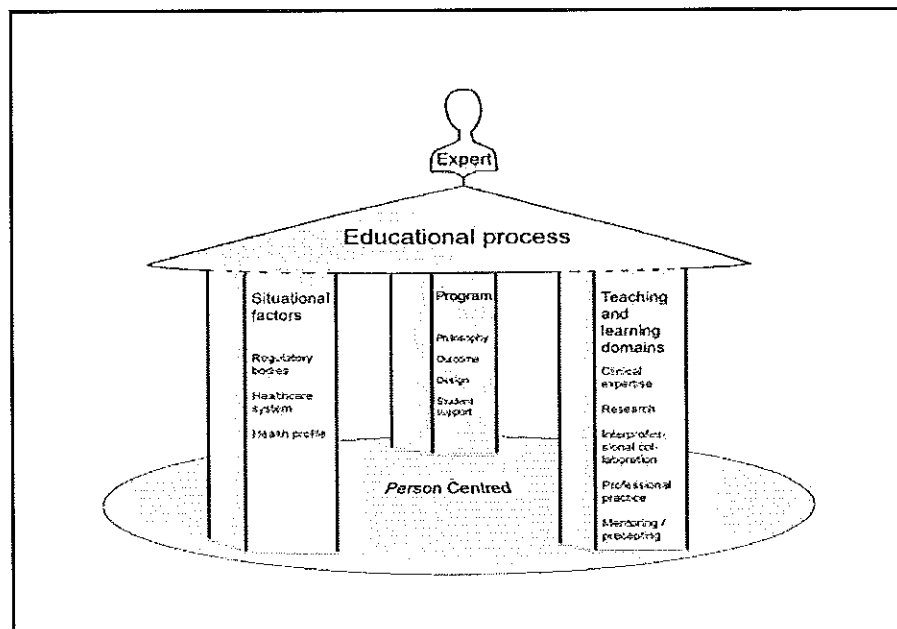


Figure 1: Conceptual framework

## **Foundation**

The foundation of the conceptual framework is person-centredness and it has two prongs, one which underpins the approach that education is student-centred and the other that care is child-(family-) centred. Each person (student, health care provider, child and family member) is unique and important and has a personal identity and a life story that matter. A person-centred approach focuses on meeting individual needs and concerns (of a child, a family, a student), improving interaction between children (patients), families and health care providers, and developing quality workplace cultures (Christie et al., 2012; McCormack & McCance, 2006). It is recognised that a person-centred approach can assist in improving the outcomes of and reduce the burden on health services, reducing challenges that impact on child/family experiences and improving an individual's sense of professional worth (Edvardsson, Winblad, & Sandman, 2008; McCormack et al., 2010). Focusing on person-centredness when educating paediatric nurse experts will assist in developing certain attributes such as professional competence, job commitment, interpersonal skills and the ability to acknowledge the value and belief systems of the self and of patients (McCormack & McCance, 2006). Furthermore, person-centredness will humanise (McCormack et al., 2015) health service delivery to children and their families and ensure that they are treated in a dignified, non-discriminatory and participative manner and that they work together as partners (World Health Organization, 2007).

## **Three pillars**

The three pillars that rest on the foundation of person-centredness are situational factors, the programme and teaching and learning domains (see Figure 1).

### **Situational factors**

The first pillar represents situational factors, which encompass regulatory factors such as those formulated by higher education and professional regulatory bodies. Traditionally, international guidelines and directives that guide clinical service delivery are excluded (Coetzee, 2014) from the training of paediatric nurse experts and should be reviewed for their relevancy and applicability as situational factors in the education of paediatric nurse experts. The health service system of each country directs the approach to paediatric care, and will, therefore, determine whether paediatric care is orientated towards primary or tertiary health care. The common and 'rare but fatal' conditions that are described in regions' health profiles direct the content of regional programmes. The aim of these programmes is to enable paediatric nurse experts to treat sick children at all levels of care (Billings & Halstead, 2009; Botma et al., 2014; Bruce, Klopper, & Mellish, 2011).

