16th Meeting **Paediatric Nursing Associations of Europe**

Notes 22nd October, Copenhagen, Denmark

Attendees

Dragica Bestak, President Croation Nurses Association of Paediatric Nursing Society [DB]

Ivana Horvat, Croation Nurses Association of Paediatric Nursing Society [IH]

Majda Oštir, Pediatric Nurses Association of Slovenia [MO]

Ingrid Hankes Drielsma, Dutch Association of Paediatric Nurses, Netherlands [IHD]

Caroline Roberts, Netherlands [CR]

Ellen Hutter, Netherlands [EH]

Anne-Marie Bangels, President Paediatric Nurses Association, Belgium [AMB]

Katrin De Winter (KHKempen Lier) Belgium [KdW]

Karen Vansteenkiste (KHLeuven) Belgium [KV]

Kristel Liesenborhgs (KHLim) Belgium [KL]

Annelies Guldentops (KHKempen Turnhout Belgium [AG]

Evalotte Mörelius, Swedish Pediatric Nurses Association [EV]

Annika Ortenstrand, Swedish Pediatric Nurses Association [AO]

Siw Fossan, Norweigen Paediatric Nurses Association [SF]

Liu Mari Brandt, Norweigen Paediatric Nurses Association [LMB]

Konstantinos Petsios, President Pediatric Nurses Sector of Hellenic Nurses Association [KP]

Simona Calza'll on behalf of Italian Nurses Association [SC]

Orsola Gawronski, on behalf of Italian Nurses Association [OG] (orsola.gawronski@opbg.net)

Fiona Smith, Royal College of Nursing, United Kingdom [FS]

Apologies

Dijana Otasevic, President, Pediatric Section of Serbian Sisters Association [OD]

Martha Böhm, Paediatric Nurses Association, Austria [MB]

Ulrike Vujasin, Vice President, Paediatric Nurses Association, Austria [UV]

Immacolata Dall'Oglio on behalf of Italian Nurses Association [ID]

Britt Marie Ygge, Swedish Pediatric Nurses Association

Birget Patzmann-Sietas, Vice President, Germany [BPS]

1. Welcome/introductions

FS welcomed attendees to Copenhagen. Attendees introduced themselves to each other.

2. Matters arising from notes of meeting March 2010

2.1 Written update for websites

No changes made to website -

[http://www.rcn.org.uk/development/communities/specialisms/children and young pe ople/forums/other_forums_and_groups/paediatric_nursing_associations of europel

Action:

Members of PNAE asked to look at website and to forward electronically to FS any updates/additional information to be posted on the website - All

2.2 Links with ESPNIC & Competency Framework development

Fiona Lynch [FL] reported work is in progress. It is hoped that work will be completed very soon. An addendum will be made to the PNAE framework for nurses working in paediatric and neonatal intensive care in due course.

Action:

Seek update from FL prior to next PNAE meeting – FS

2.3 Feedback from ESNO

ICN document 'Competencies of Nurse Specialist' circulated to attendees at the November 2009 PNAE meeting.

Letter sent from ESNO to DG Education, DG Internal Market and EFN General Secretary from ESNO

3. Patient Safety Medication error

Discussed feedback to date and the need for other member representatives to identify the top 5 key issues/factors to include within PNAE position statement.

Action:

Draft to be sent again for comment to KP – all

4. ESPNIC/PNAE conference October 2010 Copenhagen

PNAE stream scheduled for 23rd October 2010. Day delegate rate for PNAE is 100 Euros. The conference website is www.espnic.de/. Ingrid highlighted key organisational issues involved including time taken to schedule and difficulty in finding contacts.

It was noted that it was important for a PNAE nursing association member to be identified within the country where conference was being held.

Action:

 Contact president of EAPS to discuss establishing PNAE conference within future ESPNIC/EAPS conferences - FS

5. Nurse Education re-survey

Summary – 22 countries have responded so far. The missing information is to be obtained so as to complete the work. Noted that countries have altered since 2002 when survey first conducted.

Discussion points – not all nurses have a paediatric nursing qualification. Many work on paediatric wards that do not have a specific paediatric nursing qualification. There are also issues related to access to paediatric clinical placements for some students.

Implementation – there may be differences as to who is responsible for paediatric nursing education i.e. ministry of health or ministry of education. There are instances of reimbursement to hospitals for supporting the training of paediatric nurses in some countries across Europe.

It was noted that there is an issue related to status of nurse educators and professors of nursing. This varies across Europe.

Action:

- Identify current President of FePI for PNAE to communicate with SC
- Review PNAE education position statement at a future meeting all

- Draft letter about paediatric nurse education which associations can translate to send to their health ministry, chief nurse as appropriate to their country – FS
- Information about funding sources to be provided IHD

6. <u>Support roles</u> – education (theory and practice) preparation for support roles

Netherlands

This varies depending on the hospital and area. Ward assistants who assist with making the beds, stock checking and some who look after milk rooms. There are some areas in which assistants will support with baby feeding i.e. nursery nurse. Play therapists who have sp

Belgium

In some areas 'general' nurse at lower level working in care of patients under supervision of bachelor trained nurse.

