

# **THROUGH THE LOOKING GLASS: NURSING EDUCATION'S RESPONSE TO CHILDREN'S AND ADOLESCENTS' HEALTH CARE**

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This paper explores nursing education's response to child and adolescent health care and the changes that were introduced to an undergraduate nursing program at Royal Melbourne Institute of Technology (formerly Phillip Institute of Technology), Melbourne.

## **RMIT University :**

RMIT University, Melbourne offers a range of award and non-award Higher Education and Vocational Education and Training (VET) courses, having a total enrolment of approximately 40,000 students. It is a multi-campus organisation incorporating campuses in the City and Bundoora, as well as other locations. It also offers significant off-shore programs based in South-East Asia.

As a technological university, RMIT is committed to maintaining and developing its position at the forefront of technical and professional education, through the provision of educational and training services to develop people and research programs to solve what the University sees as real world problems.

## **Nursing and Nursing Education**

Nursing is a practice-based and discrete discipline in its own right. It has its own core knowledge and professional practice-base through indepth study and experience of caring for people across the life span in varying states of health, wellness, and illness.

Currently in Australia, all basic pre-registration education for nurses is undertaken at Bachelor degree level in universities. While the philosophy and the content of the curricula does vary greatly from institution to institution (Appel and Malcom 1998), all curricula must provide students with the skills to meet the competencies established by Australian Nursing Council (1995).

## **RMIT Nursing**

RMIT Nursing is located in the Bundoora West Campus, and conducts a three-year undergraduate nursing program and a range of postgraduate nursing and midwifery courses. Currently RMIT nursing has an enrolment of over 1200 full-time and part-time students.

The Bachelor of Nursing course reflects the vision and mission of the University which is to develop graduates who are critical, creative, responsible and employable. The main aim of the

Bachelor of Nursing course at RMIT is to prepare a beginning practitioner to provide safe, competent and responsible nursing care in a variety of health care settings.

The philosophy underpinning the development and structure of this course rests upon a complex of values and beliefs about the:

- health needs of people comprising a multicultural and diverse society
- roles and functions of nurses in health promotion and health maintenance across the health care continuum in changing physical, social and political environments
- learning needs of students and
- development of desirable attributes in new graduates

(Department of Nursing Inquiry, Practice & Management, 1999).

The Bachelor of Nursing course has been designed to incorporate the constructivist approach to curriculum. The conceptual frame work has been developed across the continuum of care and the frames that underpin the curriculum are foundational studies, acute care nursing, continuing care nursing and community care nursing. The theory and practice components of the modules and subjects have been integrated. Assessment focuses on developing higher order abilities such as critical analysis and problem solving (Department of Nursing Inquiry, Practice & Management, 1999). Successful completion of the course leads to registration as a Division 1 nurse in Victoria.

### **Child and Adolescent Nursing**

In the area of Child and Adolescent nursing, the previous curriculum had only 13 hours of theory and 1 week of clinical experience in an acute care setting. However, some students chose to do an adolescent elective subject and some other students chose to complete their community placements in schools.

By contrast, the current curriculum contains a 52-hour Child and Adolescent Nursing subject with 70 hours of clinical experience in an acute care and community setting.

Normal growth and development issues with their accompanying social health implications are explored in this subject whereas family structure, function and issues are discussed in another subject called 'Family Nursing'.

Changes in the child population along with changes in social structure, variations in family lifestyle, improvements in medical technology, and changing patterns of illness (Pillitteri, 1999 page 9) have been considered. Modules for discussions include:

- normal growth and development of children and adolescents
- developmental and behavioural health problems in children and adolescents
- nurses' roles in health promotion and in providing primary health care services to children, adolescents and families
- impact of illness and hospitalisation on children, adolescents and families
- caring for children and adolescents with physiological disorders at home and in the hospital

The subject content has been facilitated through interactive learning, lectures, discussions and laboratories. Guest speakers were invited to share their expertise and experiences. For example, one School Health Nurse spoke about caring for children with diabetes at school. Another school nurse discussed sexuality-related issues. A mother, teacher and volunteer from the Down Syndrome Association spoke about the impact and the support available for families of children with Down Syndrome.

Students have the opportunity to practise a number of essential clinical skills such as infant care, CPR, naso-gastric feeding, and intravenous therapy.

For students to understand, integrate, apply and critically examine important ideas (Cust, 1996 p 263), assessment tasks for this subject include a case study, two community visits, critiquing two journal articles and a written exam. To identify the impact of an illness on the child/adolescent and on the family, students in pairs are expected to interview families and use the nursing process to complete care plans. Students do community visits (e.g. Maternal Child Health Centre, Asthma Foundation, Kidsafe, Safety Centre, Action Centre, Melbourne Sexual Health Centre) to evaluate effectiveness, efficiency and the accessibility of the services to children, adolescents and their families.

With the intention that the students would benefit from the exposure, the first group of students were sent to an acute care setting such as Royal Children's Hospital for one week and the second week to a community setting such as school or camp. Sword et al. (1994) found that students who were exposed to and mentored within community placements became more aware of the impact of an holistic view of health. Feedback from the staff and students overall was positive but did indicate that one week in one placement was too short. Hence, the second group of students are placed for two weeks in either an acute care setting or in a community setting.

In the clinical setting, under supervision, students are expected to provide child-centred and family-centred care. The following three goals are set:

1. to prevent or minimise the child's separation from the family
2. to promote a sense of control and
3. to prevent or minimise bodily injury and pain.

As a result of these clinical placements in either a school or a camp, a number of learning outcomes have been identified. Evidence suggests that exposure of students to such examples of community-based nursing has not only significantly increased their awareness of nursing models which are alternative to hospital-based nursing but it has also caused them to rethink their future career options (Clare et al. 1997). For example, when students are placed in a school, they learn at first hand the diverse nature of primary care nursing. School nurses focus on 'people skills' which includes the assessment of individuals, families, communities and the provision of counselling, advocacy, political lobbying, supportive care giving and education (Appel and Malcom, 1998). Students learn about the role which school nurses play in the physical and psychosocial development of children, the skills that the school nurses require to do health assessments and health promotion. Most of all, the nursing students are able to put into practice their communication skills in an important setting outside the hospital.

Through the Looking Glass, it is evident that the new Undergraduate Nursing program differs significantly from the previous curriculum. RMIT Nursing responded to the present shift in focus from treatment of disease to promotion of health and introduced changes. This comprehensive program now includes the major domains of medical/surgical nursing, community based nursing and mental health nursing, for individuals across the life span in both institutional and non-institutional settings.

The subject 'Child and Adolescent nursing', with integrated theory and practice, focuses on the developmental and behavioural health concerns and the physiological alterations in children and adolescents. It also discusses the current social and health issues relating to children and adolescents, and provides students with the opportunity to study and have a diverse range of nursing practice experiences. Through this new curriculum, RMIT Nursing is committed to develop nursing graduates who are knowledgeable, creative, critical, responsible and employable.

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