

The Development of Standards of Practice for Children and Young People's Nurses



Standards
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Document Control

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Document Review

Name

ACCYPN Board of Directors

ACCYPN Standards of Practice Reference Group

Document Approval

Date	Name	Role
June 2016	ACCYPN	Board of Directors

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Background

The Australian Confederation of Paediatric and Child Health Nurses (ACPCHN) first developed and then later reviewed (ACPCHN, 2000; ACPCHN, 2006) a set of competencies for specialist paediatric and child health nurses. These competency documents were useful in providing indicators that could measure a nursing professional's ability to integrate knowledge, values, attitudes and skills into practice (ACPCHN, 2006) but did not contain a set of clear standards to promote, guide and direct professional practice (CRNBC, 2012). Globally, nursing organisations and speciality groups are using practice and professional standards to outline the minimum level of acceptable performance to ensure effective, safe and ethical nursing practice (ANA, 2010).

To review these competencies and move towards using standards, the Board of Directors of the Australian College of Children and Young People Nursing (ACCYPN) initiated and sponsored a three phase project to develop and validate standards of practice specifically for children and young people nurses (CYPN). The implementation of the ACCYPN Standards of Practice was not within the scope of this project and will be undertaken at a later stage.

Phase 1: Literature Review

Aim

The aim of the literature review was to establish how similar professional bodies have described their standards of practice.

Methods

A brief literature search was conducted in CINAHL complete using the following search terms

S1 “Nursing standard” - 19,676 results

S2 (MH “Nursing Practice +/-ST”) or (MH “Scope of Nursing Practice/ST”) where ST = subheading Standard - 1,464 Results

S3 paediatric or pediatric or (child health) - 176,251 results

S4 S1 or S2 - 19,704 results

S5 S3 and S4 - 1,001 results

S6 S5 limited by publication date 2006-2014; English language; academic journals – 443 results

A search of Google was also undertaken using the search term “Nursing Practice Standards”. A total of 53,900,000 results were found. Therefore, only the first 10 pages of Google results were searched for relevant websites and documents.

Search results from CINAHL and Google were assessed for relevancy to the aim of this literature review. No articles were found that could be used as a basis for ACCYPN standards of practice. The Google search results were more useful as different organisations’ standards of practice were able to be viewed, compared and contrasted.

Summary

The nursing profession is continually evolving and adapting (ANA, 2010). Consequently, there has been widespread interest in the need for and development of documents to outline the scope of as well as standards related to nursing practice and professional performance. The documentation of the scope and standards of nursing practice allows the nursing profession as a whole as well as speciality groups to clearly represent their values, expectations and the criteria against which nurses’ practice will be measured by (CRNBC, 2012). For many nursing organisations and specialities the development and the regular review of practice and professional standards is seen as a main function of their role. In 2010, the Nursing and Midwifery Board of Australia (NMBA) took responsibility for the regulation of nurses and midwives and therefore took ownership of the national competency standards for registered nurses and nurse practitioners in Australia (NMBA, 2010).

The competency standards for registered nurses were developed by the Australian Nursing and Midwifery Council in 2006 and were rebranded in 2010 to reflect the new ownership of the document by the NMBA. However, the content of the document remains largely unchanged since its initial development. This document describes four overarching domains which are further divided into “competency standards”, “competency units” and “competency elements”. The domains for the registered nurse are: professional practice, critical thinking and analysis, provision and coordination of care, and collaborative and therapeutic practice.

The standards for Nurse Practitioners were developed by the NMBA in 2013 and build upon the competency standards of the registered nurse. However, instead of having clearly defined domains, each with their own competency standards as in the registered nurse document, each domain (education, research, clinical practice and leadership) is stated to be inherent across all four standards. In fact it is the standards for practice which are clearly delineated. The four standards for nurse practitioners are: assesses using diagnostic capability, plans care and engages others, prescribes and implements therapeutic interventions and evaluates outcomes and improves practice (NMBA, 2013). Each “standard” has a number of “statements” which describe how the standard may be met and then lists “cues” which are generic but not exhaustive examples to illustrate the statement.

Increasingly in Australia, professional colleges and associations are involved in developing specific standards of practice and credentialing (Nursing and Midwifery Office, 2013). Specialty nursing groups within Australia have developed their own practice and professional performance standards for example, the Australian College of Mental Health (2010) Nurses and Palliative Care Nurses Australia (2005). These and other groups have used alternate domain headings than those used by NMBA while using a similar format in which they have grouped competencies/statements/indicators under the umbrella of a domain heading/standard.

There does not appear to be formalised criteria that specialty groups in Australia need to meet when developing nursing practice standards or scope of practice statements. This seems to be consistent with nursing organisations internationally in which organisations develop their own scope of practice and nursing standards with different domain headings/standards but utilising a similar format. For example, in Canada, the College of Registered Nurses of British Columbia have four standards (professional responsibility and accountability, knowledge-based practice, client focused provision of service, and ethical practice) whereas the College of Registered Nurses of Nova Scotia (2012) have five standards (Responsibility and Accountability, Knowledge-Based Practice and Competence, Client Relationships and Advocacy, Professional Relationships and Leadership and Individual Self-Regulation). Both documents are similar in that they both have documented standards and list indicators of how nurses can meet each standard but there are differences in how they have expressed their standards.

One exemption to this international trend is in the United States of America (USA). In 2010, the American Nurses Association (ANA) published a revised document that provides guidance for nursing groups within the United States on the process for the recognition a nursing specialty including approval criteria for scope of practice statements and standards of practice. For approval by the ANA, specialty groups must define their scope of practice and develop both practice and professional performance standards. Both practice standards and professional performance standards have predetermined sub-headings, for example assessment, diagnosis, ethics, coordination of care etc. Each specialty group is required to document indicators of how nurses within their own speciality would met this standard. This has resulted in specialty groups such as the Association of Paediatric Haematology Nursing having a standardised document similar with other specialty groups with the only differences between the documents the content under the headings.

In conclusion, it appears that although nursing practice standards are commonly used by nursing organisations and specialty groups to define the minimum acceptable standard that nurses must met, nationally and internationally there is great variation in how these are documented including the terminology used. What is consistent across the documents is the format of the documents.

Phase 2: Development of the Standards of Practice

Aim

The aim of this phase of the project was to develop a draft document that reflected the minimum standards that children and young people nurses need to meet to ensure safe, effective and ethical practice.

Method

To assist in the development of the draft ACCYPN Standards of Practice (SOP) document a working group was established. This group involved ACCYPN members who nominated their willingness to be involved in the project after the Board of Directors distributed an expression of interest (EOI) email. In addition to the ACCYPN members, a consumer representative from Health Consumers Queensland and two representatives from the Council of Children Nurses also participated. The Australia Association of Maternal, Child and Family Health Nurses were invited to be involved but were unable to participate at this time. The working group included 15 experienced children and/or young people nurses from across Australia who worked in a variety of settings including acute, community and academia.

The main function of the working group was to assist and support the project lead to review and revise the existing competency document so that a draft of the ACCYPN Standards of Practice document could be developed. Once the standards document was developed the group then provided feedback and recommendations for revisions to improve the document.

Members of the group participated in five teleconference meetings over seven months. These teleconferences were successful in discussing issues and making decisions related to the development of the standards. Results from the literature review were used to inform the basis of initial teleconference meetings with discussions focused on agreeing to a list of key points in which the standards would be based upon (Appendix 1). Later teleconferences discussions tended to be more focused on assuring consensus on the written feedback received from individual members of the group.

