This document developed by the Northern Maternal Child Network in collaboration with the Women and Children's Health Network, aims to enhance pediatric care competencies for hospitals in the Northeast and Northwest. It provides a framework for educational support and constructive feedback, aiding Mentors and Managers in evaluating skill development progress.

Having a body of defined standards enhances the accountability of the nursing profession to the public by articulating and promoting safe nursing (National Emergency Nurses Association, 2018). This document summarizes pediatric specific competencies developed by the National Emergency Nurses Association (NENA), the Emergency Nurses Association of Ontario (ENAO), the Canadian Nurses Association (CNA) and the Canadian Paediatric Nursing Standards (2022).

A review has shown that onboarding and orientation competencies vary across sites within the Network. The goal of this document is to strengthen current practices by supporting the evaluation of new employees during site-specific orientation and provide a detailed reference for performance appraisals. The competency checklist may be used as presented or adapted into site-specific tools to promote a family-centered, high-quality, and consistent approach to pediatric care. It can also serve as a tool for annual self-reflection to support continuous practice improvement and meet the College of Nurses of Ontario (CNO) requirements. Learning needs identified through this process may arise through various means, including formal and informal education, clinical experience, mentorship, reflection, and self-directed learning.

Each Nurse is responsible for ensuring their own competence, which the College of Nurses of Ontario (CNO) defines as "the nurse's ability to use his/her knowledge, skills, judgement, attitudes, values and beliefs to perform in a given role, situation and practice setting."

Name: _____

Mentor: _____

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Recommended Pediatric Certification Courses to Support Learning (ENAO, 2019 & ENA, 2019)

(Completion timeline dependent on-site specific orientation process):

Certification	Status: Complete/Date, In Progress, N/A	Renewal: Date, N/A
★ Basic Life Support (BLS)		
★ Pediatric Emergency Assessment Recognition and Stabilization (PEARS)		
★ Pediatric Advanced Life Support (PALS)		
★ Emergency Nursing Pediatric Course (ENPC)		

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How to use the Nursing Competency Tool

The evaluation key in Table 1 serves as a guide for both the learner and mentor throughout the evaluation process. The "learner" may be an experienced staff nurse who is going through the self-evaluation process, and this tool can then be utilized as an ongoing method of performance appraisal, not requiring a mentor assessment. Mentor can include a manager/supervisor or delegate overseeing the evaluation.
For those assigned a mentor, it is intended to be completed in the following steps:

1. The learner and mentor will determine the time frame for the initial and final competency review using Benner's Stages of Clinical Competence (Table 2)
2. The learner and mentor will both complete the initial and final assessment. There may be discrepancy which is expected and will encourage further discussions to identify areas of strengths and opportunities.
3. The **learner** will complete the **Method of Review** which is how the learner developed knowledge of the skill or competency.
4. The **mentor** will complete the **Method of Evaluation** which is how the learner demonstrated the skill or competency in clinical practice.
5. The **mentor or learner** can utilize the **Comments** to add any additional information or identify any specific topics or skills that may need further development.
6. **Date/Initials** to be completed by the learner and mentor.

Table 1. Evaluation Key

Evaluation Key						
Nursing Skill/ Competency Indicator	**Learner Assessment** N=Novice B=Beginner C=Competent P=Proficient E=Expert	**Method of Review** P= Policy/ Protocol Review E= Education Session S= Self-Learning Package C= Clinical Practice	**Mentor Assessment** N=Novice B=Beginner C=Competent P=Proficient E=Expert	**Method of Evaluation** D/S= Demonstration/SIM O= Observed in Practice V= Verbal Review N/A = Not Applicable	**Comments**	**Date/ Initials**
	Initial	Final		Initial	Final		Initial: Final:	

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Benner's Stages of Clinical Competence

Utilizing Benner's Stages of Clinical Competence to assess each nurse's current level, tailor training programs to their needs, provide appropriate support, and encourage continuous learning. Implement competency checklists and mentorship to track progress and offer regular feedback to help nurses advance through the stages.

