



SOCIETY OF
PEDIATRIC NURSES

CHILD HEALTH CONTENT IN THE UNDERGRADUATE CURRICULUM

PROBLEM STATEMENT

Baccalaureate and associate degree nursing programs continue to decrease pediatric nursing didactic content and clinical learning experiences. Revisions in the pediatric nursing undergraduate/pre-licensure curriculum are recommended to emphasize existing content and concepts related to children and their families and to strengthen undergraduate pediatric nursing education. The trend toward reduction of child health content and clinical hours in pre-licensure education is of great concern. It poses a threat to the preparation of future clinicians and to the children in their care, and neglects the specific health challenges of infancy and childhood. (Bowling et al 2018; Betz, 2017).

RATIONALE AND SUPPORTING INFORMATION

- Consolidation of acute pediatric clinical care into larger health science centers has decreased the ability of programs of nursing to provide clinical student learning opportunities in caring for acutely ill children. Nursing programs not in proximity to larger pediatric nursing health care centers or those who compete with multiple local programs may find placement daunting. Also, the number of nursing programs seeking pediatric experiences creates competition and limitations on access to student clinical experiences in pediatric nursing (Ohio Board of Nursing, 2016).
- The Ohio Board of Nursing rules and regulations, the Ohio Administrative Code section 4723-5 permitted Ohio nursing undergraduate programs for up to 100% of clinical experiences in pediatrics and obstetrics to be replaced with high or mid fidelity simulation experiences (Ohio Board of Nursing, 2017).
- In response to the Ohio Board of Nursing position in allowing 100% of clinical pediatric simulation experiences, the Society of Pediatric Nursing (SPN), strongly recommended that the nursing education curriculum continue to include a portion of direct patient care with pediatric patients. (Bowling et al. 2018).
- Many programs of nursing are moving to concept driven curriculums in which pediatric exemplars may be omitted as programs focus on preparing nurse generalists (Duncan & Schulz, 2015).
- Research continues to strongly support the efficacy of patient and family centered care (Knafl, Santacrose, 2018; Kokorelias, Gignac, Naglie, & Cameron, 2019)

POSITION

The health care challenges impacting infants, children, adolescents and their families will require competent pediatric nurses that are trained and educated.

1. Required curricula in all professional (undergraduate/pre-licensure) nursing education programs must have readily discernible pediatric nursing content built upon theoretical and empirical knowledge; as outlined in SPN's pre-licensure [Pediatric Core Competencies](#). Theoretical and clinical educational experiences should reflect integration of current evidence-based information related to ethical, moral, and political-legal changes occurring within society that affect the child and family.
2. Nursing curricula should provide evidence of both classroom conceptual learning and clinical hours in patient and family-centered nursing care of children, which are consistent with those allocated to other age-related groups in the lifespan.
3. Curriculum must prepare nurses to be advocates for patient and family-centered care. Clinical settings and experiences must ensure the inclusion of patient and family-centered care.

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