In-between teleconference meetings, email was utilised to distribute draft documents from the project lead to the working group members. The first draft of the document involved the project lead revising the original 35 competencies listed in the document then proposing that more than half of the competencies should be deleted from the standard due to the standard being either: 1) not unique to children and young people nursing practice, 2) duplicates of standards already included or 3) outdated and no longer relevant. The remaining competencies were re-worded to form standards these standards were organised under the NMBA's domains for the Registered Nurse. Similarly, the old performance criteria examples in the original document were converted to competency indicator (cues) which were organised under each standard. The working group were emailed the initial draft Standards of Practice document as well as a table that outlined what was deleted/changed so that they could compare differences between the original competency document and the new standards of practice document.

The second version incorporated the initial feedback from the group which included: reinstating a number of items that were initially proposed for deletion, relocating standards to different domains and combining/or rewording standards. Although the working group seemed to be predominately willing to accept version 2 as final, there were still a number of minor outstanding issues to be addressed. An electronic survey was used to resolve these issues to enable the project to proceed.

The third revision of the document incorporated the results from this online survey as well as additional minor refinements. The final draft contained 15 standards. Once the document was finalised it was sent to the ACCYPN Board of Directors for approval to use it as the basis of the Delphi survey.

Summary

Based on feedback and guidance from the SOP working group, a draft ACCYPN Standards of Practice document was developed. The document is based on the four domains outlined in the NMBA's National Competency Standards for the Registered Nurse. These four domains were used to organise the 15 standards that the Standards of Practice working group thought essential to children and young people nursing. In the document each standard is presented with competency indicators (cues) to provide examples of how the standard may be met. The proposed standards have been developed to be applicable across diverse practice settings and patient/client populations for both the beginning and the experienced specialist children and young people nurse. This draft document was used as the basis for the Delphi survey.

Phase 3: Delphi survey

Aim

The aim of this final phase of the project was to validate the work of the SOP working group as well as provide the wider ACCYPN membership with the opportunity to comment and provide feedback on the ACCYPN Standards of Practice document.

Method

Design

A Delphi survey was utilised.

Sample

All members of ACCYPN (n=425) were emailed and invited to participate in first round of the Delphi survey. The two representatives on the SOP working group from the Council of Children Nurses were also invited to be involved.

Procedure

Participants were sent an email through the ACCYPN secretariat explaining the project and inviting them to participate. The survey was based on the 15 standards outlined in the draft ACCYPN Standards of Practice document. On each page, the survey asked participants to rate the importance of the listed standard to children and young people nursing practice on a scale from 1 to 4 with 1= not important; to 4 = very important. The survey then asked participants to review the proposed list of competency indicators (cues) for the standard and provide them with the opportunity to add or remove an indicator/s.

Once all the initial surveys had been completed, returned and analysed, participants were then asked to confirm or revise how they scored each standard but this time with the knowledge of their previous score as well as the group's overall mean score. Surveys continued to be sent until a list of agreed standards was developed.

Data collection tools

A web-based survey was created utilising Survey Monkey.

Data analysis

For a standard to be achieve consensus on its importance to children and young people nursing at least 80% of the participants were required to rate the standard as 3 or above. Partially completed surveys were excluded from analysis.

Results

In the first round, 75 participants completed the survey. The results from this round demonstrated that there was strong initial agreement that all 15 standards were important or very important to children and young people nursing. In fact, the standard with the lowest percentage of participants rating it as important (3) or very important (4) was 89% for Standard 11 (Establishes peer networks in the speciality area of Child and Young Person Nursing). Appendix 2 shows the distribution of ratings for each standard. Despite the consensus on the importance of the standard there were a number of comments and suggestions. The comments relating to how to improve the document generally related to adding or deleting competency indicators (cues), rewording standards or competency indicators (cues) and combining existing standards or competency indicators (cues). Many of the suggestions were incorporated into the second round survey. To clearly illustrate what changes were being proposed, the original wording of the standard and competency indicator was provided first and then the proposed changes were provided directly underneath. In the second round information letter, participants were asked to indicate their agreement or disagreement with the changes in the comments section for each standard.

In the second round, 38 participants completed the survey. Round 2 results demonstrated continued consensus on all 15 standards therefore no further rounds were required (see Appendix 3). In this round, standard 11 continued to have the lowest percentage of agreement, with 89% participants (same percentage as round 1) rating the standard as either important or very important. As only two rounds were required, any outstanding comments from round 2 that needed addressing were referred to the board of directors of ACCYPN. However, comments at the end of round 2 generally were positive with most participants indicating that they had no further suggestions/comments to make.

Summary

The Delphi survey established consensus on the importance of the 15 standards outlined in the draft ACCYPN Standards of Practice document in two rounds. The two rounds of the Delphi survey were also utilised to provide feedback on the wording and content of the standards and competency indicators. The final draft of the ACCYPN Standards of Practice document will be endorsed by the ACCYPN board of directors prior to the implementation into practice.

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Appendix 1

Standards of Practice Working Group – Key points

After the initial teleconferences the working group agreed that the development of the ACCPYN Core Standards of Practice was to be based on the following key points:

1. One set of standards will be written for the specialist children and young people's nurse.
2. The standards will be written for the minimum acceptable level for a nurse providing care for a child or young person.
3. The minimum acceptable level will be applicable to both the beginning and experienced specialist CYPN. At a later stage, standards will be written specific to the experienced CYPN working at an advanced practice level.
4. The term CYPN will be consistent with the term used in the credentialing framework. CYPN is used as an inclusive term used to describe nurses working in the nursing specialty with children and young people in a variety of healthcare settings.
5. A glossary of terms is to be developed that includes a definition of a specialist CYPN.
6. The definitions set by NNO (drawn from QNC) are used to make the distinction clear between generalist and specialist nurse
http://www.nnnnet.gov.au/downloads/recsp_paper.pdf
7. All definitions used will be drawn from Australian peak national nursing organisations for consistency with the Australian nursing context.
8. The standards will be described and defined as Standards of Practice.
9. Standards will be broad statements and cover areas of professional performance and clinical competency
10. Standards will be organised in clusters with each cluster called a Domain.
11. Domain names will be consistent with NMBA Domains for RN and build on these for the specialist CYPN by articulating the Standards that are unique to CYPN practice.
12. Under each Standard there will be cues referred to as "competency indicators" or "competency elements".
13. The current ACPCHN competencies will be used to provide the competency indicators that are unique to the specialty.
14. Current competencies that are not uniquely relevant to CYPN practice are discarded.