Table 2. Benner's Stages of Clinical Competence (1982)

Stage	Description
Novice	Beginners with no experience. Rely on general rules and guidelines to perform tasks.
Advanced Beginner	Nurses with some prior experience of a situation and able to deliver a marginally acceptable performance. Needs support from mentors and colleagues in the practice setting.
Competent	Nurses with 2-3 years of experience. This stage is characterized by conscious, deliberate planning based upon analysis and careful deliberation of situations. They identify priorities, manage their own work and benefit from learning activities that center on decision making, planning and coordinating patient care.
Proficient	Nurse who is able to perceive situations as whole parts and holistically. Can focus on relevant aspects of a problem and have usually been in a specific area of practice for several years. Case and simulation-based learning is most useful at this stage.
Expert	Nurses with deep intuitive grasp of clinical situations. Quickly identify problems without considering unfruitful alternatives. Not all practitioners will become experts but can use critical incident technique to evaluate expert practice.

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Pediatric Nursing Standards

The Paediatric Nursing Standards (2022) are specific to paediatric nursing practice and are anchored by Core Standards which are universally expected of all nurses, regardless of areas of practice, specialty or population group.

The standards are divided into domains that identify five unique aspects of pediatric nursing practice. Under each domain is a description of a specific outcome that will positively impact the care experience of the child and their family.

Each domain is supported by Always Events® which are behaviors that are so important to patients and families that health care providers must aim to perform them consistently and reliably for every patient, every time. Competencies for the Always Events® can be met in a variety of ways including, but not exclusive to, formal and informal education, clinical experience, mentorship, reflection, and self-directed learning.

It is anticipated that integration of the Canadian Paediatric Nursing Standards into the practice of all nurses working with children and their families will allow for the realization of the vision.
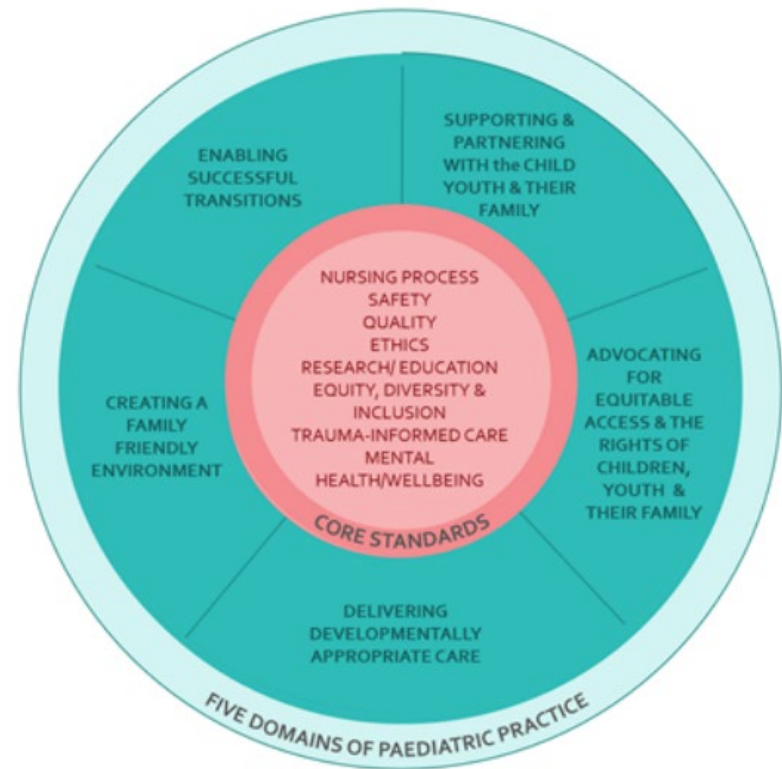
Figure 3: Canadian Paediatric Nursing Standards

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Pediatric Health Assessment								
Demonstrates knowledge of the Pediatric Assessment Triangle							Initial:	
Accurately assesses and interprets pediatric vital signs using validated resource tools								
Communicates necessary assessment findings required to team using standard safety language (i.e. SBAR)								
Performs an accurate primary and secondary assessment using standardized method (i.e., SAMPLE history)								
Describes importance of the sequence evaluate, identify and intervene cycle.							Final:	
Identifies risk factors for pediatric trauma, process for activation of team and initial management								
Aware of location and use of pediatric specific equipment (resuscitation equipment, infant warmer etc.)								
Demonstrates the ability to support cultural competency, language translation services, gender diversity and indigenous navigation services as available								