Italv

Nurse assistants have a 3 year programme of 1000 hours (550 hours theory and 450 hours practice) from school and others who do not who function at a lower level of competence – roles currently being defined, give meals, make beds, store, wash patients and care for equipment. Some may have greater responsibility, they also have a longer training, they are called operatore socio sanitario con formazione complementare sanitaria and currently this role exists only in few Italian regions such as Veneto, Trenito Alto Adige), they are allowed, under nurses' supervision, to: administer oral and intramuscular therapy, take vatal signs, simple wound care and bandages, monitor EV drug aministration, patient mobilization, collection of urinary or stool samples, RCP, cleaning, disinfection and sterilization of equipment, give meals, preparing sterilised area i.e. ODP assistant. Each hospital decides on the roles and whether they are allowed to enter into paediatric areas. There is no specific training for working in pediatric wards.

Slovenia

There are 17,000 nurses in Slovenia. More than 50% are not Bachelors nurses but there are an increasing number who are. All are general nurses, registered and licensed to practice. No other helpers other than housekeepers and assistants who have no direct patient contact, cleaning incubators and equipment and porter/transport children, blood etc - there is some specific education/training for them

Croatia

Nurse helpers in elderly homes – 3/12 education and work under supervision of the registered nurse

Helpers in ward areas – assist with transfer, movement of patients. Have 3/12 education for role.

Greece

Assistant Nurses: There is a speciality lasting 3 years in technological lyceums and they follow an additional clinical training, with duration that varies (from two to four semesters).

Some public hospitals have their own Vocational Training Centres with a 2-years educational program and provides students with a certificate that enables them to

work as assistant nurses in a hospital after completing 200 clinical hours practical training.

There is also a number of Private Vocational Training Centres with a 2-years educational program that provides students with a certificate that enables them to work as assistant nurses in a hospital after completing a semester of clinical training (200-400 hours practical training).

In general, Assistants work under the direction of the registered nurse to take care of patients but do not administer drugs unless under direction and supervision.

Moreover, in some public and private hospitals there is a number of assistant nurses that they had no nursing studies but they followed a special practical training program. But they do not provide any kind of care directly to patients, for example they make beds, they assist in the cleaning, they transfer patients and they wash, store and take care of equipment.

Ambulatory – paramedics (rescuers): They follow a specific training (2-years duration, plus clinical practise) in ergonomics, life support, safe transport of patients and basic stabilisation of patients, organised by the National Center for Ambulatory Service.

There are also volunteers who support care of children in clinical areas.

<u>Sweden</u>

No support roles in place

Norway

Similar to Sweden - 2 year high school level - within paediatric area not in existence apart from maternity wards where assist with feeding.

UK

Play specialist – specific 12 month programme for hospital play specialists who are involved in preparing children for procedures and surgery.

Non-clinical – housekeeper – training provided by specific hospital around cleaning, reducing spread of infection etc

Clinical - Nursery nurses (2 year recognised programme, additional in-service hospital training provided to work in areas such as special care baby units), health care assistant, health care support worker, assistant practitioner – variations in education/training programmes from some in-service programmes provided by individual hospitals to 2 year foundation degree for assistant practitioner roles

Action:

- Consider the need for development of a position statement to specify specific recruitment, selection and training for support roles within neonatal and paediatric areas – all
- 7. Regulation and re-validation survey

Draft survey discussed.

Action

 Amendments to be made to the questionnaire and to be circulated in due course to identify the current position across Europe - FS

8. Code of ethics for paediatrics

Code of ethics for paediatrics discussed.

Action

Draft statement to be prepared and circulated for comment - KP

9. Care of children with complex health needs, palliative care and end of life care

Discussion around issues and the care provide in different countries and for different cultures. In some countries palliative care only provided at end of life. Many doctors and nurses do not have the knowledge, skills and confidence to discuss and support parents and families.

Noted that keynote speaker at PNAE conference is related to children's palliative care.

Action

- Article to be circulated CR
- To place item on agenda for next meeting FS

10. Family centred care benchmarking tools and identify further work

OG highlighted research study in Italy. Discussion highlighted differences in the definition of family centred care and level of involvement, nurse led and parent/family led interventions.

Action

Definition used in research to be shared - OG

11. Any other business

NICU in Italy now recruiting midwives. Is this common practice elsewhere across Europe? In many countries they cannot work in neonatal units unless they are also registered nurses.

Potential IAPN conference in 2013 in Australia

Action

- 12. Future meeting dates/venues
 - 3rd and 4th March 2011 Slovenia
 - 3rd and 4th November 2011 Belgrade, Serbia
 - Spring 2012 Germany (dates to be confirmed)
 - Autumn 2012 –? Amsterdam
 - Spring 2013 -? Norway

Action

Check with Birget to confirm dates for PNAE meeting in Germany 2012

Action: Host countries to be identified

PNAE meetings are held in different venues/countries to enable as many representatives from Paediatric Nursing Associations/National Nursing Associations to attend and participate in activities. We appreciate that financial implications of travel

and accommodation may prevent several members from attending PNAE meetings. If your country has not yet attended a PNAE meeting but you would be interested in hosting a meeting in your Nursing Association/Country please contact Fiona Smith – Fiona.smith@rcn.org.uk ASAP

15.00 Meeting closed.

NOTE

- If documents are circulated with request for comment/agreement and no response is received it will be assumed that there is agreement.
- Please ensure receipt of emails is confirmed.