

Canadian Paediatric Nursing Standards



“Standardizing High Quality Nursing Care for Canada’s Children”

Recognizing the unique dimensions and growing complexity of health care needs of Canadian children and their families, a group of nursing leaders and clinicians from across Canada came together to develop Canadian-specific paediatric nursing standards. The standards aim to serve as a framework for paediatric nursing delivery across all sectors and provide consistency in describing expertise and scope of practice of a paediatric nurse. From acute to community care and from indigenous to immigrant health, these standards will ultimately guide and ensure consistent and high quality nursing care for all Canada’s children.

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“There will always be some interest more immediate than protecting the well-being of children. There will never be one more important.”

- UNICEF REPORT CARD 2013

BACKGROUND

Practice standards inform scope and expectations of professional nursing. Unlike many high resource countries, such as the United States and Australia, Canada does not have national standards for paediatric nursing. Groups such as the Canadian Association of Paediatric Nurses (CAPN) have attempted to create national standards; however none have been adopted to date. Recognizing the unique dimensions and growing complexity of health care needs of Canadian children* and their families, a group of nursing leaders and clinicians from across Canada came together to develop Canadian-specific paediatric nursing standards (standards).

The development of Canadian Paediatric Nursing Standards is anticipated to have a strong positive impact on nursing practice with children and their families across all health sectors. Nurses are a valuable resource within the Canadian health care system and are well-positioned to further influence and advance the protection and promotion of the well-being of children. From acute to community care and from indigenous to immigrant health, these standards will ultimately guide and ensure consistent and high quality nursing care for all Canadian children.

What is Paediatric Nursing?

Paediatric nursing is applying a strengths-based approach to the protection, promotion, and optimization of health and abilities for children from newborn to young adulthood. Utilizing a child and family-centred care approach, paediatric nurses require knowledge of psychomotor, psychosocial, and cognitive growth and development, as well as of the health problems and needs specific to people in this age group. Preventive care and anticipatory guidance are integral to the practice of pediatric nursing. Nurses with a specific knowledge base and skillset in paediatric nursing care can make a difference through leadership and advocacy in the individual care of the child and the overall state of children’s health in Canada.

Guiding Principles/Assumptions

In the development of paediatric specific nursing standards, it is recognized that each province and territory has its own regulatory body for nursing. The regulatory body sets practice standards and guidelines that apply broadly to all nurses which outline the expectations for nurses that contribute to public protection. They inform nurses of their accountabilities and the public of what to expect of nurses. Core standards apply to all nurses regardless of the role, job description or area of practice. The Paediatric Nursing Standards are meant to build on this foundation and to guide the practice of any nurse who has children as either their entire practice or part of their practice.

* the terms “children” or “child” used throughout this document are meant to be inclusive of infants, children and youth.

Why Canadian Specific Standards?

Canada has a unique health care system that spans a vast geography. Ensuring consistency high quality of care with common standards across regions and sectors of the health system will benefit our young and vulnerable Canadian citizens. Due to differences and uniqueness of the Canadian health care system, standards and certification from other countries such as the United States may not be universally relevant to paediatric nursing in Canada. It is important to develop Canada's own national paediatric standards that are tailored to its context.

Standards serve as a framework for paediatric nursing care delivery across all sectors to support the care needs of Canadian children, youth and families. Canadian standards of paediatric nursing determine competencies across specialties and care environments. The standards will provide consistency in describing the expertise and scope of practice of a paediatric nurse and identify resources that are easily accessible by paediatric nurses in Canada.

Standards provide role clarity and career trajectory for paediatric nurses in Canada. The national standards and potential certification process will strengthen the paediatric nursing profession in Canada resulting in role clarity, credibility and accountability of paediatric nurses. This would encourage paediatric nurses to engage in the paediatric nursing profession and potentially facilitate an increased overall job satisfaction.



CURRENT HEALTH STATUS OF CANADIAN CHILDREN

In order to develop a set of paediatric nursing standards that is specific to the context of the Canadian healthcare system, the current health status of Canadian children and health trends in the care of children and their family were closely examined.

Children and youth make up a considerable proportion of the Canadian population. Out of approximately 36 million Canadians, 5.8 million are children 14 years and under (16%). Regions with higher than the national percentage of children in their population include Nunavut (31.1%); North West Territories (21.4%) and Alberta, Saskatchewan and Manitoba (18.4%, 19.0%, 18.6% respectively) (Statistics Canada, July 2015). Children are the future of our country but according to the 2013 UNICEF report on Child Well Being; Canada ranked in a middle position at 17 out of 29 as the average of five dimensions of child well-being; a ranking that has not advanced in over a decade. More specifically, we are below average on relative child poverty, infant mortality, immunization, and participation in further education, NEET (not in education, employment or training), overweight, cannabis use, bullying, national homicides and children's life satisfaction. In the dimension of Health & Safety, Canada ranked only 27 out of 29 developed countries.