Appendix 2

Delphi Survey Round 1 results

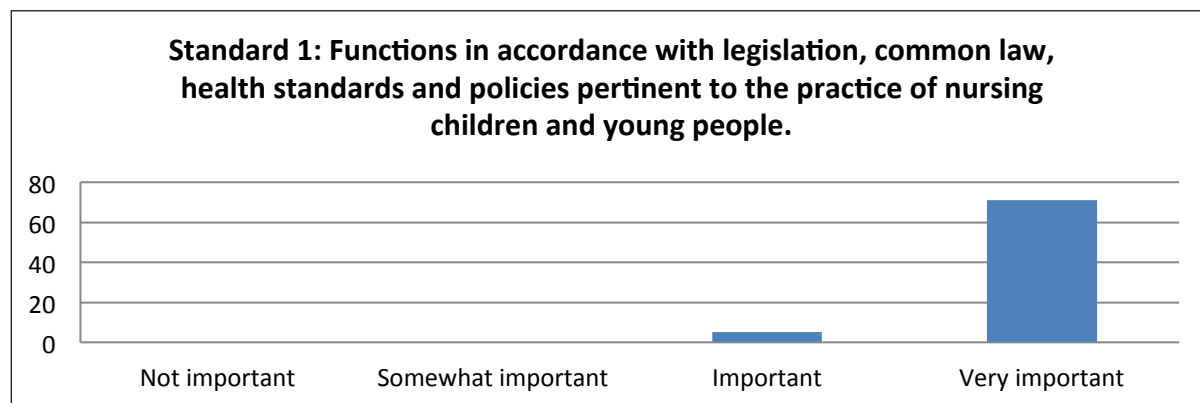
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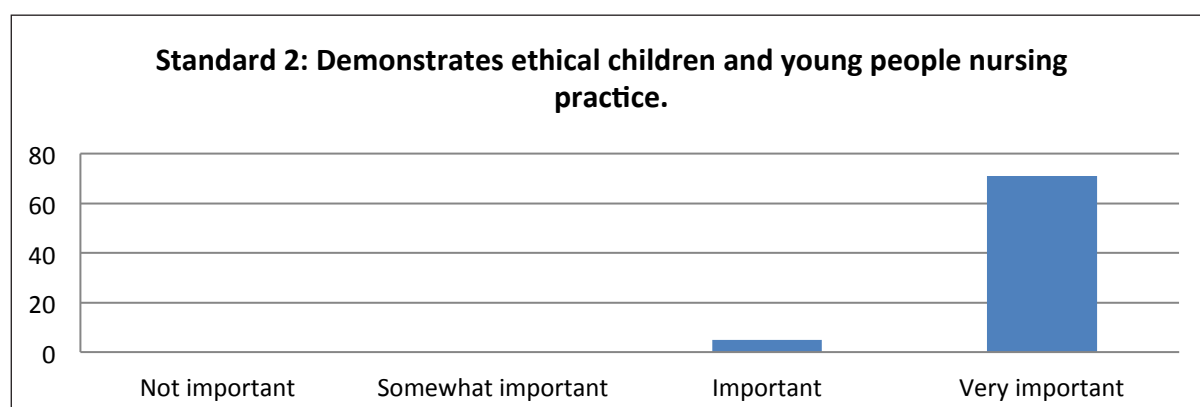
Somewhat important = 2

Important = 3

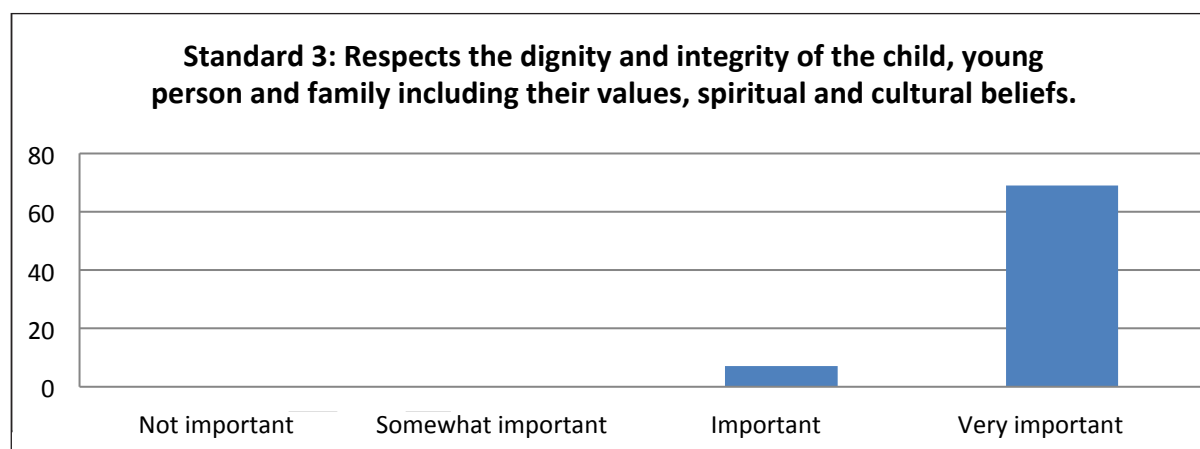
Very Important = 4



Standard 1 - Average Response: 3.94 (n=76)

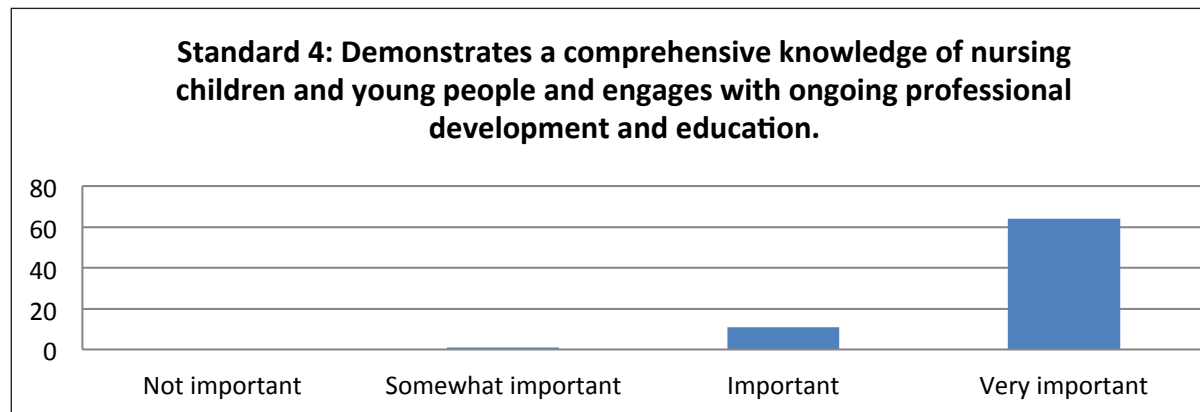


Standard 2 - Average Response: 3.94 (n=76)

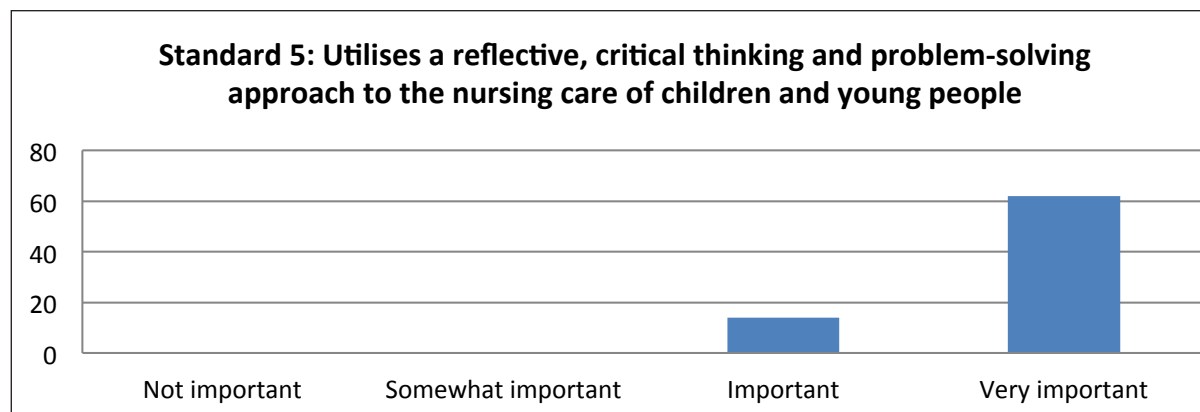


Standard 3 - Average Response: 3.91 (n=76)