### **Programme**

The second pillar represents the programme, which comprises educational philosophy, programme outcome, educational design and paediatric nursing student support. The educational philosophy of the relevant higher education institution, the department and the educators influences the programme outcomes (Billings & Halstead, 2009; Botma et



al., 2014). Constructivism underpins the said educational philosophy, and, therefore, supports student-centred teaching and learning strategies (Biggs & Tang, 2011). The envisaged outcome of the programme is to develop a paediatric nurse expert who uses intuition, clinical reasoning and clinical expertise to inform clinical judgement (Chang, Chang, Kuo, Yang, & Chou, 2011). The principles of authenticity, scaffolding, alignment and student-centredness underlie the educational design and promote optimal outcomes (Nulty, Mitchell, Jeffrey, Henderson, & Groves, 2011). Student support is multi-faceted (in theory and in practice) and is dependent on good mentoring and precepting practices (Williamson, Callaghan, Whittlesea, & Heath, 2011). Continuous cognitive and emotional support throughout the programme enhances the development of clinical judgement and metacognition (Chang et al., 2011). Educational programmes should adhere to the relevant design principles and educators must apply the appropriate educational philosophy throughout the educational process. Furthermore, the programme needs to include specific features important to paediatric nursing, for instance, growth, developmental, pathophysiological and physiological differences between children at different stages of development, and ability and specific challenges related to shared decision-making.

### **Teaching and learning domains**

The third pillar concerns the domain of teaching and learning, which involves the subdomains of clinical expertise, research, interprofessional collaborative practice, professional, ethical and legal practice, and mentoring and/or precepting (see Table 2). The development of paediatric nursing students in these subdomains influences and determines their competence, and competent paediatric nurse experts can deliver quality paediatric care.

The following definition of clinical expertise by Petty (2015) is also the view of the authors of the article: clinical expertise is 'the ability of the practitioner to effectively integrate their practice knowledge with the patient's clinical presentation, values and preferences to maximise the therapeutic encounter for the patient [and family]'. In this sense, clinical expertise is equivalent to making sound clinical judgements. Tanner (2006) refers to clinical judgement as the ability to notice salient aspects in a specific situation, interpret the findings and implement appropriate care interventions. The implication for educators is that they should create learning opportunities where students can practise the processes of critical thinking, clinical reasoning, the making of clinical judgements, and reflection on their practices (Bruce et al., 2011). Sound thinking processes and the application of research findings are features of clinical expertise, which result in the ability to render quality care (Christensen & Hewitt-Taylor, 2006).

Experts base their clinical judgement on research, best-practice guidelines and experiential knowledge (Benner, 1984). Therefore, it is essential for paediatric nurse experts to learn to critically appraise and utilise research, and with this in mind educators should impart foundational knowledge about research to students to enable

them to appraise research work. At an expert level, students are expected to participate in and utilise research whereas an advanced practitioner should conduct research independently.

Interprofessional collaboration is defined as a partnership between health care providers (which include paediatric nursing students), a child and the child's family. This partnership is characterised by collaboration, coordination and shared decision-making around health and social issues (Bridges, Davidson, Odegard, Maki, & Tomkowiak, 2011; Sommerfeldt, 2013). Elements of collaboration include respect, trust, shared decision-making and partnerships (Canadian Interprofessional Health Collaborative, 2010) among members of the health care team, the child and the family, professional nurses, allied health professionals and medical officers (Australian Confederation of Paediatric and Child Health Nurses (ACPCHN), 2006). Therefore it can be said that collaborative practice emanates is the outcome of interprofessional education and, consequently, an educational programme should afford students opportunities to actively participate in interprofessional educational activities and practise their collaborative skills.

