A Conceptual Framework for Advanced Practice Nursing in a Pediatric Tertiary Care Setting: The SickKids’ Experience

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Abstract
Advanced practice nurses (APNs) at The Hospital for Sick Children (SickKids) are pediatric healthcare providers who integrate principles and theories of advanced nursing with specialty knowledge to provide autonomous, independent, accountable, ethical and developmentally appropriate care in complex, often ambiguous and rapidly changing healthcare environments. Caring for children and adolescents requires culturally sensitive and family-centred approaches to care that incorporate a unique body of knowledge. Family-centred care is an approach to planning, delivery and evaluation of healthcare that is governed by the establishment of mutually beneficial partnerships among APNs, health professionals and children/families. The cornerstone of APN practice at SickKids is the recognition of “family” as the recipients of care. By valuing and developing relationships with families, APNs promote excellence in healthcare across the care continuum to optimize the child’s and family’s physical, emotional, social, psychological and spiritual well-being.
This paper outlines the evolution of advanced practice nursing at SickKids, beginning with the introduction of APN roles in the 1970s and culminating in the current critical mass of APNs who have been integrated throughout the hospital's infrastructure. We describe the process used to create a common vision and a framework to guide pediatric advanced nursing practice.

Introduction
Advanced practice nursing (APN) roles at The Hospital for Sick Children (SickKids) have evolved over the past four decades. The current state reflects the advancements made by many pioneering nurse leaders who took educated risks, pushed boundaries and forged collaborations with interprofessional team members towards the goal of enhancing pediatric patient care.

In the late 1960s and early 1970s, SickKids introduced the clinical nurse specialist (CNS) role. These new APNs, who had completed graduate nursing programs, were introduced strategically into practice settings with the goal of identifying areas for practice improvement and development. Their practice was grounded in the early work of scholars such as Hamric and Spross (Hamric et al. 2005). These CNS roles focused on advancing nursing care within particular subspecialties, such as oncology and cardiology, and preparing children undergoing surgery. It became clear that APNs with advanced knowledge and skill in the care of specific patient populations brought current evidence to the bedside, built relevant patient care programs and were able to effect systems change, provide leadership for the advancement of nursing practice and enhance clinical outcomes.

The challenges faced by APNs included multiple stakeholders competing for their services and a feeling of "going it alone" within the organization. Their non-traditional nursing mandate was at times confusing to others whose conservative views of nursing did not reflect an understanding of the holistic, value-added work of the APN. As trailblazers, APNs forged new ways of working with nurses and interprofessional teams. They forged and developed new identities that traditionally were not associated with hospital nursing, such as being present in offices, libraries and across various nursing units. As a result, other care team members perceived the role to be very diffuse.

A particular challenge faced by these APNs was working alongside their clinical nursing colleagues as "expert" nursing specialists. APNs paid particular attention to relationship development as well as introducing innovative ideas into what was seen as a medically dominated culture. In their capacity as APNs, CNSs offered skills in bringing new ideas forward, substantiating them with evidence,
facilitating effective change and reinforcing the value of nursing work within the patient care enterprise. All these activities were eventually viewed as highly valued outcomes of the role. So, despite the challenges, these APNs thrived and laid a strong foundation for what was to come.

The late 1980s saw a reduction in the number of medical residents available to provide clinical services in Ontario, particularly in pediatrics. This perceived gap in care provided an impetus for the development of a nurse practitioner role in acute care settings (Mitchell et al. 1994). While other options were considered, expert nurses were ultimately enrolled in a graduate educational program. The intent was to advance their existing knowledge and skills so that they could provide clinical care to infants and families that had previously been provided only by physicians.

The idea of creating a neonatal nurse practitioner (NNP) role in Canada was novel and exciting. Continuing the tradition of innovation and leadership in professional nursing practice, SickKids embraced this opportunity and supported an experienced neonatal nurse to complete a new Expanded Role Nurse – Neonatal Healthcare Practice program. This direction in nursing was not without controversy, as it stimulated debate about how advanced nursing practice should evolve. Critics suggested this new role was simply a medical replacement with limited nursing focus. Some labelled the new role a “mini doctor,” while others were prepared to watch and wait. This diversity in viewpoints led to some role confusion and role ambiguity for the new neonatal nurse practitioners. Expectations of this role were broad and varied, but these new APNs were committed to being more than medical replacements. They brought to their practice an enhanced knowledge of how to work with families, deliver care in complex and challenging circumstances and facilitate practice change in the environments in which they worked. These nurses pushed the boundaries of traditional nursing practice, established new ways of thinking about nursing and contributed to an enactment of a collaborative interprofessional practice model.