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Pediatric Health Assessment								
Incorporates principles of Family Centered Care into the planning and delivery of care, including supporting and partnering with child and family, creating a friendly and safe environment							Initial:

Final: | |
Primary Assessment - Airway								
Describes unique pediatric airway anatomy and physiology							Initial:	
Identifies airway patency as clear, maintainable or not-maintainable								
Identifies interventions for airway emergencies and maintaining patency (e.g. jaw thrust, tongue-jaw lift, suctioning)								
Describes causes of upper and lower airway conditions and recognizes life-threatening airway risks and interventions (i.e., epiglottitis, foreign body)							Final:	
Assesses the patients need for suctioning and performs oral, nasal, oropharyngeal and, nasopharyngeal suctioning using appropriate technique and pressures								

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Breathing								
Demonstrates understanding of pediatric respiratory physiology and pathologies							Initial:	
Recognizes and describes signs of increased work of breathing including accessory muscle use							Final:	
Describes respiratory distress versus respiratory failure and identifies intervention								
Demonstrates knowledge of signs and symptoms and management of common respiratory pediatric respiratory illnesses:								
Differentiates the difference between upper and lower airway conditions							Initial:	
• Anaphylaxis								
• Croup and differential diagnoses								
• Bronchiolitis							Final:	
• Asthma								
Demonstrates appropriate use of the Pediatric Respiratory Assessment Measure (PRAM) for Asthma								
Describes lung tissue disorders:								
Discuss identification and treatment of Pulmonary Edema							Initial: Final:	

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Core Competencies for Pediatric Care
For the Registered Nurse

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Breathing								
Describe Complicated and Uncomplicated Pneumonia and treatments							Initial: Final:	
Describes pleural effusion, empyema and indications for chest tube insertion							Initial:	
Describe Pneumothoracies – type and interventions							Final:	
Describe Chest Tube indications, insertion of, management of and safety measures to apply								
Articulates and initiates appropriate type and size of oxygen delivery system:								
Nasal prongs							Initial:	
Face Masks, including venturi masks, simple masks (short term use only), non rebreather (short term use only), oxymask								
Heated High Flow Nasal Cannula (HHFNC)							Final:	
Continuous Positive Airway Pressure (CPAP/BIPAP)								
Positive Pressure Ventilation (PPV)								
Demonstrates Inhaled Medication Administration:								
Meter Dose Inhaler and Spacer (MDI)							Initial:	
Small Volume Nebulizer							Final:	

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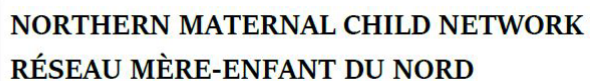|								
Breathing								
Vibrating Mesh Nebulizer (Aerogen)							Initial: Final:	
Describe best practice indications for above inhaled medications							Initial:	
Describes indications and method of delivery continuous inhalation medications							Final:	
Describes indication for IV bronchodilators								
Supports Care of a Patient with a Tracheostomy with Registered Respiratory Therapist (RRT):								
Ensures caregiver trained in tracheostomy changes present 24/7 with patient							Initial:	
Ensures emergency tracheostomy kit at bedside							Final:	
Supports patient with disordered control of breathing								
Describes common conditions associated with disordered control of breathing							Initial:	
Describes initial steps of treatment of disordered control of breathing							Final:	
Describes ongoing treatment of a patient with disordered control of breathing								

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Circulation								
Demonstrates knowledge of neonatal and pediatric circulatory anatomy and physiology							Initial:	
Performs a circulatory and cardiovascular assessment								
Describes rationales for central and peripheral pulse checks as well as capillary refill time.								
Verbalizes pediatric compensatory mechanisms to increase cardiac output (i.e. tachycardia)							Final:	
Initiates cardiorespiratory monitoring as indicated and sets appropriate limits for pediatric and neonatal patients								
Verbalizes common signs and symptoms of suspected critical congenital heart disease and common pediatric arrhythmias (i.e. SVT)								
Knowledge of signs and symptoms and management of pediatric/neonatal shock:								
Describe compensated/uncompensated/ irreversible shock							Initial:	
Hypovolemic							Final:	
Distributive								