Professional practice is directed by the scope of a profession, its ethical code of conduct and country-specific legislation. : Ethical practice is closely linked with the issue of respect because, as Forrest (1989) declares, respect manifests itself in acknowledging the presence, uniqueness and individuality of patients and their families, treating them with empathy, supporting them and accepting their unique cultural and religious heritage. Therefore, when ethical values are upheld, diversity is respected.

Numerous researchers confirm that clinical preceptors should be expert practitioners (Burns, Beauchesne, Ryan-Krause, & Sawin, 2006; Dube & Jooste, 2006; Giallonardo, Wong, & Iwasiw, 2010; Huybrecht et al., 2011; James & Chapman, 2010; Zilembo & Monterosso, 2008). By implication, the teaching of precepting techniques should be part of the training programmes of nurse experts. Furthermore, experts should mentor novices from other professions as part of their collaborative practice. All four care practice models/frameworks mentioned earlier emphasise the facilitation of learning of others as well as the ability to determine and meet own learning and developmental needs. Hence, educational strategies should enable students to become self-directed learners (the majority of students in similar programmes are not trained to be independent learners) (Guglielmino & Toffler, 2013).

### **Educational process [H2]**

A competence-based programme is developed by designing down and delivering up (Fink, 2003). Designing down involves formulating the outcome, planning the associated assessment criteria and developing the teaching and learning activities. Delivering up follows the same process but in reverse. The educational process enables the educator to integrate the aspects of person-centredness (the foundation) into the situational factors, programme and teaching and learning domains (the three pillars)

(see Figure 1) when planning and implementing a programme for the development of an expert paediatric nurse. The educational process should be student-centred and the findings from the situational analysis and the teaching and learning domains should be aligned through the programme. The outcome identified in the programme, the teaching and learning activities and the assessment strategies should also be aligned (Biggs & Tang, 2011). According to Coetzee (2014:4), one way to ensure the receptiveness of paediatric nurse experts to training is to use innovative teaching methods that encourage the active engagement and participation of paediatric students during their training. For instance, such methods will give students the opportunity to explore discussion forums on child health in actual clinical settings.

### **Expert**

It is suggested that the application of the framework in Figure 1 may result in the development of paediatric nurse experts who are able to plan their actions based on conscious, abstract and analytical thinking. Furthermore, the extensive clinical experience of these expert nurses should enable them to use their intuition to solve problems (Benner, 1984; Christensen & Hewitt-Taylor, 2006) so that they no longer have to rely only on analytical principles (guidelines or protocols) that guide clinical practice. According to Benner (1984), expert nurses are known for their instinctive capability to make effective critical decisions while focusing on a complete situation as it occurs. Benner (1984) perceives expert nurses to have the following abilities: recognising and responding to possible problems early; diagnosing correctly and intervening effectively; being consultants for other nurses; and according to McHugh and Lake (2010), becoming preceptors. The authors of this paper believe that by following the proposed conceptual framework to train paediatric nurse experts, it will be possible to educate paediatric nurses who comply with expectations.

### **Conclusion and recommendations**

In this paper, a conceptual framework for the education of paediatric nurse experts is discussed. This framework is based on a person-centred philosophy and a synthesis of existing frameworks and models. The conceptual framework consists of a person-centred foundation and three pillars (situational factors, programme and teaching and learning domains) (see Figure 1). Situational factors that are considered include regulatory bodies, health service systems and the health profile of a country. It is suggested that programme development and implementation should follow a design-down and deliver-up process. Five teaching and learning subdomains have been synthesised, namely, clinical expertise, research, interprofessional collaboration, professional, ethical and legal practice, and mentoring and/or precepting.

The limitation applicable to this study is that a restricted number of frameworks and models were used during the deconstruction and reconstruction of data. Another limitation is that only local experts verified the usability of the framework.

Educators developing programmes for nurse experts in other clinical fields may find the framework functional. However, the framework should be validated by implementing and evaluating programmes for paediatric nurse experts as well as other health care experts. The framework has an important role to play in informing quality measurements in future educational programmes for paediatric experts.

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