While these acute care roles were being established, an academic debate was raging examining differences between clinical nurse specialist (CNS) and nurse practitioner (NP) roles (Rasch and Frauman 1996; Pinelli 1997; Mick and Ackerman 2002; Fawcett et al. 2004). At SickKids, nursing leaders agreed to focus on the role similarities of CNSs and NPs rather than differences. The neonatal nurse practitioners had examined the advanced practice literature and developed a position description for their new role that reflected a full range of advanced nursing practice competencies. To acknowledge the intended breadth of their scope of practice and a common focus on advanced nursing practice, the clinical nurse specialist-nurse practitioner (CNS-NP) title was created.
Opportunities to expand the education and deployment of nurse practitioners in acute care settings exploded in Ontario in 1995. With the establishment of post-master’s acute care nurse practitioner programs (ACNP), nurses already practising as CNSs were enabled to acquire specialty preparation to perform new clinical activities traditionally performed by physicians (e.g., histories and physical assessments, initiating orders for diagnostic procedures and treatments) within a variety of subspecialty practice settings (Simpson 1997). Several SickKids CNSs completed the program, establishing CNS-NP roles in a number of areas including plastic surgery, oncology, cardiology, pediatrics, respiratory medicine and the acute and chronic pain services. By the end of 2000 there were over 40 APNs, both CNSs and CNS-NPs, functioning on a variety of interprofessional subspecialty teams at SickKids.

When CNS-NPs were first introduced in the 1980s, functions that were beyond nursing's traditional scope of practice were regulated using unique practice agreements between the College of Nurses of Ontario and the College of Physicians and Surgeon of Ontario. Later, when Ontario’s Regulated Health Professions Act (1991) was passed, a different mechanism was required for nurses to take on practices that fell outside the scope of nursing practice. Medical directives replaced special practice agreements and, as such, became an authorizing mechanism designed to support regulated health professionals to extend their practice beyond discipline-specific regulatory boundaries (CNO 2009a, b). While CNS-NPs were pushing boundaries and forging collaborative practices, questions surfaced about accountability and liability related to what was perceived by some as the encroachment by CNS-NPs into medical practice. A joint statement by the Canadian Medical Protective Association and the Canadian Nurses Protective Society (CMPA/CNPS 2005) addressed liability risks in collaborative practice, which relieved some clinicians who were partnering in new ways to deliver patient care. Further regulatory changes to Ontario’s Nursing Act in 2007 protected the title of nurse practitioner, identifying four specialty NP categories for regulation by the College of Nurses of Ontario. Since that time, all nurses working in CNS-NP roles have been required to write a qualifying exam to become registered as NPs in the province of Ontario.

Currently at SickKids, there are approximately 60 NP and 10 CNS positions, working with a wide variety of in-patient and ambulatory populations. The need for each role has been identified based on gap analyses, assessment of the needs of the target patient population and those of the program. These APN roles are acknowledged as essential to the care provided at SickKids and are recognized as complementary to more traditional pediatric patient care resources.

Building the Vision and the Framework
By the late 1990s, the APN Council had adopted the Strong Model (King and
Ackerman 1995; Mick and Ackerman 2000) as a framework to support and guide advanced nursing practice at SickKids. While this model was useful for examining role domains, it was incomplete in fully describing pediatric advanced practice nursing. For example, APNs are routinely expected to describe the theoretical and substantive clinical methods they used to make patient care decisions and implement evidence-informed interventions. Simply describing their role as contributing in the clinical practice domain was not enough; we needed APNs to apply theory to practice and be able to articulate those theories and the evidence that supported the care they delivered.