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Circulation								
Cardiogenic							Initial:	
Obstructive								
Recognizes infants/children who are highest risk of sepsis (i.e. <3months age, recent surgery, complex chronic illness)								
Communicates and performs or assists with timely interventions for sepsis (e.g. bloodwork, catheterization, lumbar puncture, fluids)								
Describes Febrile Neutropenia and initial treatment standards							Final:	
Successfully performs peripheral intravenous (PIV) insertion and securement on a child utilizing appropriate pain management strategies								
Verbalizes knowledge of indications for and role in assisting with insertion and management of intraosseous infusion (IO)								
Demonstrates ability to access and maintain: o Peripheral Inserted Central Catheter (PICC) o Port-a –Cath								

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Circulation								
o Short term Central Venous Line CVL (femoral, internal jugular, subclavian)							Initial:	
Demonstrates skill of administering a Push/Pull Fluid Bolus							Final:	
Identifies priorities when managing a patient experiencing a sickle cell crisis								

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Disability								
Demonstrate use of AVPU acronym when assessing level of consciousness (Alert, Voice, Pain, Unresponsive)							Initial:	
Demonstrates use of the Pediatric Glasgow Coma Scale								
Assesses pupils for PERRLA							Final:	
Performs a neurological assessment utilizing the TICLS mnemonic: Tone, Interactiveness, Consolability, Look/Gaze, Speech/Cry								
Recognizes signs and symptoms of common neurological conditions:								
• Meningitis/Encephalitis							Initial:	
• Increased intracranial pressure								
• Head Injury								
• Hypo/hyperglycemia							Final:	
• Seizures (Febrile and non-febrile)								
Identifies altered mental status in children and checks glucose								

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Exposure/Environment								
Demonstrates knowledge of appropriate exposure and environmental assessment							Initial:	
Demonstrates knowledge of common ingested toxins and management								
Applies and ensures thermoregulation using appropriate methods (i.e. warm blankets, infant warmer) unless febrile								
Ensures full patient exposure to assess for signs of illness or injury including rashes or non-accidental trauma							Final:	
Assesses for signs of Non-Accidental Trauma and verbalizes the Duty to Report Law in Ontario								
Encourages and supports family presence and utilizes the family to support what is normal for their child								
Describes care of the neonate with Neonatal Abstinence Syndrome using Finnegan scoring and Eat, Sleep, Console method								

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Gastrointestinal (GI)/Genitourinary (GU)								
Demonstrates a developmentally appropriate GI Assessment							Initial:	
Identifies signs and symptoms of gastrointestinal emergencies (i.e. intussusception, pyloric stenosis, malrotation with volvulus)							Final:	
Demonstrates recognition and management of common pediatric GI related diagnosis:								
• Gastroenteritis							Initial:	
• Appendicitis								
• Abdominal pain								
• Constipation								
Performs a developmentally appropriate GU assessment							Final:	
Recognizes common pediatric and neonatal GU emergencies (paraphimosis, testicular torsion, incarcerated hernia, ovarian torsion)								
Recognizes suspected urinary tract infection and collects urine samples using appropriate method from infants/young children:								
Urinary Catheterization							Initial:	
Bag Sample (should not be used for a urine culture)							Final:	

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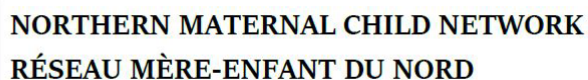NORTHERN MATERNAL CHILD NETWORK
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Musculoskeletal (MSK)/Integumentary								
Performs a developmentally appropriate MSK assessment							Initial:	
Demonstrates assessment and treatment of common pediatric fractures								
Articulates knowledge of common types of pediatric burns and treatment							Final:	
Fluid and Electrolyte Management								
Calculates appropriate maintenance hourly fluid intake (e.g. 4/2/1 rule)							Initial:	
Calculates intake and output including fluid balance for patients at risk of fluid imbalance (ml/kg/hr)							Final:	
Demonstrate knowledge and understanding of common IV fluids used in pediatrics							Initial:	
Demonstrates naso/orogastric tube insertion technique								
Describes care and maintenance of enteral feeds (NG, Gastroscopy tube, jejeunostomy tube, gastro-jejeunostomy tube							Final:	
Recognizes and manages a pediatric patient presenting with Diabetic Ketoacidosis (DKA)								