In the most recent UNICEF report (2016) children's well-being is measured by the gap between those children in middle income families with children at the lowest income level. Canada has a significantly wider gap in overall well-being between our children than many other rich countries. Of particular concern is the gap in health symptoms and income inequality. Canada is one of the countries with both the highest proportion of children reporting very low life satisfaction (9%) and the widest gap in life satisfaction (28%) between middle income and the poor.

Even though we have a relatively high proportion of resources, they are still not reaching our most vulnerable children including First Nations, Metis, Inuit and urban indigenous children and youth; young people living in poverty; those living in rural and remote communities; newcomer children and youth; those with mental health concerns and special needs; and children with obesity concerns.

CURRENT HEALTH STATUS OF CANADIAN CHILDREN-continued

Indigenous Children & Youth Indigenous children and youth in Canada have significant challenges in relation to social determinants of health. The level of poverty in indigenous communities is more than double the general Canadian population at 1 in 4. Infant mortality is 7 times higher than the general population and there are lower immunization rates impacting health. These children are 50 times more likely to be hospitalized with preventable illness. Overall youth are at higher risk for suicide, depression, substance abuse and fetal alcohol syndrome. Lack of access to health services due to geographical issues makes indigenous children and youth a more vulnerable population.

Childhood Poverty Canada ranks poorly in the area of relative child poverty (21/29) which means that there are a high proportion of children who are to some significant extent excluded from the advantages and opportunities which most children in our society would consider normal. Approximately one in seven children lives in poor households. Poverty as a major social determinant of health has been associated with poorer nutrition, decreased maternal health and is linked to limited educational attainment.

New Immigrant Health Many of the large urban cities in Canada are home to a growing number of immigrant families with many unique barriers to accessing health care for themselves and their children, including language and culture. There is a higher incidence of poverty in new immigrant households and they are less likely to visit a healthcare professional regularly. It has been shown that health of new immigrants often declines after they arrive in Canada linked to social determinants of health.

Mental Health About 1.2 million Canadian children are affected by mental health issues with only 1 in 4 being able to access appropriate treatment. Almost all mental health problems begin in childhood before the age of 24 years. There is also a growing prevalence of autism that currently affects 1 in 68 children.

Child Disability, Complex & Chronic Care Disability rates have increased for all child age categories. When parents have a child with a disability combined with other sources of stress, it may add strain on the family. The severity of the child's disability has been shown to have an impact on whether a parent cited their child's health as their main source of stress in daily life. Chronic health conditions in children continue to be a growing concern affecting 15-17 % of all youth.

Childhood Obesity Childhood obesity in Canada is of significant concern. Obesity in children can lead to chronic conditions such as type II diabetes, hypertension, poor emotional health and diminished social well-being. A startling thirty-two percent of children and youth ages 5 to 17 years were reported as overweight or obese from 2009 to 2011.

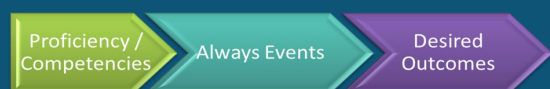
Other groups at risk, but with less information on impact are LGBTQ young people; racialized children and youth; those in or leaving the care of Children's Aid Societies; and youth in conflict with the law.

In conclusion, we know the early years in a child's development lays the foundation for health status as an adult. It is in our best interest to support children's health to enable the best start in life to maximize their potential. There is certainly a role for the paediatric nurse to positively impact that potential.

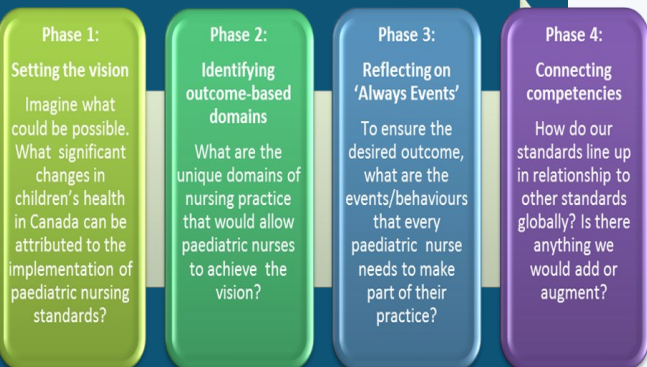


An Outcomes-Focused Strengths-Based Approach

The standards evolved out of a facilitated consensus summit of paediatric nursing experts from across the country and sectors. Delegates were guided through different phases of a reflective journey using a strength-based approach to examine the current role of paediatric nurses in the care of the child and family. Responses from the delegates were themed and used to inform the framework of the standards.