The Strong Model (Ackerman et al. 1996; Mick and Ackerman 2000), while informally adopted to frame APN roles, was not consistently applied. With this in mind, the SickKids APN Council embarked on a journey to create a vision and conceptual framework for advanced pediatric nursing practice that would more fully represent this specialized nursing practice. Development of a common framework was thought to be essential to stabilize our collective identity (MacDonald et al. 2006) and was intended to guide role development, sustainability and outcome evaluation. The needs for a common vision and for a practice framework for advanced nursing practice at SickKids were key drivers for two of the authors (KL and PH), who participated in the Dorothy Wylie Nursing Leadership Institute (n.d.). The guiding framework used for the change initiative was Kouzes and Posner’s (2002) five practices of exemplary leadership that included inspiring a shared vision, challenging the process, modelling the way, enabling others to act and encouraging the heart. As “leaders of leaders,” APNs at SickKids knew that using an evidence-based leadership model was important to guide our thinking and our actions. The following discussion describes the process we used to develop a vision and practice model or framework for advanced pediatric nursing practice.

Inspiring a shared vision
As a first step, the APN Council set out to develop a vision statement that was consistent with our values, described where we were going and what we hoped to accomplish in words that were easy to communicate and reflected our passion for nursing practice. The group engaged in visioning exercises, dialogue and discussions regularly over a three-month period to capture elements of practice that were important to reflect in a vision statement. Visioning exercises included such activities as “Think about Your Past,” “Do the Something You Want to Do,” and “Newspaper Headline” (Table 1).

Challenging the process
APN descriptors were derived from position descriptions that were designed to reflect the common domains of APN practice, such as clinical practice, educa-
tion, research and administration/leadership. While these provided guidance for role enactment, they did not address the philosophical and theoretical underpinnings of APN practice or articulate the ways in which APNs influence patient care and professional nursing advancement. The APN Council reflected on how else it might demonstrate the valuable contributions that APNs make to patient care and nursing scholarship. We noted that novice APNs reported that they were challenged when attempting to describe their potential contributions to the team beyond the generic domains of practice. Important elements such as theoretical concepts that guide advances in practice or frame research were missing from these practice discussions. We collectively envisioned a three-dimensional description of the APN role at SickKids: a vision, a practice framework and a position description.

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<tr>
<th>Table 1. Visioning exercises</th>
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<tr>
<td>Think about your past</td>
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<tr>
<td>Do the something you want to do</td>
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<td>Write a newspaper headline</td>
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Modelling the way
We were able to model the way because we were passionate and enthusiastic about the project. We established the project as a central agenda item of the monthly APN council meetings to take advantage of the existing APN Council forum. We were transparent about our goals and our process. We discussed our vision with the larger group of APNs through the use of slideshow presentations, handouts
and recorded details of discussions in our meeting minutes, and we encouraged participation in large and small working group sessions. We planned each meeting and paid close attention to process and outcome details. We focused on being role models, taking time to be inclusive in discussion, redirecting the discussion as needed, encouraging the expression of all ideas, encouraging rational debate, respecting varying opinions, building consensus and having fun along the way.

Enabling others to act
We decided right from the beginning that the project needed to be owned by APNs. The outcomes would be shared, as would credit for the development of the practice framework. Once we clarified our joint vision, a small working group met weekly for several months to sift through ideas, brainstorm, refine concepts, wordsmith and evolve the final practice framework and supporting documents. This small group brought their ideas and draft documents to the larger APN Council monthly meeting, creating an iterative feedback loop. Every APN had many opportunities to provide input and to participate in all stages of the framework’s evolution.

Encouraging the heart
This is probably the most obvious strategy that leaders can use to ensure effective change, yet it is often forgotten. We used regular communication and personal contact while keeping things simple and informal. Verbal acknowledgements, cards and supportive emails were used as strategies to provide positive feedback to individuals who contributed key ideas, and to the entire group to reinforce our progress. We ensured that there was time at each APN Council meeting to discuss how people were feeling about our work and our progress together. We encouraged our members to articulate the meaning and purpose that the work had for them individually and as a collective. Focusing on the potential uses of this project and celebrating the accomplishments at every step along the way helped individuals know that their efforts were worthwhile.

Results of the Project: An APN Vision and Conceptual Framework
The goal of this change initiative was to generate a shared APN vision and practice framework for advanced pediatric nursing practice that could guide and sustain our practice. The outcome of our visioning work is highlighted below.

Vision Statement
Advanced practice nurses at SickKids are leaders who deliver expert pediatric healthcare. We strive to build diverse partnerships, foster innovation and push boundaries to help children and families be the best they can be.