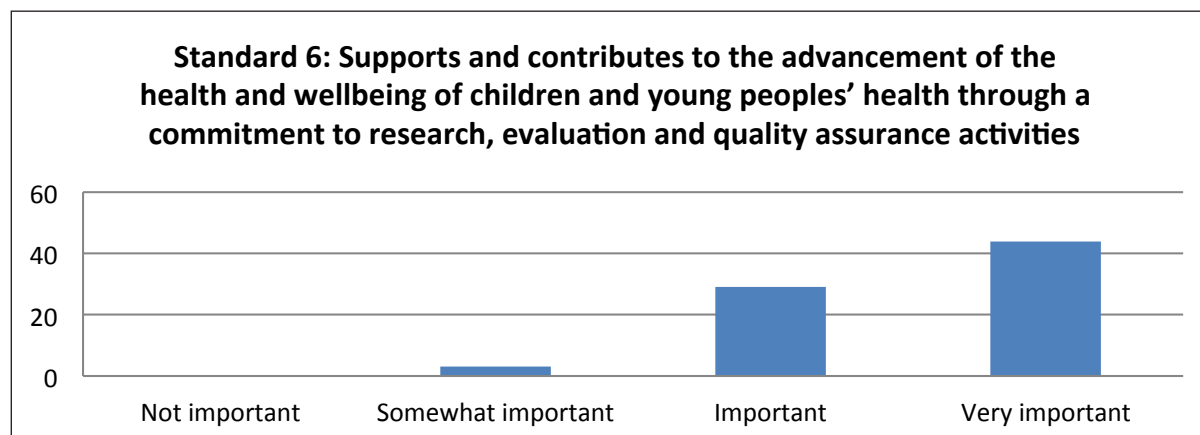
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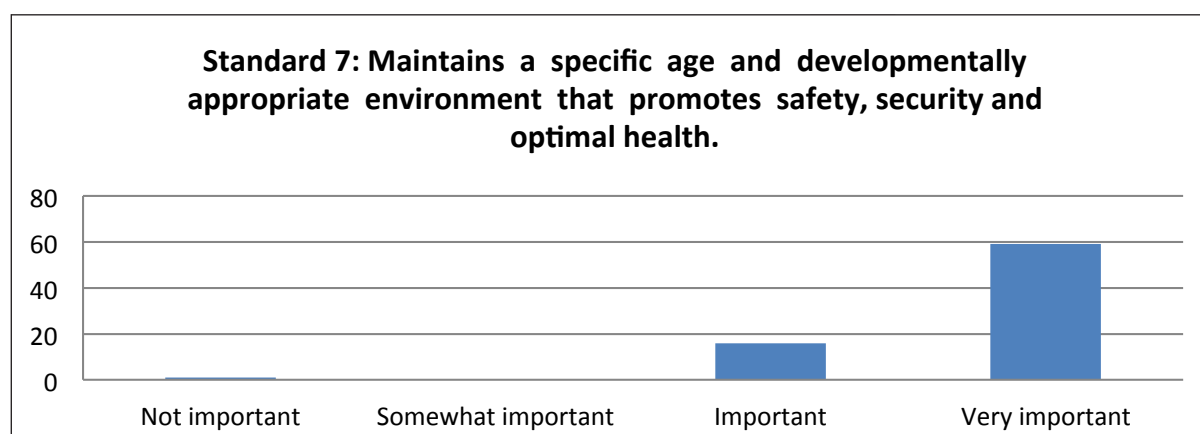
Standard 4 - Average Response: 3.83 (n=76)



Standard 5 - Average Response: 3.82 (n=76)



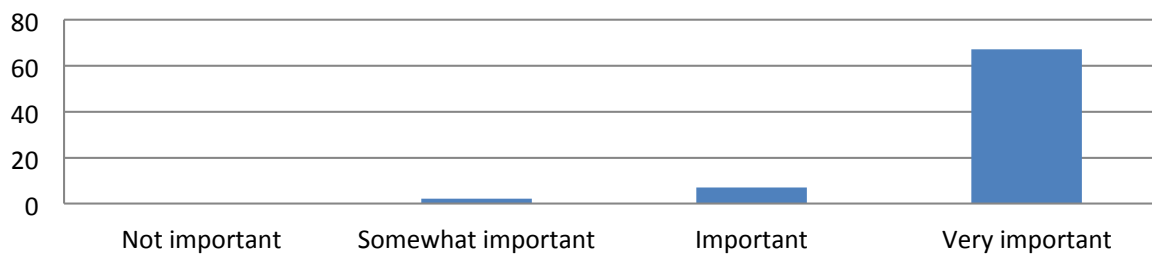
Standard 6 - Average Response: 3.54 (n=76)



Standard 7 - Average Response: 3.75 (n=76)

Appendix 2 continued

Standard 8: Effectively coordinates and manages the nursing and/or health care in partnership with the child and young person, recognising their unique needs and the role of the family in care.



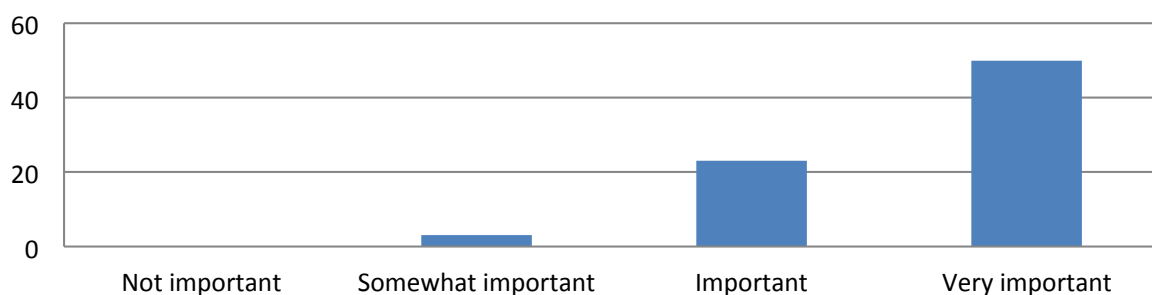
Standard 8 - Average Response: 3.86 (n=76)

Standard 9: Demonstrates knowledge of primary health care, health promotion and continuity of care, and incorporates this approach into practice to improve the health and well-being of children and young people.



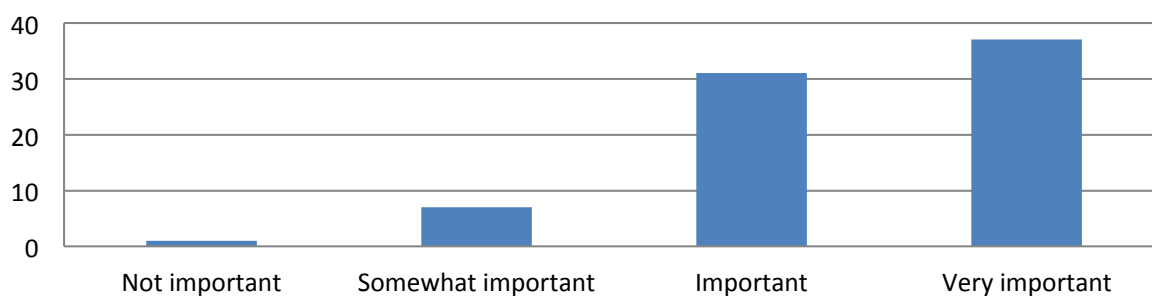
Standard 9 - Average Response: 3.68 (n=76)

Standard 10: Negotiates for adequate resources to provide safe and effective care for children and young people