An *outcome-focused* approach to development of the standards was used to inform both practice competencies and evaluative practice indicators referred to as Always Events® that align with uniquely paediatric outcomes.



STANDARDS DEVELOPMENT PROCESS

A. Consultation with Stakeholders and Literature Review

A literature review was conducted as the first phase of the development process of the standards. This allowed for a scan of existing Nursing Standards from other countries and a review of the evidence in paediatric care, paediatric nursing and healthcare for children in general.

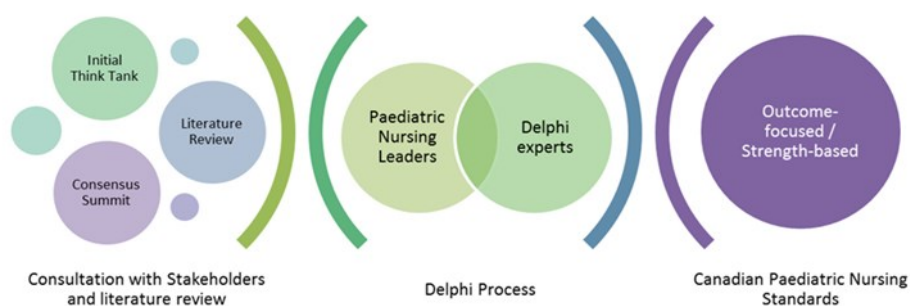
In order to assess the need for Canadian specific standards a Think Tank was organized that included a group of paediatric nursing experts in October 2014. There was validation of the literature review and consensus to develop our own National Paediatric Nursing Standards to support the needs of Canadian children and to recognize paediatric nursing as a specialty.

On September 2015, a one and a half day Consensus Summit was held in Toronto bringing together paediatric nursing clinicians and leaders from across the country and from various sectors of healthcare and academics. Using an outcome-focused approach the Summit group worked to develop the first draft of the standards which would be further vetted through an e-Delphi process.

B. Phased e-Delphi Process

The Standards document was vetted through a Delphi Process to systematically combine expert opinion and arrive at an informed group consensus. The Consensus Summit working group generated a broad list of Delphi participants to ensure representatives from all provinces and territories and across sectors. Limits for consensus were set by the research team prior to the first phase to ensure consistency. A limit of 80% agreement was set for the 5 standard domains, 70% agreement for the Always Events® and 70% agreement for the competencies. The Delphi included questions about the initial draft standards. This feedback was synthesized to inform the next round. At the end of round two there was over 97% agreement with standard domains and over 95% agreement for the Always Events® and the competencies.

Process for Development of Standards



A VISION FOR THE FUTURE

Paediatric Nurses are a powerful collective force that helps ensure that all children and families in Canada have equitable access to high quality pediatric care regardless of their circumstances.

Paediatric Nursing Standards are leveraged to prepare the best paediatric nurses in the world and they are integrated into the practice of any nurse who works with children, youth and families in all settings and through key transitions.

Children, youth and families are healthier, safer and more able to reach their full potential as a result of our leadership in evidence based: policy development, advocacy, health promotion, early detection and family centred care.

The Paediatric Nursing standards 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. They are based on the assumption that all nurses have a foundational scope of practice and meet regulatory requirements through their provincial/territorial regulatory body.



CANADIAN PAEDIATRIC NURSING STANDARDS

The standards are divided into domains that identify five unique aspects of paediatric 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 behaviours 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.

