THE CREATION AND VALIDATION OF A PEDIATRIC NURSING COMPETENCY FRAMEWORK

Study commissioned by the Pediatric Nursing Certification Board (PNCB) 5/2020 as part of the Continuing Competence Initiative

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Introduction

To ensure patient safety is maximized and future healthcare needs are met in the United States, the nursing workforce must be prepared to participate and lead at the patient, system, and national levels (IOM, 2011). To be assured such a large workforce can provide safe care and meet demands, processes and structures are needed to further encourage registered nurses (RNs) to develop key competencies.

Background

In 2010, several laws collectively known as the Affordable Care Act (ACA) were passed by Congress and signed by the President of the United States (U.S.) (IOM, 2011). These laws were intended to transform healthcare in the United States in a way that promoted safety, quality, affordability, and easy accessibility. As these laws were being crafted and debated, the Institute of Medicine (now the National Academy of Medicine [NAM]) and the Robert Wood Johnson Foundation worked to identify recommendations that would position nursing to meet the future healthcare needs of the U.S. population by 2020. These recommendations became known as The Future of Nursing report and stated that all RNs should: (1) practice to the full scope of their license, (2) engage in lifelong learning, and (3) be prepared and supported to lead changes that advance health (IOM, 2011).

The nursing profession did not achieve the recommendations outlined in the report by the target date but did make some notable gains (NASEM, 2016). In 2021, a second report was issued by NAM with updated recommendations for nursing to achieve by 2030 (NASEM, 2021). These recommendations included that RNs should (1) practice to the full scope of their license; (2) be active participants in the design and

evaluation of both public and private health systems initiatives to better address social determinants of health; and (3) be more engaged with nursing research (NASEM, 2021).

For RNs to practice at the top of their license, they must be competent in all aspects of their professional role. At a minimum, practicing RNs in the U.S. must hold a diploma, associate, or bachelor's degree from an accredited nursing program and pass the NCLEX examination to obtain licensure (ANA, n.d.). However, achieving the degree and licensure is indicative of minimal competence to safely practice and does not account for continuing competence. Continuing competence is "the ongoing commitment of a registered nurse to integrate and apply the knowledge, skills, and judgment with the attitudes, values, and beliefs required to practice safely, effectively, and ethically in a designated role and setting" (Case Di Leonardi & Biel, 2012).

Dr. Patricia Benner's (1984) pivotal work, *From Novice to Expert*, states nursing expertise and competence expands and progresses over time with experience. Her conceptual theory demonstrated that nurses move through five stages of nursing experience over time: (1) novice, (2) advanced beginner, (3) competent, (4) proficient, and (5) expert. In her theory, to achieve the third stage, competent, an RN would need to practice full-time for an average of two to three years in one specialty area. Benner found that for a nurse to achieve the expert stage, an RN needs to practice full-time for a minimum of five years (often more) within their specialty area. Benner found it to be more challenging for RNs to acquire the skills and knowledge that would put them at proficient and expert levels, thus fewer and fewer nurses were able to achieve those levels of competency (Benner, 1984).

Benner's model is widely accepted and has been validated across the nursing profession. Organizations have frequently designed programs using her model as a framework, including transition to practice programs for new graduate nurses which are designed to facilitate further development of competency and to support RNs as they enter their first nursing role (Chant & Westendorf, 2019). Many organizations have also developed clinical ladder programs using Benner's model to acknowledge and recognize the competency level at which their staff RNs are performing (Slagle, et al., 2023). Additionally, much has been done to integrate Benner's model and promote competence to facilitate adult learners' knowledge and skill development through nurse residency, mentoring, and simulation programs (Chant & Westendorf, 2019; Thomas & Kellgren, 2017).

Establishing professional competencies protects a profession's science and practice (Rodolfa et al., 2013). It allows the profession to define its scope and creates processes by which it can self-assess and regulate those who work within the profession independently. The American Nursing Association (ANA, 2021) *Scope and Standards* defines overall competencies for the nursing profession. Many specialty organizations, including the Society for Pediatric Nurses (SPN) and the National Association of Pediatric Nurse Practitioners have published their own specialty-specific scope and standards using the same ANA framework (2016). Organizations including the Quality and Safety Education for Nurses (QSEN, 2021) and American Association of Colleges of Nursing (AACN, 2021) have established pre-licensure competencies that align with ANA's nursing competencies. Several specialty organizations including the American Burn Association and the Association of Rehabilitation Nurses have

established RN specialty competencies while SPN has established role-based competencies for both pediatric pre-licensure and nurse residency programs (ABA, 2017; Vaughn, 2023, SPN 2017a, SPN 2017b).