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Mental and Behavioral Health								
Demonstrates care and compassion to child and family and promotes a brave/safe space							Initial:	
Demonstrates knowledge of safety risks and performs safety assessments and/or uses validated screening tools to identify high risk activities or behaviors (i.e. suicide screening)								
Develops interventions and coping plans to address behavioral challenges (e.g., ADHD, Autism, etc.)								
Demonstrate knowledge of signs and symptoms of eating disorders (e.g., anorexia, bulimia, etc.)							Final:	
Demonstrates knowledge of toxicologic emergencies and interventions								
Recognizes physical, emotional, spiritual and sexual abuse and discusses expert resources (Children's Aid Services)								
Verbalizes awareness of local crisis resources and pathways for patients experiencing mental health issues								

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Mental and Behavioral Health								
States purpose and differences between common Ontario Mental Health Act Forms (Form 1/42 and Form 3)							Initial: Final:	
Medication Administration								
Demonstrates ability to calculate and verify pediatric weight-based medication doses to ensure within therapeutic range for weight and medical condition							Initial:	
Safely administers different routes of medication to the pediatric patient (intravenous, intranasal, intramuscular, oral, nasal, rectal)								
Safely administers IV medications including medication calculations, reconstitution, checks compatibility and assesses IV site prior during and at the end of administration							Final:	
Describes mechanisms, adverse effects and monitoring requirements of pediatric patients receiving opioids								

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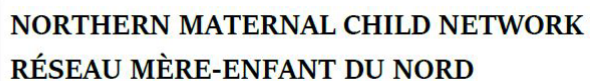RÉSEAU MÈRE-ENFANT DU NORD

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Medication Administration								
Identifies high-risk medications in pediatric patients and demonstrates correct procedures in independent double check							Initial: Final:	
Identifies resources for pediatric resuscitation medication dosing and how to use								
Provides appropriate education and information to patient and family regarding medications							Initial: Final:	
Pain Assessment and Management								
Incorporates pain prevention strategies and non-pharmacologic interventions for children who undergo painful procedures (bloodwork, IV insertion etc.)							Initial: Final:	
Utilizes age and developmentally appropriate pain scales to assess, determine interventions, and evaluate pain interventions								
Describes and understands common medications and monitoring requirements of pediatric patients receiving sedation and/or analgesia								

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Health Promotion and Advocacy								
Recognizes and fosters strengths and supports to foster resiliency and self-care of their condition							Initial:	
Advocates for optimal use of resources and supports the family to navigate the health care system								
Supports and prepares the child and family through health care transitions (i.e. admission, transfer, discharge)							Final:	

Educational and Practice Resources

College of Nurses of Ontario: Standards of Care and Practice Guidelines	https://www.cno.org/en/learn-about-standards-guidelines/
Canadian Paediatric Society	https://cps.ca/
About Kids Health Sickkids	https://www.aboutkidshealth.ca/
Translating Emergency Knowledge for Kids (TREKK)	https://trekk.ca/
Connected Care @ Sickkids	https://www.connectedcare.sickkids.ca/
Kids Health Alliance	https://www.kidshealthalliance.ca/en/
Ontario Poison Centre	https://www.ontariopoisoncentre.ca/
CHEO ED Outreach	https://outreach.cheo.on.ca/home
BC Children's Hospital Pediatric Respiratory Resource Bundles	https://childhealthbc.ca/initiatives/pediatric-respiratory-resource-bundles
Resources for Interdisciplinary Pediatric Practice and Learning (RIPPL)	https://rippl.childhealthbc.ca/homepage
American Academy of Pediatrics	https://www.aap.org/
Women and Children's Health Network Central Region	https://www.wchn.ca/
Simcoe Muskoka Family Connexions	https://familyconnexions.ca/
Provincial Council for Maternal and Child Health	https://www.pcmch.on.ca/
Ontario Health Clinical Resources and Education	https://www.ontariohealth.ca/providing-health-care/clinical-resources-education
Project ECHO	https://www.echoontario.ca/#1

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Performance Assessment

Learner Name: _____Date: _____

Comments:

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Mentor Comments:

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Manager (or Delegate) Comments:

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Reviewed by: _____ Signature: _____

The College of Nurses of Ontario requires yearly practice reflection and development of a learning plan. For more information please visit: CNO QA Every Day

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