FIVE CORE DOMAINS OF PAEDIATRIC NURSING STANDARDS



Amed's Story: Out of Control Asthma

Seven year old Ahmed came to the asthma clinic as a new patient accompanied by his father, Khalid. Ahmed had a history of many emergency room visits for asthma and most recently a PICU admission. I sat together with them to talk about Ahmed's admission to ICU. Ahmed's father recalled it happened so fast and how scared he was that it would happen again. I listened to Khalid's story highlighting positively that he recognized that Ahmed was having difficulties breathing and how he quickly called EMS for help. We talked about the families struggle with two working parents, three young children and no medication coverage. Ahmed had not been on any regular medication before the ICU visit. The family was currently in subsidized housing that had mould around the windows and previous cockroach problems. I worked to understand their challenges in order to co- create a management plan that would work for them. Ahmed's goals included not missing school or soccer practice because of asthma. Khalid's goal was to keep Ahmed healthy to avoid the emergency visits which kept him and his wife from their work and their other children. The health teaching included what the medicines do, and how to properly administer medications, what signs to watch for and what to do when having symptoms. We wrote everything down in an action plan designed just for Ahmed. Ahmed was able to demonstrate to me how he used his spacer and puffers effectively and he decided he would keep the medicines close to his toothbrush so he remembered to take it. We went through strategies to advocate for different housing and different options for medication coverage. In follow up Ahmed had not had any emergency room visits for asthma and his family had managed to move to a different unit with the help of our letters, as well the family enrolled in a government benefits plan for Ahmed's on-going asthma medication needs.



STANDARD I: Supporting and Partnering with the Child and their Family

Paediatric Nurses partner with the child and their family to achieve their optimal level of health and well-being leading to resilient families and healthy communities.

The Paediatric Nurse always:

- Establishes an intentional therapeutic relationship with the child and family
- Respects the child and family in goal setting and decision making
- Collects and uses information from the child and family context to inform care
- Communicates with both child and family as partners in care
- Advocates for optimal use of resources to support the child and family
- Recognizes and fosters the parenting role to support child well-being

Areas of Competency:

- Strengths-Based Nursing Care
- Child & Family Centred Care
- Therapeutic communication
- Family Assessment
- Child and family advocacy
- Health teaching for child and family
- Evidence based knowledge in paediatric care
- Paediatric end-of-life care

Savie's Story: Recognizing and Communicating Danger Signs

Fourteen year old Savie came to the emergency department complaining of abdominal pain and fever. She had fainted at home and was feeling unwell for the past few days. I noted increased heart rate and increased temperature, as well the adolescent looked pale and had decreased perfusion. Blood work was ordered which showed decreased renal function. Savie stated she had just finished her period. While she waited to be assessed by the casualty officer, she lay quietly playing on her phone. The physician dismissed the bloodwork results and other signs based on the initial look of the child. I reinforced my concerns related to the bloodwork and vital signs stating I was concerned Savie may be in an early stage of shock. Based on the persistence of the nurse, the physician did a more complete assessment and did discover the child was in early shock.

Advocating for your patient is paramount when they are not able to advocate for themselves or their parents don't realize your concerns for their child's well-being. Do your assessment; be sure to pass on all relevant information as outward appearances are not always accurate.



STANDARD II: Advocating for Equitable Access and the Rights of Children and their Family

Paediatric Nurses demonstrate and mobilize their understanding of the social determinants and other systemic factors that impact child health.

The Paediatric Nurse always:

- Completes a comprehensive assessment (beyond physical assessment) through an advocacy lens considering Social Determinants of Health and child well-being
- Facilitates an appropriate environment to perform assessment and intervention considering privacy and confidentiality
- Builds capacity in the child and their family to self-advocate
- Engages in a community of practice or network that focuses on paediatric nursing practice and knowledge and resources for children and families
- Supports the child and family to navigate the health care system

Areas of Competency:

- Advocacy skills
- Child and family capacity building
- Safety and risk assessments
- Understand the impact of psychosocial and family dynamics on the health of children
- Aware of current trends and issues for children, youth and their families
- Knowledge of systems and policies that affect child and family health and well-being
- Understanding the United Nations' Conventions on the Rights of the Child

Nicholas' Story: Anticipating Future Development Needs

Nicholas was a 30 week infant admitted to the NICU for management of a Tracheal Esophageal Fistula (TEF). Nicolas' had to stay in the hospital for 6 months to grow to be ready for surgery. He requiring continuous oral suctioning to prevent aspiration. Nicolas was irritable and agitated due to the continuous suction, and oral care. I started to notice that Nicolas was beginning to develop an oral aversion as he demonstrated no interest in his soother or self soothing behaviors like hand to mouth. This was concerning because I knew that this would become a challenge after surgery when oral foods would be introduced. Nicolas' mom also was concerned and stressed with Nicolas' level of agitation, and wanted to know what she could do to help. I discussed with her some of the strategies we used to keep Nicolas settled as this was important for him to conserve energy so that he could gain weight and be ready for surgery sooner. We discussed keeping the room dimly lit during rest periods, but allowed for times of day light when Nicolas was awake and interactive. We discussed the importance of the keeping the noise levels down. I encouraged mom to speak to Nicolas in a soft voice, as well as reading or singing to him so he could get to know her voice as a soothing sound and to help with parental bonding.