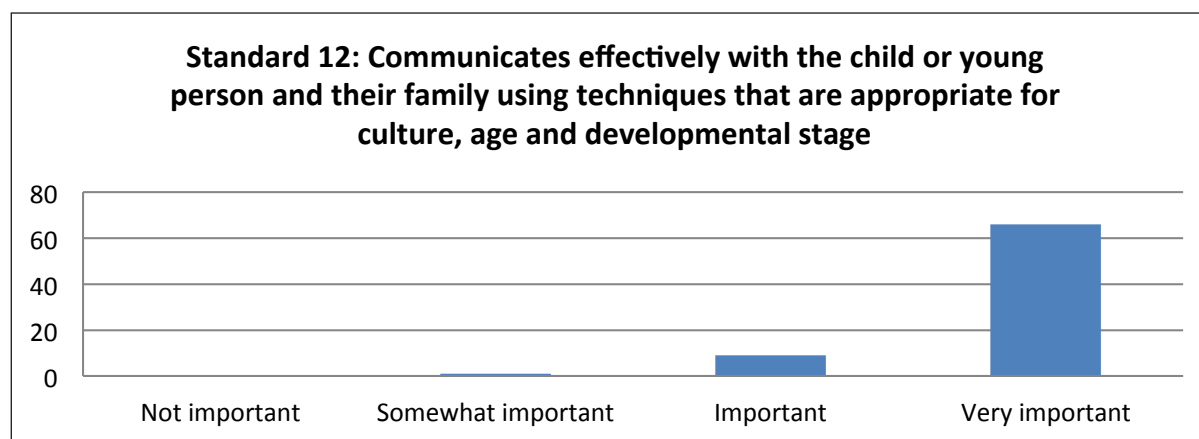
Standard 10 - Average Response: 3.62 (n=76)

Standard 11: Establishes peer networks in the specialty area of child and young people nursing

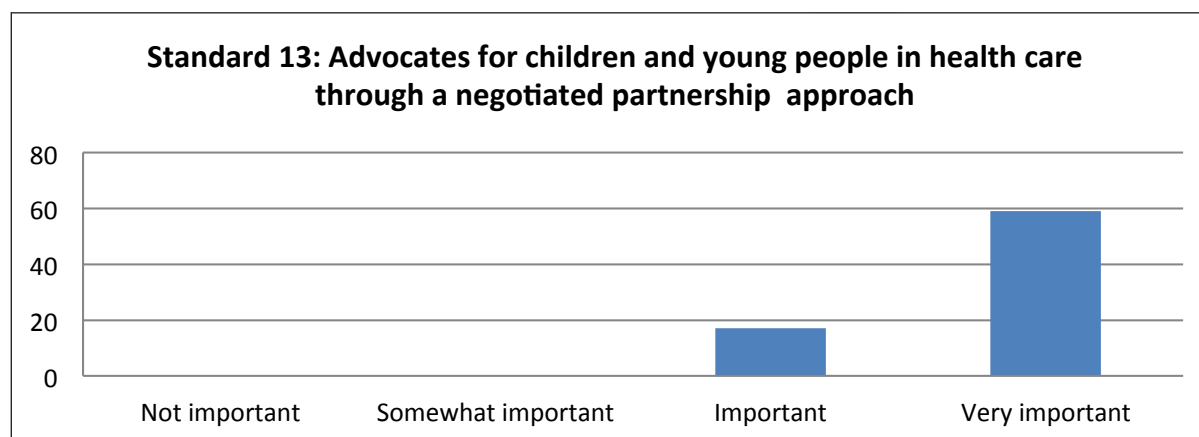


Standard 11 - Average Response: 3.37 (n=76)

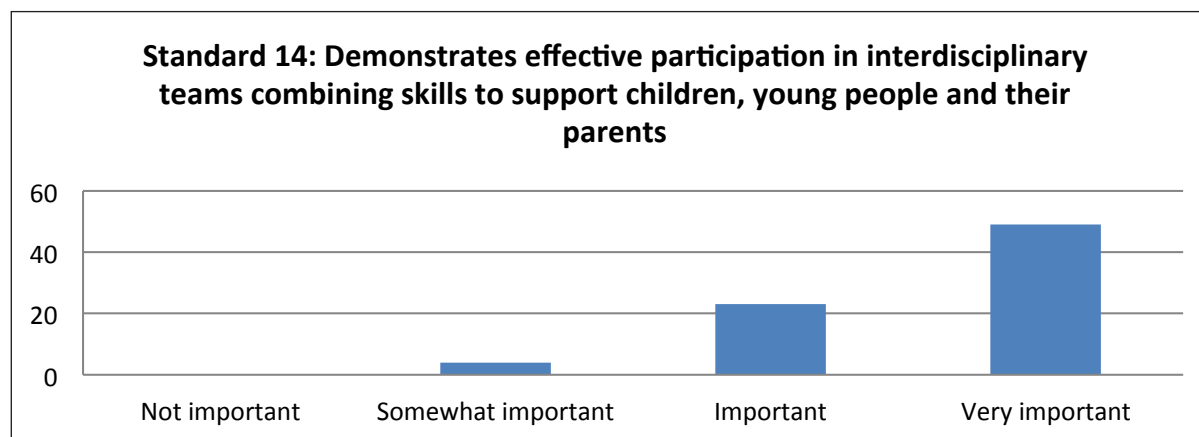
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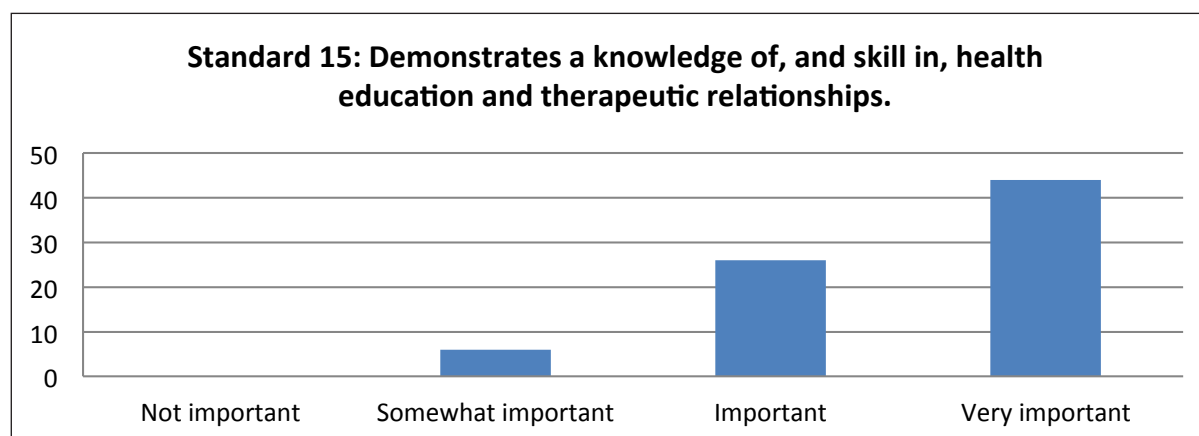
Standard 12 - Average Response: 3.86 (n=76)



Standard 13 - Average Response: 3.91 (n=76)



Standard 14 - Average Response: 3.6 (n=76)



Standard 15 - Average Response: 3.5 (n=76)

Appendix 3

Delphi Survey Round 2 results

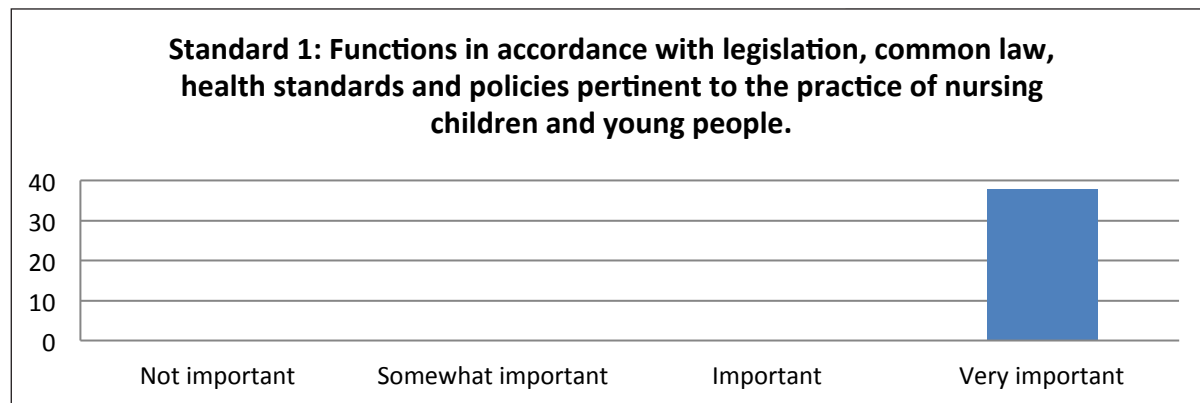
Table Score Key:

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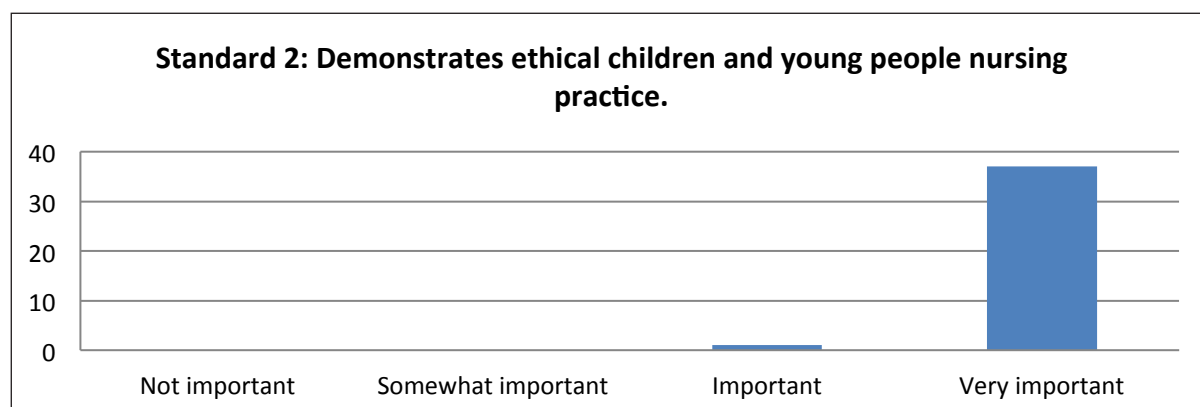
Somewhat important = 2

Important = 3

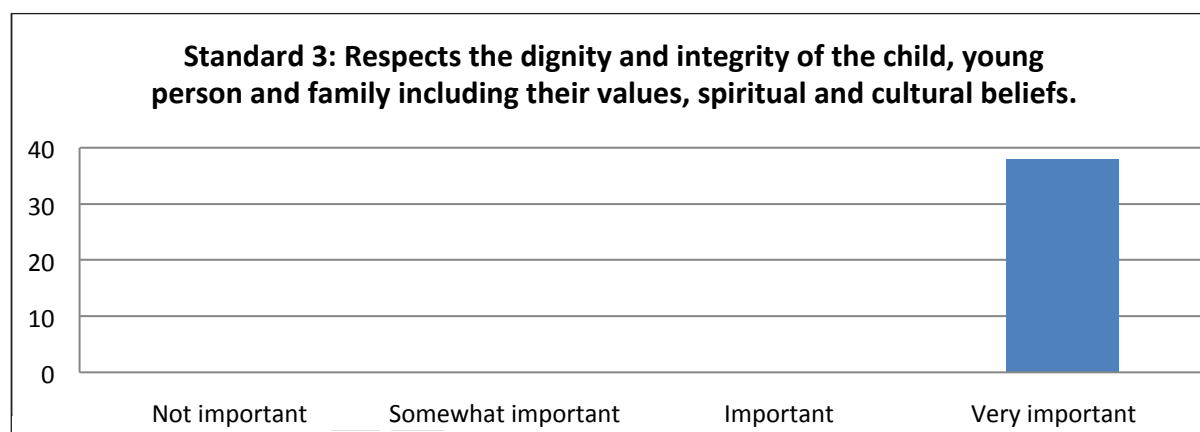
Very Important = 4



Standard 1 - Average Response: 4 (Round 1 was 3.94) (n=38)

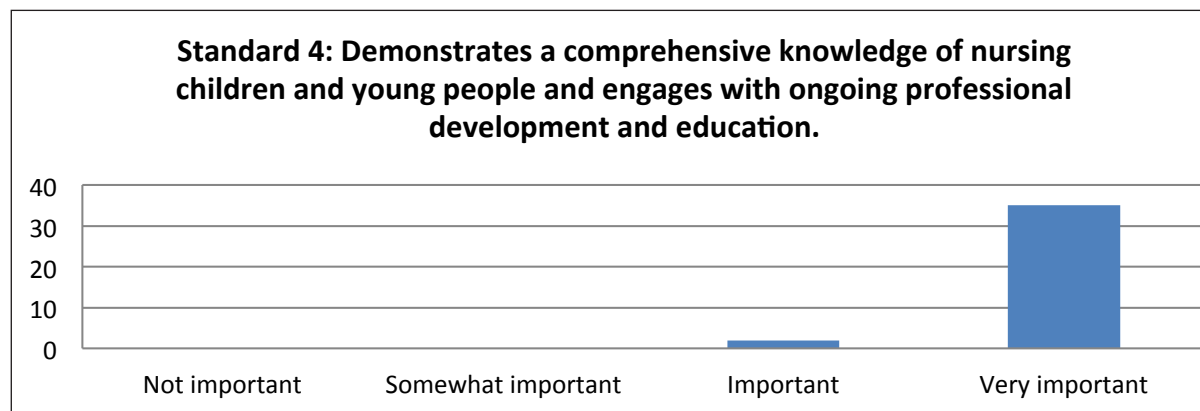


Standard 2 - Average Response: 3.98 (Round 1 was 3.94) (n=38)

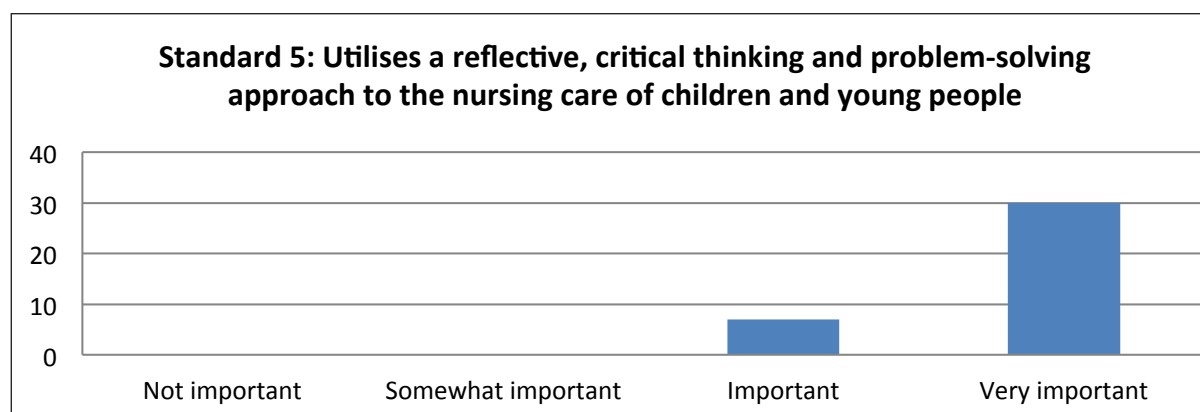


Standard 3 - Average Response: 4 (Round 1 was 3.91) (n=38)