APN framework
The key theoretical foundations of the framework intended to guide advanced
nursing practice were identified by a subgroup of the APN Council. The foundational elements have been made explicit and exemplify the evidence that guides APN practice. Building on this base, the APN role in pediatric nursing practice is presented as a spoked wheel, with the child/family in the centre as the focus, surrounded by and connected to each of the domains of paediatric APN practice. The spoked wheel is embedded in a circle of environmental factors and key relationships (Figure 1).

Figure 1. APN practice at SickKids

Critical to the success of the APN role in the pediatric setting is attention to the context in which the practice exists and to the relationships and partnerships established among individuals, teams, systems and networks, which the APN influences and is influenced by in delivering family-centred care (Institute of Family-Centered Care 2004). The intended result of this interaction of domain functions, relationships and the practice setting is improvement in patient care and in the system. The impact of the APN can be made visible in the advances in children’s health and the delivery systems that are configured to provide effective and family-centred pediatric healthcare services.

The five domains of practice depicted in Figure 1 capture the essential elements of the pediatric APN role, including clinical practice, research and scholarly activities, interprofessional collaboration, education and mentorship and organiza-
tional and systems management. These domains of practice are enacted within various settings across the care continuum, such as the hospital, home, ambulatory care clinics and the community, thereby enhancing continuity of care for children and their families. The provision of holistic family-centred care takes place within the contexts of human relationships, partnerships and collaboration. Regardless of clinical specialty or the clinical emphasis of a certain role, pediatric APNs are expected to know and lead in ways that demonstrate attention to each of these threads.

A number of theoretical foundations were used as reference points when developing the SickKids APN framework and core competencies. The first is the Illness Beliefs Model (Wright et al. 1996). This model is an advanced clinical practice approach co-created by Wright, Watson and Bell of the Family Nursing Unit, Faculty of Nursing, University of Calgary. The model offers a theoretical framework and key therapeutic interventions for use by health professionals who are working with families experiencing chronic illness, life-threatening illness or psycho-social problems. It provides APNs with a guide for family assessment and intervention with families experiencing illness.

The second foundational model, Five Practices of Exemplary Leadership (Kouzes and Posner 2002), offers a practical framework for APNs to apply fundamental principles of leadership to their day-to-day work with families and interprofessional colleagues. This approach is consistent with the expectation that APNs develop and consistently enact leadership competencies (CNA 2008).

A third foundational model is the Strong Model (King and Ackerman 1995; Mick and Ackerman 2000), which identifies domains of advanced nursing practice and activities associated with each domain. SickKids APNs are expected to familiarize themselves with this model and work to enact all domains of practice in the SickKids context and within the role domains highlighted in the SickKids APN framework. The common threads of collaboration, empowerment and scholarship in this model are akin to the relational context embedded in the SickKids framework.

The final foundational model is the Canadian Nurses Association's first edition of Advanced Practice Nursing: A National Framework (CNA 2000), which outlines competencies that are expected of all APNs. The framework has been revised (CNA 2008) and continues to influence how the SickKids APN framework is enacted.

These foundational models provided inspiration for the development of the core SickKids pediatric APN competencies and standards, examples of which are provided in Table 2.
### Table 2. Examples of SickKids APN competencies and standards

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<tr>
<th>Competency Area</th>
<th>Description</th>
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<tr>
<td><strong>Pediatric Clinical Practice</strong></td>
<td>• Integrates and applies deliberate and purposeful nursing interventions based on in-depth knowledge, research and clinical expertise</td>
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<td></td>
<td>• Applies depth and breadth of knowledge to provide a range of strategies that meet the complex needs of clients</td>
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<tr>
<td><strong>Education and Mentorship</strong></td>
<td>• Educates other nurses, health professionals and clients about the link between nursing interventions and outcomes in order to effect healthcare changes</td>
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<td></td>
<td>• Acts as a mentor to nursing colleagues and others to improve and support nursing practice</td>
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<td></td>
<td>• Provides leadership in professional activities and professional development</td>
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<tr>
<td><strong>Research and Scholarly Activities</strong></td>
<td>• Contributes to the understanding and development of evidence-based nursing knowledge through involvement in research and the evaluation and utilization of relevant research findings</td>
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<td></td>
<td>• Influences nursing practice by facilitating the integration of research-based knowledge into practice</td>
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<tr>
<td><strong>Interprofessional Collaboration</strong></td>
<td>• Plans, coordinates, implements and evaluates programs to meet client needs through partnerships and intersectoral collaboration</td>
</tr>
<tr>
<td><strong>Organizational and Systems Management</strong></td>
<td>• Critically analyzes and influences health policy</td>
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### Illuminating Core Competencies for Pediatric Advanced Practice Nursing

Five competency domains (pediatric clinical practice, education and mentorship, research and scholarly activities, interprofessional collaboration and organizational and systems management) were identified as reflective of the pediatric APN practice at SickKids. APNs develop and demonstrate abilities that reflect core competencies in each domain. It is these advanced competencies that allow paediatric APNs to make unique contributions, complementing existing resources in the healthcare system.