Over time as mom became more immersed in completing Nicolas' care, I was able to show her some of Nicolas' cues of distress and soon she was responding to his needs independently. To help Nicolas overcome his oral aversion, we started providing him with positive oral stimulus. We started with mouthcare introducing a finger to massage his palate. When it was safe we completed mouthcare using a small amount of expressed breast milk (EBM) on a swab so he could get the taste of his mom's milk and benefit from the oral immune therapy. These techniques in combination with providing routine skin to skin care, Nicolas began to show interest in suckling at the breast; positive signs for after his surgery when he could begin oral feeding. As Nicolas was unable to breastfeed until after his repair, we were able to successfully introduce a soother. With this he was better able to cope with the environment and self sooth with his soother or fingers in his mouth. Although these seem like small feats they were monumental for Nicolas' long term development 6 months later when he was finally able to have his surgery, go home and transition to oral feeds getting rid of his G tube forever.



STANDARD III: Delivering Developmentally Appropriate Care

Paediatric Nurses perform assessment based on growth and development and deliver paediatric-specific care.

The Paediatric Nurse always:

- Demonstrates knowledge of typical development and variation from typical
- Demonstrates knowledge of safety risks appropriate for developmental stage
- Provides anticipatory guidance and coaching on typical development and safety related to the developmental stage of the child and family
- Performs safety assessments at point of care to minimize risk and harm with developmental stage
- Incorporates developmentally appropriate play and/or recreational activities into care
- Performs age and developmentally appropriate bio-psychosocial assessment
- Uses developmentally appropriate strategies when preparing for and performing interventions
- Considers development that is influenced by ethnicity, spirituality and culture

Areas of Competency:

- Knowledge of common paediatric conditions/illnesses
- Paediatric Specific Assessment and care delivery
- Creating a Healing environment
- Cultural competency
- Understanding of child development

Danielle's Story: A Birthday to Remember

Danielle was a young girl with significant renal failure for most of her life. She was pre-dialysis when she developed an additional complication of pancreatitis. This was severe enough that she was unable to take any enteral nutrition and for almost a year was NPO, except for sips of water, and was on TPN. Due to her illness and the distance she lived from the hospital, home TPN was not an option. She was lonely and depressed and in frequent pain. She often refused to get out of bed or engage in activities with other children on the ward. She expressed fear that all her friends were forgetting who she was.

Danielle's 13th birthday was going to be celebrated while in hospital, but she was very disappointed that she could not have her friends and a cake for this special day. Her nursing team was trying to come up with a fun activity for her to make the best of a hospital-based birthday party. We brought in party favours, and asked her parents to bring in 1-2 of her best friends on the day. To avoid a "real" cake, which she would not be able to enjoy and to add humour to the event, I built a layer cake from wrapped sheets and towels, decorated it with coloured ribbons and designed it so that she could "slice" it. We were not allowed real candles, so battery operated candles were substituted. Her IV pole was decorated as well, so that she could ignore or hide the infusions for a time.

Danielle's party was a great hit. She laughed at the silly cake and appreciated that the nurses who do her physical care every day were willing to take the time to know what her emotional needs were and to find ways to meet those needs in a unique way. Danielle's parents were appreciative that their daughter could have some time with friends and families without the constant interruption of physical care and to be able to see her laugh for the first in a long time.



STANDARD IV: Creating a Child & Family Friendly Environment

Paediatric nurses play an essential role in creating a child and family friendly environment that welcomes families and promotes hope and healing. It is understood that the environment changes as the child grows and is influenced by multiple factors including but not exclusive to psychological, spiritual, and social.

The Paediatric Nurse always:

- Completes a child and family assessment
- Demonstrates cultural competency and humility in all child and family interactions
- Engages with child and family in all care decisions and plan of care in a respectful non-judgmental, culturally safe manner
- Shares information relevant to plan of care and collaborates with and amongst circle of care providers
- Recognizes and fosters family strengths and supports
- Uses strategies to support and foster resiliency
- Demonstrates caring and compassion to both child and family

Areas of Competency:

- Intra and Interprofessional collaboration (IPC)
- Cultural competence
- Strengths based Nursing
- Child and Family Centred care
- Resiliency theory
- Coaching

Annie's Story: Reunited with Family

Annie was a 17 year old from Korea who was studying at a private girl's school in Canada. Her family had pooled their financial resources to provide a Canadian education for their daughter. She had been a top student and very active in her school and had celebrated her graduation from the week before she became ill.