Despite this work and to the best of available knowledge, no nursing organization has established and validated a competency framework that can be used to assist RNs to evaluate their practice and guide them to further develop as a professional RN in achieving proficient and expert competence. As a result, there is no validated and reliable tool available for RNs to identify practice growth opportunities for further professional role development. Additionally, the lack of a tool makes it challenging for organizations (e.g., employers, certification bodies, specialty organizations), to create systems and/or structures to further develop their workforce. As healthcare continues to rapidly change and the demand for nurses to practice at the top of their license escalates, it is important for nurses and organizations to have accessible resources rooted in science and practice for career development.

An interdisciplinary literature review revealed few disciplines have established progressive professional role-based competencies and frameworks for their respective fields. In 2001, the Hand Therapy Certification Corporation established a competency framework for Occupational and Physical Therapists which focused on career and role development in relation to hand therapy rehabilitation (Kasch, 2003). The Association of State and Provincial Psychology Boards established a similar professional competency framework for psychologists practicing in the U.S. and Canada in 2013 (Rodolfa, et al., 2013).

The Pediatric Nursing Certification Board (PNCB) is the largest organization that focuses on certification, continuing education, and competency development for pediatric nursing professionals who care for children, adolescents, and young adults. The stakeholder base of the organization is comprised of more than 55,000 certificants who hold at least 1 of 4 professional nursing credentials offered by the organization. This study was part of a larger strategic initiative focused on continuing competence within pediatric nursing.

Study Purpose

The aim of this study was to establish a pediatric nursing framework that could be used to inform and support pediatric RNs as they enhance their daily practice and develop in their careers over time. The framework could also be used by organizations to advance their workforce and could also be integrated into the facilitation of the organization's certification renewal processes.

Methods

Study Framework

Mixed methods were used for the design of the study. Qualitative methods were used to create competencies by subject matter experts (SMEs), followed by focus groups substantiating the work of the SMEs. A survey was used to capture quantitative data to validate the elements of the framework. The competency framework development took place between January 2019 and May 2020. This study was determined to be exempt per C. Federal Exemption Categories 2 (per 45 CFR 46.104(d)), therefore, institutional review board (IRB) was not sought.

Task Force

The first step involved a 13-member task force of SMEs across the U.S. to develop the competency framework. These members were chosen because they were considered experts in pediatric nursing and held various roles including staff nurse, advanced practice nurse, nursing professional development specialist, manager, and director. An organization with experienced research consultants was hired to help with meeting facilitation, data collection, and data analysis. As they worked to develop the framework, task force members referenced pertinent literature, including the Society of Pediatric Nurses (2017a; 2017b) pediatric pre-licensure and residency competencies and other competency frameworks from additional health professions.

Task Force Meetings

The task force used the Crawford Slip technique (Crawford, Demidovich, and Ledbetter, 1984), affinity diagramming, and a consensus-building process to develop the competency framework. First, the task force identified six core role-based competency areas: clinician, collaborator, advocate, educator, leader, and innovator. Exemplars for each competency area were identified. The task force then constructed behavioral indicators and developmental progressions linked to each exemplar based on the recommendations of Campion and colleagues (2011).

For developmental levels, the task force applied Benner's Novice to Expert Model. However, because the target audience for the framework consisted of pediatric RNs already possessing a range of years of clinical experience, the group focused on competent- to expert-levels of practice. The task force established three levels while

acknowledging that not all nurses advance at the same rate (see Table 1). Level 1 corresponded to the start of pediatric nursing practice through the approximate experience level to meet eligibility for attaining certification. Level 2 correlated to a nurse with more than 2 years but less than or equal to 5 years of pediatric nursing experience, and Level 3 represented nurses with 5 years or more in pediatric nursing. Once the levels were established, the task force refined the specific behavioral indicators and developmental progressions for each role competency and level.