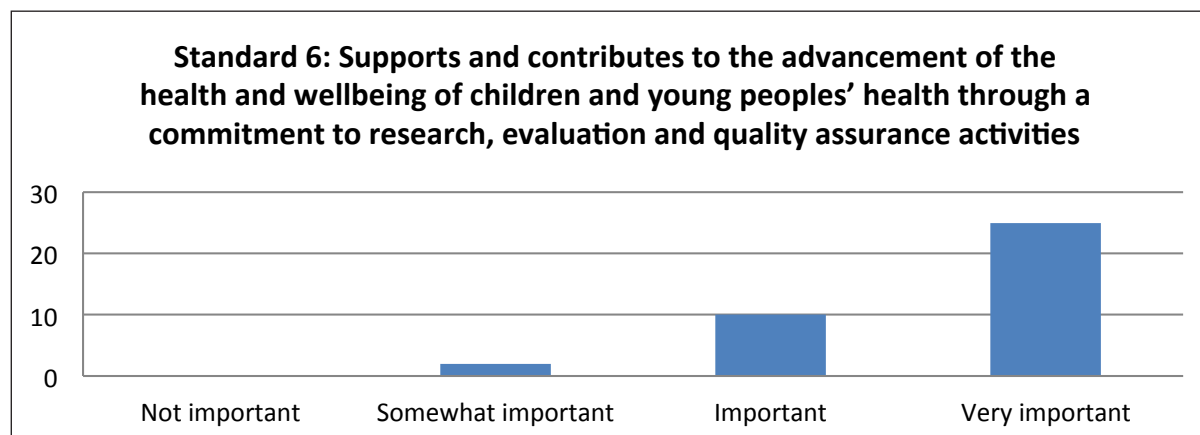
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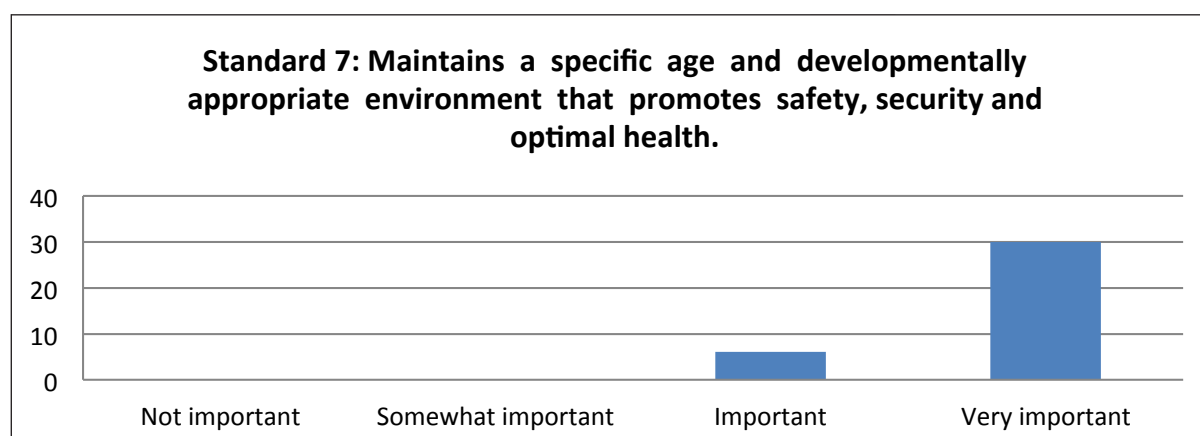
Standard 4 - Average Response: 3.85 (Round 1 was 3.83) (n=38)



Standard 5 - Average Response: 3.72 (Round 1 was 3.85) (n=38)



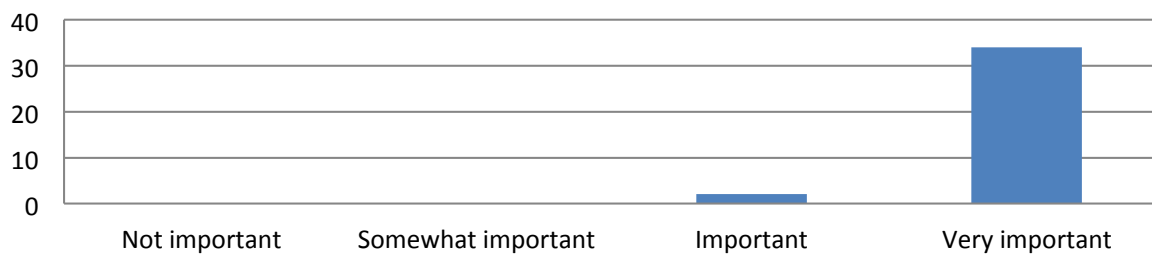
Standard 6 - Average Response: 3.53 (Round 1 was 3.54) (n=38)



Standard 7 - Average Response: 3.64 (Round 1 was 3.75) (n=38)

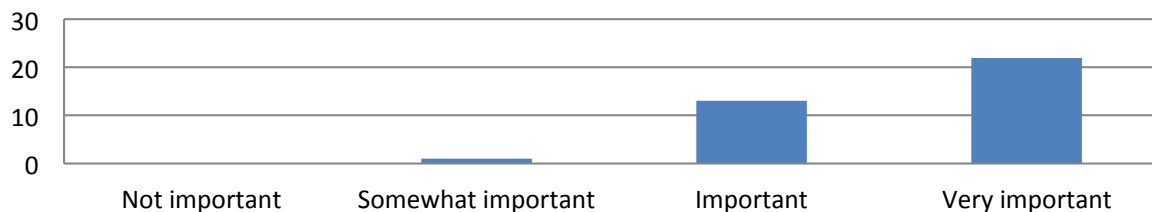
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Standard 8: Effectively coordinates and manages the nursing and/or health care in partnership with the child and young person, recognising their unique needs and the role of the family in care.



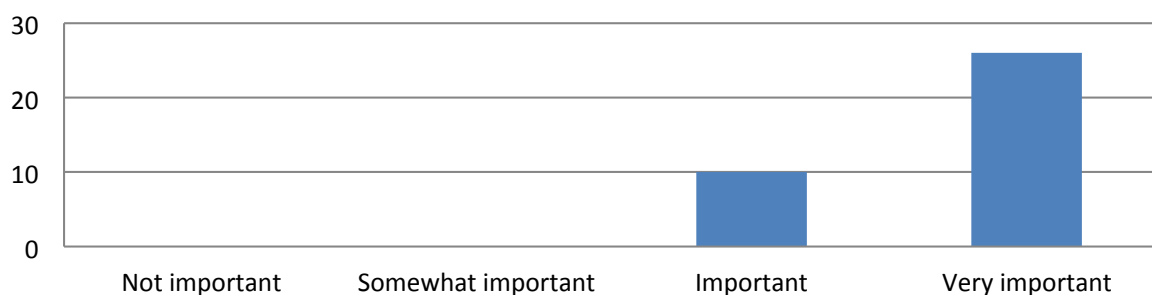
Standard 8 - Average Response: 3.74 (Round 1 was 3.86) (n=38)

Standard 9: Demonstrates knowledge of primary health care, health promotion and continuity of care, and incorporates this approach into practice to improve the health and well-being of children and young people.