Annie developed sudden onset meningitis-like illness that remained undiagnosed leaving her completely unresponsive and in a deep coma. She required a tracheostomy and ventilator support. She required enteral feeding and total personal care. She was unresponsive to touch, sound and only responded to deep pain. She was able to be weaned off the ventilator and was transferred from the PICU to an inpatient medical floor for ongoing supportive and palliative care. Her parents came to Canada to care for her .

As Annie's nurse, I provided physical care which was extensive and difficult as Annie was a tall adolescent, required extensive and complex care. We posted a photo of Annie in her prom dress to remind everyone of the young lady within the unresponsive body. Initially Annie's parents were too distraught to participate in care. However, they were impressed with how we talked to Annie while providing care as we tried to be efficient and gentle. With support, they gradually engaged in more activities; talking with Annie, massaging her limbs, learning tracheostomy care, setting up and monitoring gastrostomy tube feeds and more. It was gratifying to see them begin to become the experts in managing her care, even though their grasp of English was minimal.

A consistent translator was helpful as well as a nurse on the unit who spoke Korean and became one of her core nurses. Over time, as it became apparent that Annie was not going to recover, the family expressed the strong desire to take her home to Korea to see her sister and family . It was a risky undertaking considering how ill she was and the length of the trip. I engaged the members of the health care team to arrange this large project. An external medical transport agency was secured to assist with the transport to a hospital in Korea. A family friend, who was also a physician, offered to fly with Annie and came to learn her care prior to the travel date. After many weeks of careful planning, all was ready. I had an emotional "good bye" with the family the evening of their last day at the hospital. They asked me to pray for Annie and we all prayed together to ensure a good flight for her.

Annie and her family arrived safely in Korea and she died peacefully two months later in a hospital in Korea.



STANDARD V: Enabling Successful Transitions

Paediatric Nurses support the child and family through health care transitions to maximize their well-being. This may include, but is not limited to, hand-off between healthcare providers, admission and discharge, and facility transfer (such as from paediatric to adult care institutions)

The Paediatric Nurse always:

- Uses effective communication strategies at all transitions in care
- Engages in planning of health education and coaching at all transitions
- Provides health education and information to optimize transition of the child and family
- Assesses readiness and supports safe transition
- Anticipates resources to support transitions in care
- Plays an active role in facilitating effective transition

Areas of Competencies:

- Care coordination
- Effective Communication
- Advocacy
- Assessment of safe environment
- Discharge planning
- Child and family centred care
- Social determinants of health
- Knowledge of care continuum
- Knowledge of resources for children and family to facilitate transition in care
- Health Coaching

CONCLUSION

The Canadian National Paediatric Nursing Standards are aimed to have a strong positive impact on ensuring consistent, high quality paediatric nursing across all healthcare sectors. From acute to community care and from indigenous to immigrant health, these standards will ultimately guide and ensure consistent and high quality nursing care for all Canada's children.

The vision is to integrate these standards in daily practice for nurses in academia, practice and research to positively impact the health outcomes of our children and their families.

“Closing the gaps between Canada’s children is a team sport—for governments at all levels, service organizations, the private sector, families and children and youth—everyone has a role. When we work together, when we put children first, we all win.”

Unicef.ca/IRC13-2016

GLOSSARY

This glossary defines the terms used in the context of the Paediatric Nursing Standards.