Focus Groups

To solicit feedback from pediatric nurses on the framework's content, five virtual focus groups were conducted in the month of August 2019. Each focus group provided feedback on specific competency areas, exemplars, and behavioral progressions to provide for an in-depth assessment and analysis of each component of the framework. A convenience sample of certified pediatric nurses, pediatric hospital residency program directors, clinical educators, and RNs who graduated within the last two years was used. An email was distributed to all certified pediatric nurses and leaders within the organization’s database to solicit interested volunteers to apply to participate. A recertification credit, equivalent to five contact hours, was offered to those participants who held the organization's certification credential. A $25 gift card was offered as an award to those who were selected if the participant did not hold the organization’s credential. Of the 70 people who expressed interest, 44 were selected to participate in the focus groups. To support a diverse group, selections were made taking into consideration availability for each probable date and time, background attributes, and

topic interest. A total of 26 people participated across the five focus groups; the rest were lost through attrition.

The facilitator led the group in a structured discussion to gather details about:

- the competency name and definition's appropriateness and clarity
- the completeness of the exemplars and progressions in describing important facets of the overall competency area
- the clarity and appropriateness of each exemplar name in describing the focus of its associated developmental progression
- the clarity and accuracy of the behavioral indicators in describing the evolution of proficiency across the three developmental levels

According to focus group feedback, the six skill areas accurately reflected the primary roles of pediatric nurses. Additionally, every participant was able to assess their current performance level in relation to each growth stage. Based on the feedback from the focus groups, the task force made minor changes to the framework. The wording changes clarify distinctions between adjacent levels for each progression to convey the differences between levels.

Validation of Competency Framework

To validate the competency framework, an online survey was used. Survey rating scales were incorporated to gather data that would demonstrate the value of each component of the competency framework for describing pediatric nurse competence. Each competency area received two scores from respondents, while each behavioral indicator received one rating. A background questionnaire and a question about the

competency framework's accuracy in defining how pediatric nurses advance their careers were also included in the survey.

Sample

In March 2020, a convenience sample of 4,000 pediatric RNs in a national certificant database who held an RN-level credential received an invitation to participate in the electronic survey. Based on previous experience with response rates for pediatric nurses, it was determined that this number would likely yield sufficient numbers of respondents in each subgroup for stability or results. Due to a low response rate with the first sample, the survey was emailed to an additional 2,000 pediatric RNs using the same certificant database. The survey was open for 3 weeks, and participants who completed the survey were given the option to be entered into a lottery for one of two $100 gift cards. All participants were also given the option to use their participation as an activity toward their certification renewal.

Findings

Of the 6,000 surveys distributed, 628 were completed. Nine surveys had incomplete or missing data leaving 619 usable responses, equaling a 10.48% response rate. Frequency distributions were calculated for all the behavioral indicators and competency ratings. For each demographic question, either frequency distributions or descriptive statistics were calculated depending on the question format. Three sets of subgroup analyses were conducted: years of experience, practice role, and experience with pediatric nurse transition programs.

Demographic and Professional Characteristics of Respondents

All respondents held a certification in pediatric nursing. More than two-thirds of respondents held a Bachelor of Science degree as the highest level of nursing education completed. Another 18% held a master's in nursing, and 10% held an associate degree in nursing. Regarding nurse transition programs (e.g., a residency program for new RNs or fellowship programs for RNs transitioning to pediatrics), 64% of respondents worked for employers who offered such programs, 27% did not, and 9% were unsure whether their employers offered such programs.

The respondents had an average of 17 years of experience in pediatric nursing. Nearly two-thirds of the respondents were direct care RNs, 8.1% were nurse managers/coordinators, and 7.4% were charge nurse/assistant managers. Smaller percentages of respondents were in the other delineated roles. Respondents had been working in their current roles for an average of 12 years. Over half the respondents (59%) worked in children's hospitals. Another 13% worked in community hospitals and 8% worked in outpatient specialty care. Less than 5% of respondents worked in any other practice setting. On average, respondents spent 74% of their time in direct patient care, 16% in administration/supervisory activities, 7% as faculty, and 3% in research. Respondents represented nearly all U.S. states and territories (there were no respondents from Maine and Wyoming). Nearly two-thirds of respondents worked in urban areas, 30% in suburban areas, and the remainder in rural/semi-rural areas. Respondents working in facilities holding Magnet designation represented 63%.

