Taking a Fresh Look at the Pediatric Clinical Experience

The National League for Nursing’s (NLN) final report from the Think Tank on Transforming Clinical Nursing Education (2008) challenges the paradigm of the traditional “clinical rotation” and questions the practice of placing students exclusively in an inpatient unit to complete a set of tasks. This report prompted me, a veteran clinical instructor, to take a fresh look at how we structure the pediatric clinical rotation in our undergraduate program and to ask whether assigning the majority of pediatric clinical hours on an inpatient unit is addressing student learning needs in light of changing patterns of care delivery.

The traditional pediatric clinical rotation in an inpatient unit exposes students to a small subset of acutely ill children and adolescents. The National Association of Children’s Hospitals and Related Institutions (2010) reported that in the past few years pediatric inpatient units nationally have been running at only 73% of capacity, whereas the incidence of outpatient surgery has increased by 8.3% and outpatient visits have grown by 18.2%. Today, fewer children are admitted to the inpatient unit; however, they are sicker and have more complex illnesses. A large majority of pediatric patients who were once cared for in the hospital setting now receive much, and in many cases, all of their health care in ambulatory care, community, and home settings.

Primary care offices and schools are prime examples of settings that have assumed an expanded role in this shift of care. The primary care office provides health supervision, acute and chronic illness management, and the bulk of mental health care for the pediatric population (Kelleher, 2009). The primary care health home, built around a trusting relationship with a primary care provider and a care team, is the starting point for most children’s health care (Marble, 2007).

With the average school-age child spending at least 6 hours per day in school, school nurses also play a major role in providing care throughout the school year for children, including those with acute and chronic illnesses. The National Association of School Nurses (2010) noted that 18% of the 52 million students enrolled in school in the United States have chronic health issues, and approximately 75% of schools employ a nurse in at least a part-time position. School-based nursing care encompasses everything from administering acetaminophen for a headache to the suctioning of a tracheostomy, as well as counseling for mental health concerns and providing health education.

As nursing schools prepare students with the knowledge and skills needed to provide safe, competent, and appropriate care for children, clinical experiences in the undergraduate baccalaureate program should reflect the changing roles and landscape of where and how pediatric health care is delivered. Increasing inpatient acuity and complexity and the declining inpatient census reflect a fundamental shift in pediatric health care and reduces or complicates the availability of productive clinical learning experiences with pediatric patients in hospital settings. Further, the types of pediatric health problems that necessitate inpatient care are rare and infrequent and do not represent the broader spectrum of health problems, including the developmental and chronic health problems that are more prevalent in children.

Another compelling reason for making a shift from inpatient to outpatient and community care settings for clinical learning experiences is the rise in nursing school enrollments, which additionally burden inpatient pediatric clinical rotations. According to the American Association of Colleges of Nursing (2012), enrollment in entry-level baccalaureate nursing programs increased by 5.1% in 2011, thus challenging the pediatric instructor to provide enriching clinical assignments to more students at a time when acute care pediatric settings are experiencing significant declines in census.

In addition to providing quality clinical placements, faculty teaching in undergraduate nursing programs must be aware of how assignments impact students’ ability to learn. The pediatric inpatient clinical rotation has been identified as being quite stressful, and medication administration to children causes considerable worry for students (Oermann & Lukoms, 2001). Therefore, the creation of meaningful pediatric clinical experiences requires thoughtful consideration of the setting and the support needed to effectively engage students in the learning process.

The time has come to take a fresh look at pediatric clinical education. A first step is to reinvent the clinical rotation as a broad-based pediatric clinical experience and not as an acute care clinical placement. Course objectives should be written so they are not tied to a specific place, such as an inpatient unit, but instead, to encompass the broader scope.
of child and adolescent care. In addition, creating a list of key concepts of pediatric care can provide a more workable and flexible overarching framework for the experience. Such concepts might include growth and development, pain control, preventive screening and care, and nutrition. Nursing students’ writing and clinical assignments based on these core concepts can be completed in a variety of care settings and applied to diverse populations of both well and ill children.

In fact, the NLN Think Tank (2008) advocated an ideal clinical education model as one in which learners, instructors, and professional staff help students to learn the core concepts and nursing interventions that are transferrable from one setting to another. The NLN report also suggested that ideal clinical experiences are planned around common health problems and populations, which further supports limiting, or even eliminating, time spent on pediatric inpatient units.

Although the inpatient unit may be able to provide the greatest exposure to learning technical skills, the risk to patient safety is also greater and requires close one-on-one instructor supervision. Instead, learning and practicing high-acuity technical skills can be replaced, or at least augmented, by the use of clinical simulation, which also eliminates the risk of harm to vulnerable pediatric patients. Comprehensive simulation scenarios can be designed to ensure the aforementioned objectives and key concepts are addressed.

Shifting pediatric clinical experiences to such settings as primary care clinics, schools, childcare centers, outpatient surgery centers, rehabilitation facilities, and home care has the advantage of exposing students to the more common pediatric health care needs and problems. This shift may also support the learning of core concepts and interventions that have applicability in a range of settings and with different populations.

Revamping the pediatric clinical experience is a bold step and one that is long overdue. Looking anew at the pediatric clinical experience offers the opportunity to transform student learning from place-based and task-oriented to a continuum of care, with a focus on the needs of the general pediatric population. Such a change has the added benefit of ensuring continued rich pediatric clinical learning experiences in the face of rising student enrollments and declining inpatient census. With the growing emphasis on population health, controlling health care costs, and the shift of pediatric health care almost exclusively to nonacute settings, the time has come for undergraduate nursing programs to shift as well.

**References**


Jean S. Coffey, PhD, APRN, CPNP

Assistant Professor of Nursing

University of Vermont, Burlington

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