Term	Definition
Advocacy	The series of actions taken and issues highlighted to change the “what is” into a “what should be”. It can be undertaken on behalf of individuals, groups or communities, for example.
Accountability	The obligation of an individual or organization to be answerable or responsible for; accepting of blame or liability for actions as a form of governance.
Always Events®	Those aspects of the patient experience 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.
Anticipatory Guidance	This is a nursing intervention characterised by psychological preparation of a person to help relieve the fear and anxiety of an event or future concerns, expectations that are anticipated to be stressful. Also used to prepare someone for the next stage of a process. An example is the preparation of a child for surgery by explaining what will happen and what it will feel like and showing equipment or the area of the hospital where the child will be. It is also used to prepare parents for the normal growth and development of their child.
Change Agent	The person who helps or facilitates in bringing positive change in any area related to health. Nurses also play the role of change agent by bringing improvement in health aspect of people at an individual, family and community level, and in any setting; research, practice and educational. To enact the effective role of change agent the nurse focuses on three main roles; visionary, facilitator, and evaluator.
Child/children	A broad term to include those aged newborn to 18 years of age. It is a term intended to include any child, such as neonate, infant, toddler, child, youth, adolescent, etc.
Circle of Care	It is a term commonly used to describe the ability of certain health information custodians to assume an individual's implied consent to collect, use or disclose personal health information for the purpose of providing health care, in circumstances defined in provincial Privacy Health Information Acts. https://www.ipc.on.ca/images/Resources/circle-of-care.pdf
Coaching (Health coaching)	Coaching involves a relationship between an experienced individual and a learner for the purpose of supporting the learner through carefully planned advice and guidance to meet specific tasks, objectives and goals. It is different from mentoring, which is usually more general in nature. Health coaching is a specific coaching application where the paediatric nurse partners with the child and family to enhance confidence and competence in the ability of the caregiver/parent and/or the child to self-manage health conditions or make lifestyle changes. Health coaching involves co-creating with the child and family a vision for their health, setting health goals (child's goals may be different than the family goals) and developing an action plan; asking meaningful questions, actively listening, observing and providing feedback; helping the child and family move forward towards the achievement of the health goals. Adapted from https://www.cna-aiic.ca/~media/cna/page-content/pdf-en/health-coaching-webinar_e.pdf?la=en
Community of Practice	Group of people who share a skill, concern or a passion for something they do and who interact regularly to learn how to do it better. http://wenger-trayner.com/introduction-to-communities-of-practice/
Coping	Expending conscious effort to solve personal and interpersonal problems, and seeking to master, minimize or tolerate stress or conflict. The effectiveness of the coping efforts depends on the type of stress and/or conflict, the particular individual, and the circumstances.
Cultural Competence	Is a set of “congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables the system or professionals to work effectively in cross-cultural situations”. (Cross et al., 1989; Isaacs & Benjamin, 1991). Cultural Competence includes and incorporates the concepts of Cultural Safety and Cultural Humility (see next).
Cultural Humility	Humility is the quality or state of not thinking you are better or more knowledgeable than others. Cultural humility incorporates a consistent commitment to learning and reflection, but also an understanding of power dynamics and one's own role in society. It is based on the idea of mutually beneficial relationships rather than one person educating or aiding another in attempt to minimize the power imbalances in client-professional relationships.
Cultural Safety	Developed from the idea that to provide quality care for people from different ethnicities and cultures, nurses must provide that care within the cultural values and norms of the patient. The concept of cultural safety challenges the previously accepted standard of transcultural nursing by transferring the power to define the quality of healthcare to patients according to their ethnic, cultural and individual norms. Thus, cultural safety as a concept incorporates the idea of a changed power structure that carries with it potentially difficult social and political ramifications. (National Aboriginal Health Organization (2006a).)
Empowerment	Policies and/or measures designed to increase the degree of autonomy and self-determination in lives of people or communities to enable them to represent their own interests or their own authority.
Equitable	Being free from favour or prejudice toward any side. It is more than equal in that it considers the unique needs of an individual or group when providing resources as opposed to providing the same resources for all that may not consistently meet individual needs. http://www.unicef.ca/en/unicef-report-card-13-fairness-for-children