Ratings for Competency Areas

All respondents, regardless of their role, were asked to rank each competency area from high (ranking #1) to low (ranking #6) in relevance to their current practice as a pediatric nurse. The Clinician competency area ranked the highest with 69% of the respondents selecting this as a priority to their practice. Subsequently, 11% ranked Leader highest, 10% ranked Advocate highest, 6% ranked Educator highest, 4% ranked Collaborator highest, and 2% ranked Innovator highest. The second highest priority to respondents' practice was the Advocate competency area at 44%. The remaining rankings for the second highest priority are as follows: Collaborator 21%, Educator 14%, Clinician 12%, Leader 7%, and Innovator 2%. Inversely, 69% ranked the Innovator role as their lowest priority. This does not infer that the Innovator role is not important to pediatric RNs; however, in comparison to the other five competencies it is lower in priority.

Competency area ratings for relative importance to current practice by role by subgroups (direct care leadership, other) and years of experience were also examined. The relative priorities for the subgroups were similar with Clinician ranking first in priority to current practice, Advocate second, Collaborator third, and Innovator sixth. As with the other subgroup analyses with respect to current practice priorities, the patterns of ratings were similar regardless of whether respondents had experience with transition programs.

Ratings for Behavioral Indicators

Respondents were asked, “On average, how many years of full-time equivalent pediatric nursing experience does it take for a nurse to consistently demonstrate the behavior?” Each indicator was rated using the following scale: Less than 1 year, 1 to 2 years, 3 to 5 years, and more than 5 years. For each exemplar, the Level 1 behavioral indicator appeared first, the Level 2 behavior appeared second, and the Level 3 behavior appeared third. The survey ratings supported the existence of developmental progressions for each exemplar. For some indicators, there was a wider spread in the ratings indicating that respondents held varied perspectives when a behavior emerged during career progression. For other indicators, the results showed less variability, indicating greater convergence in perspectives.

Finalizing the Competency Framework

After rating the competency areas, respondents were asked to select their level of agreement (strongly agree, agree, neither agree nor disagree, disagree, strongly disagree) for the statement, “The six competency areas taken together as a whole are complete in their description of how pediatric nurses develop professionally.” Most respondents, 94%, agreed or strongly agreed with the completeness of the framework as a description of how pediatric nurses develop professionally. The remaining 6% were neutral. This finding demonstrates that the delineation of the six competency areas is comprehensive.

Following the analysis of the survey results, the task force identified very little differentiation between some adjacent levels for five of the 87 developmental

progressions, such as between Level 1 and Level 2 or between Level 2 and Level 3. During virtual task force meetings, members proposed explanations for these findings and offered wording changes to address the discrepancies. The finalized framework (see Table 2) includes a preamble that describes the purpose and potential applications of the framework and provides interpretive guidance.

Discussion

The field of nursing is undoubtedly diverse. Nurses practice in a variety of roles, specialties, area of practices, and functions. All three groups (taskforce, focus groups, and pilot survey participants), indicated that there is not a single path for when specific behaviors emerge. To no surprise, the answers from the larger group of respondents demonstrate variation in the timing of when the behavioral indicators emerge for nurses in career progression. Variation is recognized when there is a greater spread in the ratings. Conversely, less variability in the ratings indicates agreement of when behaviors emerge.

The survey responses support the progressions for most behaviors; however, there were a few ratings that did not confirm expected developmental progressions. Efforts were made to identify years of experience when behaviors occur for each of the three levels. Although there is agreement in the progression of behaviors, the timing of the behavior progressions varied. Respondents endorsed fewer years for Level 1. For example, 51% of respondents indicated Level 1 behavior provides care for patients and families based on standards and protocols set by the practice setting. This behavior

emerges before the end of the first year of practice because it is a requirement for basic practice.