**Pediatric clinical practice**

APNs provide specialized, expert nursing care to families living with complex health issues. Advanced paediatric nursing practice, grounded in theory and evidence, is the foundation for competent, safe and compassionate care of families. APNs have breadth and depth of clinical nursing knowledge, usually in a pediatric clinical subspecialty, that enables them to recognize the complexity of pediatric illness and identify its impact upon the family. APNs advocate on behalf of children and families and empower them to develop effective self-management strategies. For example, when children are critically ill, they and their families may require assistance in coping with the crisis of this critical illness. Their responses may not be predictable and may challenge clinical nursing staff. The APN consults
with clinical nursing staff and works directly with the child and family to assist them to develop individualized coping strategies that are effective for them during that phase of the illness trajectory. The APN also collaborates with other members of the interprofessional care team to facilitate family-centred communication and coordination of comprehensive, holistic care.

Pediatric APNs are committed to establishing partnerships with patients and families and building relationships with them that enable these nurses to advocate for the needs of families who are affected by complex, chronic and acute health issues. Through independent and interdependent evidence-informed practice, APNs advance the standard of care locally and globally, providing culturally sensitive care and attending to diversity. Health promotion, disease and symptom prevention and management, coordination of resources and assisting children and families to navigate the healthcare system are core components of the practice domain of the SickKids APN framework.

Education and mentorship
Pediatric APNs promote child and family health through the development, implementation and evaluation of relevant health education. Using appropriate learning principles, developmentally appropriate teaching strategies and individualized education plans, they enable families to develop competence and confidence so that they can effectively manage their children's health issues and, when appropriate, enable children and adolescents to care for themselves. In the case of a critically ill child and his or her family, the APN assesses the learning needs of the child and family who are in crisis and develops and implements a plan that meets their unique needs, taking advantage of their strengths and family resources.

APNs are viewed as experts in their respective areas of practice and are role models within their units, in the hospital and in the community. Mentoring fellow APNs and RN colleagues, and sharing knowledge and expertise with members of the interprofessional team, are further essential dimensions of their role. APNs take advantage of both formal and informal opportunities to provide education and mentorship. Through their work in guiding nursing students, planning and teaching seminars, and designing and implementing innovative nursing curricula, APNs seek to support and advance pediatric nursing practice.

Research and scholarly activities
Advanced practice nurses actively engage in scholarship that influences the quality of care provided to children and families and advances the practice of pediatric nursing. Pediatric APNs critically appraise evidence and contribute to the development of best practices, activities that position them as leaders in coordinating and planning innovative, individualized paediatric healthcare. Through the
dissemination of evidence, the generation of knowledge through research, and presenting and publishing new knowledge, pediatric APNs are knowledge brokers who are positioned to be effective in knowledge translation.

Interprofessional collaboration
Pediatric APNs have skills that enable them to facilitate collaborative practice by developing respectful, trusting relationships with children and families, acknowledging the essential roles of the child, family and healthcare professional team and mutually negotiating realistic health goals. Establishing effective relationships with other professionals also optimizes the care that APNs provide to children and their families (Koloroutis 2004).

Effective interprofessional collaboration also enables pediatric APNs to demonstrate their understanding of the important contributions of other members of the team as well as heighten awareness and understanding of the APN's role among members of an interprofessional team. These competencies are demonstrated when APNs build partnerships, both internal and external to the hospital, that facilitate and enhance clinical care, education, scholarly contributions and the systems in which APNs work. An APN working with a critically ill child and his or her family identifies essential internal and external resources that may benefit both child and family. The APN works with the interprofessional team to ensure a coordinated approach to meeting their unique needs as a family.