GLOSSARY— continued

Term	Definition
Family	The word "family" refers to two or more persons who are related in any way—biologically, legally, or emotionally. Patients and families define their families. In the patient- and family-centered approach, the definition of family, as well as the degree of the family's involvement in health care is determined by the patient, provided that he or she is developmentally mature and competent to do so. The term "family-centered" is in no way intended to remove control from patients who are competent to make decisions concerning their own health care. In pediatrics, particularly with infants and young children, family members are defined by the patient's parents or guardians. http://www.ipfcc.org/faq.html
Family Assessment	A family assessment is a dynamic and ongoing process of gathering, analyzing, comparing, and synthesizing the information from various sources to come to an understanding of family strengths and needs relating to child's health, safety, permanency and wellbeing. One example of a family assessment model is the Calgary Family Assessment Model (L.M. Wright & M. Leahey (2013). Nurses and Families: A guide to Family Assessment and Intervention)
Family Centred Care	(also Child and Family Centred Care) Child- and family-centred care is an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families. It redefines the relationships in health care. It recognizes the vital role that families play in ensuring the health and well-being of infants, children, adolescents, and family members of all ages. They acknowledge that emotional, social, and developmental support are integral components of health care. Child and family centered care is an approach to health care that shapes policies, programs, facility design, and staff day-to-day interactions. (adapted from Institute for Patient and Family-Centered Care)
Healing Environment	A healing environment describes a physical setting and biopsychosocial culture that supports patients and family through stresses associated with illness, injury, or bereavement. It can include any setting such as hospital, clinic, home and any phase of a health care journey.
Interprofessional Collaboration & Interprofessional Education	The World Health Organization defines collaborative practice in health-care as occurring "when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, carers and communities to deliver the highest quality of care across settings," and interprofessional education as occurring "when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes." (WHO, 2010).
Jordan's Principle	Jordan's Principle states that the rights of the child should be considered first in providing health care and social services, particularly in instances which involve complex medical needs and diverging interests due to culture or political boundaries. It is particularly relevant for those children within Canada's aboriginal population where there can be jurisdictional disputes concerning health care which delay intervention. http://cwrp.ca/jordans-principle
Navigator	Providing advice or answering questions to assist in a journey. In health care, a navigator assists with understanding the health care system, making and planning decisions for services through the sector (locally, provincially or nationally) for individuals, groups, or communities.
Paediatric Nurse	Any nurse who works with or for infants, children, and/or youth and their families as part of the nurses clinical, education, academic or research focus. Paediatric nurses assess, plan, deliver, and evaluate care in a variety of settings, such as hospitals, homes and in the community, as well as during transfers between these settings either independently with the families or in collaboration with other health care professionals.
Resilience or Resiliency (Theory)	Resilience refers to one's ability to effectively adapt to stress and adversity, such as illness, injury, family problems, financial issues or interpersonal concerns. Theories of resiliency seek to describe how resiliency can develop or be sustained.
Rights of the Child	The Convention on the Rights of the Child was conceived and adopted 25 years ago by the United Nations. The Convention articulated, for the first time, that children also possess innate rights, equal to those of adults: rights to health, to education, to protection and to equal opportunity – without regard to gender, economic status, ethnicity, religious belief, disability or geographical location. And, in conformance with the principles of the Charter of the United Nations and the Universal Declaration of Human Rights, the Convention unequivocally recognizes that these rights are "the foundation of freedom, justice and peace in the world." (UN, 1989). Canada was one of the 196 countries who signed agreement to the convention. http://www.unicef.org/rightsite/files/uncrcchildfriendlylanguage.pdf
Social Determinants of Health	The primary factors that shape the health of Canadians. There are 14 social determinants of health defined in Canada. They include; income, and income distribution, education, unemployment and job security, employment and working conditions, early childhood development, food insecurity, housing, social exclusion, social safety network, health services, aboriginal status, gender, race, disability.

GLOSSARY, continued

Term	Definition
Strengths-Based Care	Understanding, uncovering, discovering and releasing biological, intrapersonal, interpersonal, and social strengths to deal with challenges and to meet personal, team and system goals. This new approach does not ignore problems nor pretend that weaknesses and deficits do not exist. Rather, a strengths approach is about working with strengths to deal with problems and deficits. It is about working with people, teams and systems to get the most out of what is important and meaningful to them. It is about restoring the centrality of the nurse-person relationship to promote health and to facilitate healing and in so doing, enhance professional nursing practice. (Gottlieb, 2013).
System	An organized, purposeful structure that consists of interrelated and interdependent elements. These elements continually influence one another (directly or indirectly) to maintain their activity and the existence of the system, in order to achieve the goal of the system. If a part of a system is removed or changed, the system will change in some way. Families are considered systems because they are made up of interrelated elements or objectives, they exhibit coherent behaviors, they have regular interactions, and they are interdependent on one another.
Transition	Goal of a planned healthcare transition is to maximize wellbeing for children and families and taking into consideration their unique needs. Transition can include between care providers or between or within organizations at any stage of the care continuum.
Therapeutic Nurse Client Relationship	The nurse-client relationship is the foundation of nursing practice across all populations and cultures and in all practice settings. Therapeutic nursing services contribute to the client's health and well-being. The relationship is based on trust, respect, empathy and professional intimacy, and requires appropriate use of the power inherent in the care provider's role. (College of Nurses of Ontario, 2006)
United Nations' Convention on the Rights of the Child	The United Nations Convention on the Rights of the Child (commonly abbreviated as the CRC, CROC, or UNCRC) is a human rights treaty which sets out the civil, political, economic, social, health and cultural rights of children. The Convention defines a child as any human being under the age of eighteen, unless the age of majority is attained earlier under a state's own domestic legislation.

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