Review of subgroup ratings (years of experience, role, and experience with transition program) demonstrated that respondents with fewer years of experience discern behaviors emerge earlier compared to more experienced respondents. This perception may be related to a shift in practice that requires nurses to take on a higher level of practice in some roles than previously expected. When comparing subgroups related to experience with transition programs, there were no substantive differences.

This competency framework was created to support the pediatric nursing community in their professional development. The validation survey results for respondents and subgroups support the relevance of the six competency areas, Clinician, Collaborator, Advocate, Educator, Leader, and Innovator, and exemplars for each competency area. The survey results also confirm support or accuracy for most of the 87 suggested developmental progressions associated with the exemplars to demonstrate advancement or increasing proficiency. The behaviors do not emerge simultaneously and may develop at different times related to experience, practice role, setting, and interests. Additionally, every pediatric nurse may not, nor is expected to achieve Level 3 in all competency areas.

Implications

This work supports the concept that practicing pediatric nurses function within six professional role-based competency areas: Clinician, Collaborator, Advocate, Educator, Leader, and Innovator. Within each competency area, developmental progressions

have been identified to demonstrate how proficiency can be acquired over time. An RN's potential to achieve each progression is influenced over time and experience based on interests and abilities, as well as other external factors and resource availability. Potential uses for this framework include:

- integrating it into pediatric certification exams and recertification program requirements
- serving as a tool for individual nurses and student nurses to help self-assess and self-reflect on their practice and to identify opportunities for further development
- assisting RN staff development nurses and leaders as well as RN faculty to explain career progression, set goals with nurses, and evaluate nurses' performance to ensure a competent workforce
- setting a standard for employers, hospitals, organizations, and human resources personnel for staff development purposes

This framework is a tool that can be used to assess current skills and provide guidance to identify further opportunities for RNs to advance their practice. This framework could be used internationally for any given country provided the framework supports the country's defined nursing scope and standards. Given the span of the competencies, there is no expectation that all pediatric nurses should or would attain all Level 3 milestones in all competency areas. There are many variables that can both facilitate and hinder development, including access to resources and mentors, staff development budgets, and emerging disruptors such as the COVID-19 pandemic. There are no expectations for an RN to be in a specific job title to obtain a competency or

milestones within a competency. For example, an RN does not need to be in a formal faculty or clinical educator role to reach all Educator competency milestones or in a nursing role focused solely on health advocacy to obtain all social and political milestones in the Advocate competency. Like Benner's Novice to Expert Model, some behaviors from the higher-level milestones begin to manifest in lower levels but those behaviors will be demonstrated more consistently as the RN develops at the higher level.

More research is needed to develop tools that are valid and reliable to assess these competencies, including their impact on patient outcomes. While this work was validated with pediatric nurses, it is possible that these competencies could also be applicable to other specialties in nursing. Limitations of this study include that the participating RNs in the survey were all experienced nurses, having at least 1800 hours of practice, practiced in the U.S., and held at least one nursing specialty certification. As a result, study findings may not be generalizable to new graduate nurses or to nurses practicing outside of the U.S. Additionally, the survey was distributed via email just days before the COVID-19 pandemic became a national public health concern in the U.S. and when the country went into a lockdown to prevent the spread of the virus. This period of time for many was quite stressful and disruptive and may have caused many to refrain from participating. Additional data from more participants may or may not have yielded similar results.

In summary, several techniques were used to validate the competency framework for practicing pediatric nurses. Incorporation of these pediatric competencies may further enhance the professional development of practicing pediatric RNs. As RNs

achieve higher levels of competence, they will be best positioned to participate and lead at the patient, system, and national levels to achieve a healthier world one child at a time.