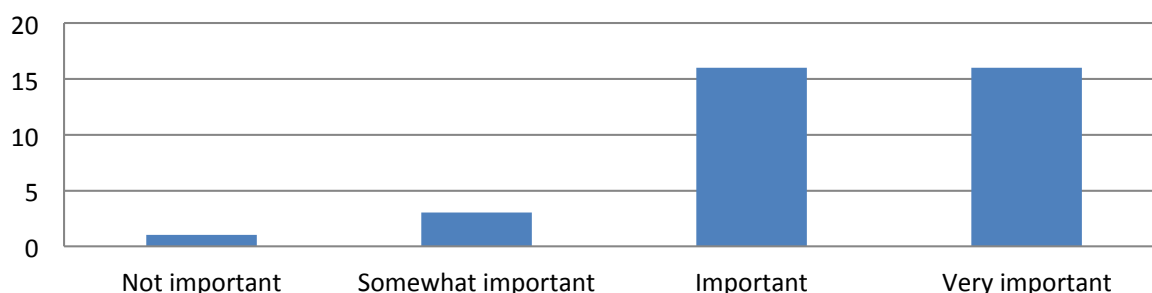
Standard 9 - Average Response: 3.4 (Round 1 was 3.68) (n=38)

Standard 10: Negotiates for adequate resources to provide safe and effective care for children and young people



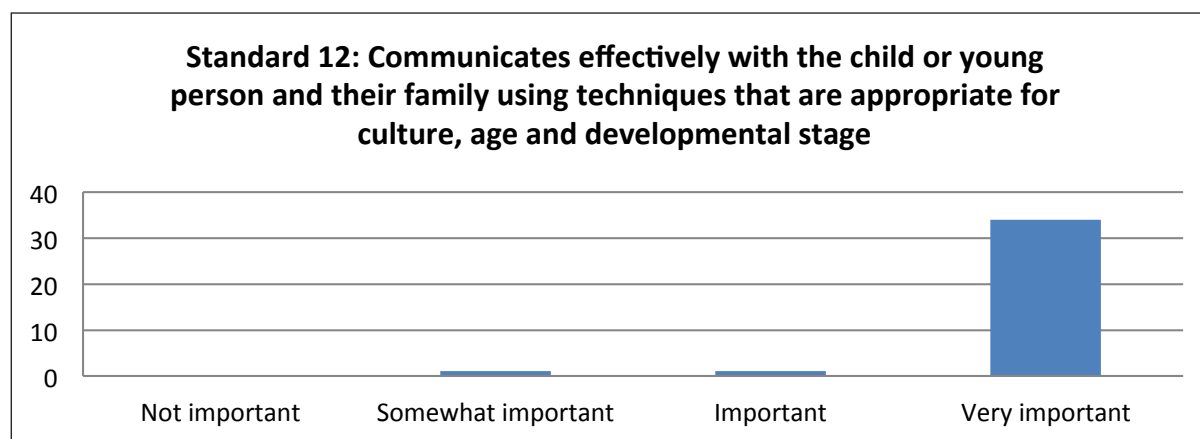
Standard 10 - Average Response: 3.53 (Round 1 was 3.62) (n=38)

Standard 11: Establishes peer networks in the specialty area of child and young people nursing

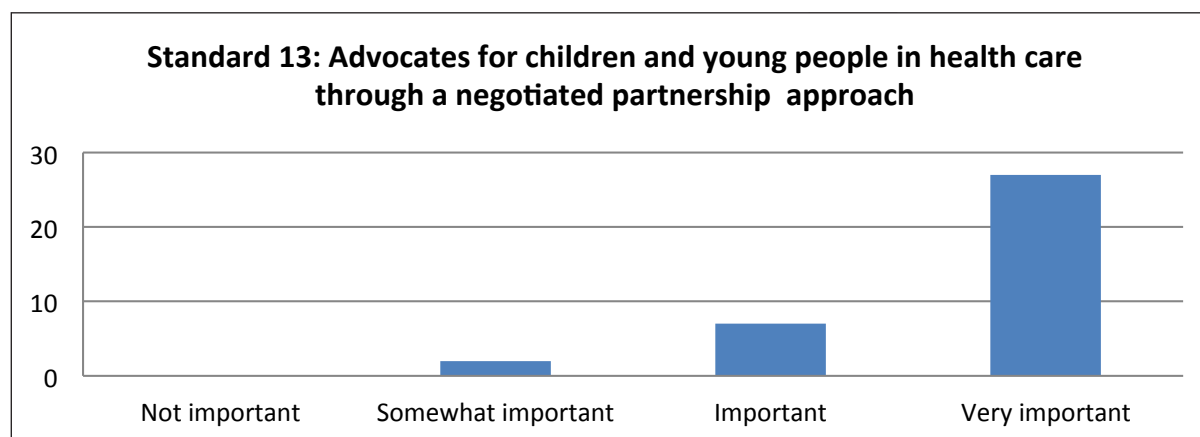


Standard 11 - Average Response: 3.14 (Round 1 was 3.37) (n=38)

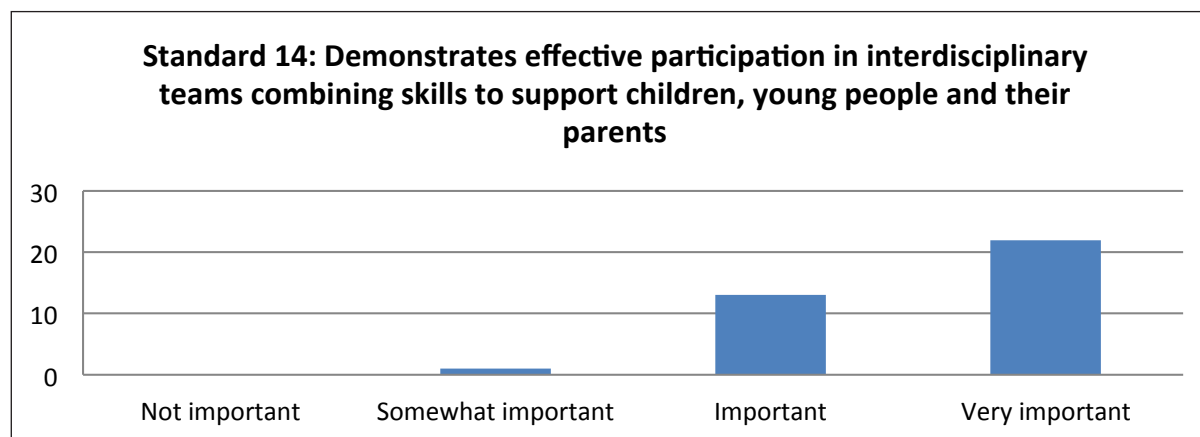
Appendix 3 continued



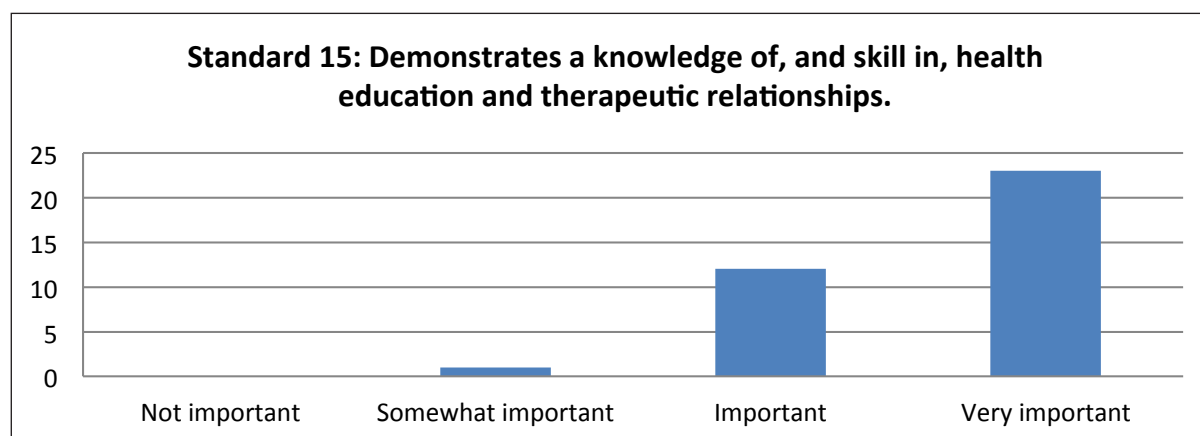
Standard 12 - Average Response: 3.86 (n=76)



Standard 13 - Average Response: 3.91 (n=76)



Standard 14 - Average Response: 3.6 (n=76)



Standard 15 - Average Response: 3.5 (n=76)