Organizational and systems management
Pediatric APNs have broad systems knowledge, allowing them to facilitate change at the micro (population or unit), meso (organizational) and macro (health systems) levels to benefit children, their families and the healthcare system at large. Pediatric APNs are skilled in identifying gaps in care provision and providing leadership in quality improvement initiatives while balancing the competing priorities of efficiency and patient safety. Through anticipatory guidance, innovation and expert system navigation, pediatric APNs maximize continuity of care for children and families and facilitate smooth transitions from hospital to community. Their diverse partnerships and extensive involvement with community associations, leadership in local, regional, national and international nursing organizations and strong APN networks are fundamental to these nurses' ability to have a unique impact on child and family health in Canada. For example, an APN who works with children with diabetes develops strong networks with other professionals involved in diabetes research and care and is able to access these experts to benefit children and families in the nurse's care. Advanced knowledge of this population positions the APN well to influence the micro, meso and macro systems to effect change that positively influences the care that children and families receive provincially, nationally and even internationally.
Ongoing Evolution of the APN Framework

Once the pediatric APN framework was established at SickKids, a number of significant outcomes were targeted. Firstly, the APN vision, practice framework and role competencies were publicized and implemented throughout the organization, enabling SickKids APNs to share a common language when discussing their practice across subspecialties and settings and with stakeholders. Newly hired APNs use the framework to define learning opportunities and clearly articulate their role to their teams. New APNs have commented on the usefulness of the framework and feel fortunate to begin practicing in a role in which there is a significant degree of consistency and a commonly held understanding across the organization.

Secondly, the process for the negotiation of new roles is clear, and the development of new APN roles and their implementation is guided by common expectations and established competencies. This consistency has been well received by managers and APNs alike.

Thirdly, APN position descriptions have been revised to reflect the new vision and practice framework, and general as well as role-specific orientation programs have been developed for new APNs. The practice framework has also served as the basis for the establishment of professional development opportunities for more experienced APNs.

Finally, a comprehensive, competency-based performance evaluation process, adapted from the Dartpnei Tool (Buus-Frank 1996), has been developed based on the practice framework. Competency-based tools for CNS and CNS-NP self-evaluation and guidelines for 360-degree review (peers, superiors, subordinates) and peer review tools were developed. The self-assessment tool provides competency descriptors that reflect practitioner development on a novice-to-expert continuum, as reflected in the work of Benner (1984). An example of the competence descriptor for the “family care” contextual factor is offered in Table 3. An interprofessional consultation process was used to establish face validity of the performance evaluation tools. The review process is focused on the identification of areas of strength as well as those for development, thus serving as the impetus for ongoing professional development of individual APNs.

The SickKids APN framework is used to define, develop and sustain APN roles, review professional practice contributions and describe professional achievements at specialty meetings and conferences and during the biannual performance review cycle. The practice framework offers a conceptualization of the APN role that is unique to pediatric acute care settings and has stimulated interprofessional leaders within SickKids to consider developing conceptual frameworks for other special-
ized practice within the organization. Future research is planned that evaluates APN outcomes using the SickKids APN framework as a conceptual guide.

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<th>Table 3. Example of evaluation tool – family care domain</th>
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<tr>
<td><strong>Capable</strong> = Defines family structure and identifies families at risk. Provides family-centred care, communicates consistently with family members and serves as child/family advocate. Recognizes need for and helps organize family team conferences. Provides family with information concerning health promotion, disease and symptom prevention as required.</td>
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<td><strong>Skilled</strong> = Completes a thorough family assessment. Identified by families as a consistent, reliable, trusted resource. Assesses coping strategies and facilitates involvement of social supports as required. Demonstrates skill and compassion in helping families understand diagnostic and prognostic information. Provides anticipatory guidance, anticipates discharge needs and follow-up.</td>
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<tr>
<td><strong>Highly Proficient</strong> = Respected resource for families and team members. Anticipates and provides for family learning needs in complex and sensitive situations. Assists interdisciplinary team members in understanding and working with families from diverse and complicated social situations. Enables families to navigate the healthcare system.</td>
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Conclusions

At SickKids, advanced practice nursing has evolved over the past four decades. With the integration of APNs into almost every program in the hospital, across inpatient and ambulatory settings, they are uniquely positioned to have a positive impact on child and family health outcomes. The establishment of a common vision and practice framework for advanced pediatric nursing practice has provided a solid foundation from which to optimize the contributions of APN roles to child health, and has provided a common language with which APNs can discuss future role expectations and goals in order to maximize the impact of this important role in the healthcare system.

References