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Table 1

Table 1. Working Definitions for Developmental Levels

WORKING DEFINITIONS FOR DEVELOPMENTAL LEVELS	
Level	**Working Definition**
Level 1	1 to 2 years (~ 12 to 24 months) of full-time equivalent pediatric nursing experience
Level 2	> 2 to 5 years (~ 25 to 60 months) of full-time equivalent pediatric nursing experience
Level 3	5 years (61+ months) of full-time equivalent pediatric nursing experience

Table 2

Table 2: Pediatric Nursing Competency Framework

COMPETENCY AREA: EDUCATOR

Definition: *The pediatric nurse educator is engaged in the process of knowledge transfer at all levels of practice over the care continuum while tailoring approaches to the needs of specific target audiences in order to achieve optimal outcomes.*

Exemplars	Behavioral Indicators		
	Level 1	**Level 2**	**Level 3**
Patient and family education	Follows established guidelines in delivering patient and family education based on needs of the patient	Adapts patient education programs to patients' and families' learning needs (e.g., health literacy, diversity and inclusion), actively addressing barriers	Creatively modifies or develops patient and family education programs based on clinical experience with consideration of health literacy and health disparities
Interprofessional education	Informally shares knowledge with peers and other health professionals	Facilitates learning for nurses and other healthcare professionals through formalized educational activities	Develops or modifies curricula or training programs, evaluating the effectiveness and outcomes of education activities
Coaching and mentoring	Responds to feedback, coaching, or mentoring by more experienced colleagues	Seeks and obtains coaching and mentoring to support own professional development; informally mentors peers	Formally coaches or mentors to support the growth and development of others

COMPETENCY AREA: LEADER

Definition: *The pediatric nurse leader develops relationships, and uses systems thinking in the workplace to guide and influence nurses and the profession, resulting in improvements in the provision of care and health outcomes.*

Exemplars	Behavioral Indicators		
	Level 1	**Level 2**	**Level 3**
Quality outcomes	Collects audit data to assess compliance (e.g., quality, safety, patient care outcomes)	Interprets and evaluates data to identify gaps and opportunities for improvement	Implements process changes and evaluates outcomes
Professionalism	Demonstrates behaviors congruent with professional scope and standards of practice	Reflects on personal beliefs, values, biases, and self-limitations, recognizing their impact on professional behavior	Promotes and models professional behavior to elevate the image of nursing
Workplace diversity and inclusion	Adheres to workplace expectations regarding civility, diversity, and inclusion practices	Demonstrates behaviors that embrace diversity and inclusion as assets in the workplace	Sets and models standards to foster a culture that is respectful of staff diversity
Change agent	Adopts required changes	Supports change and assists others in adopting change	Leads or facilitates change
Resource management and utilization	Uses available resources effectively in practice (e.g., supplies, equipment, staffing)	Seeks and obtains resources to support patient care and considers cost-effectiveness and efficiency in resource use	Leads or implements projects to minimize expense and maximize resources

COMPETENCY AREA: CLINICIAN

Definition: *The pediatric nurse clinician uses evidence-based practice, clinical judgment, professional engagement and informatics to provide safe patient- and family-centered care for diverse pediatric populations A pediatric nurse clinician engages in lifelong professional development to build and maintain competence.*

Exemplars	Behavioral Indicators		
	Level 1	**Level 2**	**Level 3**
Evidence-based practice	Identifies and adopts evidence relevant to the practice environment	Compares and contrasts evidence from the literature to inform practice	Translates new evidence into practice through the appropriate channels and evaluates outcomes
Caring practices	Provides care for patients and families based on standards and protocols set by the practice setting	Recognizes the unique needs of each individual patients and families, collaborating with interdisciplinary experts in formulating a tailored plan	Orchestrates patient and family care meetings to ensure needs are met beyond the healthcare setting as patients transition to home and/or alternate settings
Diversity and inclusion	Recognizes personal biases in delivering care to diverse populations, and modifies care to meet patient and family needs	Minimizes the influence of personal biases by seeking opportunities to enhance understanding of diverse groups	Influences and educates others to value diversity and promote inclusion
Clinical judgment	Gathers and processes information, and seeks guidance in decision-making based on level of experience	Works collaboratively as an integral member of an interdisciplinary team, developing appropriate recommendations and interventions	Uses expert, intuitive reasoning to enhance clinical judgment and serves as a resource to other healthcare professionals
Patient safety	Minimizes or eliminates risk in practice by adhering to established pediatric safety standards	Proactively uses data to identify and mitigate risks to improve safety outcomes	Leads change initiatives to advance patient safety across the practice environment
Informatics	Navigates current technology (e.g., electronic record, virtual patient visits) to accurately input and access patient data when providing patient care	Gathers and interprets patient data and reports from multiple sources to improve clinical decision making	Uses knowledge generated from data and reports to identify gaps, improve care processes, and inform technology changes
Professional development	Maintains competence by attending continuing education or skills training	Uses information from performance evaluations and self-assessment to identify learning needs	Proactively seeks learning opportunities and obtains knowledge that advances clinical practice for self and others
Professional engagement	Joins internal or external committees or professional organizations applicable to pediatric specialty	Actively participates as a member of internal or external committees or professional organizations	Serves as leader of internal or external committees or professional organizations

COMPETENCY AREA: COLLABORATOR

Definition: *The pediatric nurse collaborator builds relationships with patients, families, and the team in order to identify needs and goals and incorporates these into decision-making processes. A pediatric nurse collaborator works with interprofessional colleagues to assist in meeting optimal patient goals.*

Exemplars	Behavioral Indicators		
	Level 1	**Level 2**	**Level 3**
Self-engagement	Receptive to recommendations and viewpoints of others	Respectfully offers perspective to augment recommendations and viewpoints of others	Creates a culture where seeking and sharing recommendations and viewpoints is expected
Problem solving	Recognizes need for help and seeks assistance in problem solving	Identifies issues, engages stakeholders, and uses variety of strategies for resolution	Serves as a resource by teaching others about best practices, and shares strategies for effective problem resolution
Patient and family centered care	Elicits feedback and listens to input from patients and families to make care decisions	Anticipates patients' and families' needs, incorporating their concerns in decision making	Partners with patients and families to influence and improve care delivery across the system
Professional boundaries	Develops self-awareness related to professional relationships through experiential learning and feedback from others and participates in therapeutic relationships with patients and families	Recognizes and addresses boundary violations which may jeopardize professional relationships with patients and families	Educates and assists others in establishing professional boundaries and provides guidance regarding effective management
Interprofessional team collaboration	Interacts with team members to provide quality patient care	Actively participates in crucial conversations with team members, and provides input based on own assessment of patient needs	Proactively initiates interactions with all team members based on needs of a given situation, and guides team in creating a mutually agreed plan

COMPETENCY AREA: ADVOCATE

Definition: *The pediatric nurse advocate acts on behalf of patients and families, nurses, communities, and self to improve, influence, and transform patient care, healthcare systems, the nursing profession, and social and political health-related policy.*

Exemplars	Behavioral Indicators		
	Level 1	**Level 2**	**Level 3**
Self	Practices self-care by maintaining work-life balance	Identifies at-risk behavior, emotional distress, moral injury, or burnout, and seeks assistance as needed	Role models healthy behaviors and counsels others in need of self-care
Patient and family	Advocates for needs of patient and family (e.g., asks appropriate questions, clarifies orders)	Acts on behalf of patients and families at the multidisciplinary or organizational level	Anticipates and assists in navigating the competing needs and values of patients, families and healthcare systems
Community	Participates in employer or volunteer activities that promote health to community members	Facilitates delivery of community-based programs to improve health	Identifies needs and develops initiatives related to community or population health
Nursing profession	Participates in workplace initiatives related to nursing practice	Acts on behalf of nurses at the multidisciplinary or organizational level	Advocates outside the organization on local, state or national policies related to the nursing profession
Social and political	Seeks opportunities to learn about social and political health-related issues	Actively participates in social and political health-related advocacy efforts	Partners with legislators, governing bodies, and other stakeholders to influence health policy

COMPETENCY AREA: INNOVATOR

Definition: *The pediatric nurse innovator creates or adopts new methods, ideas, processes, or products through creative solutions and generates new knowledge through scientific inquiry.*

Exemplars	Behavioral Indicators		
	Level 1	**Level 2**	**Level 3**
Inquiry and development	Asks questions about practice and processes; generates ideas that support quality outcomes	Creates and designs solutions for improvement	Drives change through adoption of new ideas and solutions
Research	Participates in and contributes to research conducted by others	Develops research questions related to pediatric nursing	Designs or leads research initiatives and disseminates results
Technology	Uses and integrates various technology applications, solutions, and devices in practice to support patient care	Acts as early adopter and/or change agent for technology	Engages in development or optimization of technology