The Royal Children's Hospital (RCH) Nursing Competency Workbook is a dynamic document that will provide you with direction and assist you in your professional development as a nurse working at the RCH. The workbook also provides a record of your orientation and competency obtainment.

**Nursing Competency Workbook, 10th Edition**

**Chapter 1**

Introduction

**Chapter 1**

Includes resources for nurses and is complemented by the Royal Children’s Hospital (RCH) New Starter Pack, Hospital Orientation and Nursing Orientation day, to provide an introduction to nursing at the RCH.

**Chapter 2**

Generic Nursing Competency Assessment Forms

**Chapter 3**

Specialty Nursing Competency Assessment Forms

**Appendix 1**

Unit / Department Nursing Orientation

All chapters and appendices are downloadable as pdfs from the Nursing Education Website.

**The RCH Nursing Competency Workbook** developed by Nursing Education with input from specialist nurses at the RCH.

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## Welcome to the Royal Children’s Hospital

The Royal Children’s Hospital (RCH) has been providing outstanding care for Victorian children and their families for nearly 150 years. We are the major specialist paediatric hospital in Victoria and our care extends to children from Tasmania, southern New South Wales, and other states around Australia and overseas.

With a passionate, highly skilled and committed staff of nearly 4,000 people, we provide a full range of clinical services, tertiary care and health promotion and prevention programs for children and adolescents.

We are the designated state-wide major trauma centre for paediatrics in Victoria and a Nationally Funded Centre for cardiac and liver transplantation and hypoplastic left heart syndrome.

When it comes to training and research we partner with the very best. Our campus partners, Murdoch Children’s Research Institute and The University of Melbourne Department of Paediatrics are on site with the hospital in Parkville. Together, we are committed to improving the health outcomes for children today and in the future.

### RCH Vision

The Royal Children’s Hospital, a GREAT children’s hospital, leading the way.

### RCH Mission

The Royal Children’s Hospital improves the health and wellbeing of children and adolescents through leadership in healthcare, research and education.

### RCH Values

***Unity -*** We work as a team and in partnership with our communities

***Respect*** - We respect the rights of all and treat people the way that we’d like them to treat us

***Integrity*** - We believe that how we work is as important as what we do

***Excellence* -** We are committed to achieving our goals and improving outcomes

### Strategic focus

### Deliver Great Care



### RCH Strategic Priorities

* Collaborate with our local partners to deliver high quality paediatric care to our community
* Become a national centre of excellence for infant, childhood and adolescent mental health
* Build on campus and Parkville Precinct partnerships
* Establish a sustainable RCH global program

### Our People

* Be a great place to work; staff are recognized for their achievements, ae happy, safe and provide Great Care
* Attract and retain quality, skilled staff who add value to our high performing team
* Invest in a workforce of the future

### Our Enablers

* Collaboration
* Innovation
* Education
* Information Technology
* Research
* Financial Sustainability

### Patient and Family Centred Care

At the RCH delivery of health care is based on partnerships between patients, families and all those involved in care. The principles underpinning this are:

### Dignity and Respect

Health care practitioners listen to and honour patient and family perspectives and choices. Patient and family developmental needs, knowledge, values, beliefs, and cultural backgrounds are incorporated into the planning and delivery of care.

### Information Sharing

Health care practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete, and accurate information in order to effectively participate in care and decision-making.

### Participation

Children and families are encouraged and supported in participating in care and decision-making at the level they choose.

### Collaboration

Patients, families, health care practitioners, and leaders collaborate in policy and program development, implementation, and evaluation; in health care facility design; and in professional education, as well as in the delivery of care.

### Nursing Service

For nearly 150 years nurses have been providing leadership in paediatric nursing at The RCH. We have 1,471 equivalent full time nursing employees (EFT) working across the domains of practice specifically, clinical, management, research and education. Nursing practice occurs in inpatient, outpatient, ambulatory care and community settings and we welcome nurses with all levels of skills, knowledge and experience into our teams.

We are committed to competency based practice and provide nurses with a comprehensive, individualized orientation and familiarization program. The RCH Nursing Competency Framework provides the means through which you will be assisted to reach your potential and become an active member of your team, contributing to the ongoing development of nursing practice.

### Executive Director, Nursing Services & Chief Nurse

The Executive Director, Nursing & Allied Health Services (EDON) at the RCH is Rosemary Aisbett. The EDON is responsible for the strategic planning and integration of the nursing vision and key strategies within the service. EDON provides professional leadership of nurses to ensure professional accountability through evidence based practice, and the development of the nursing workforce to achieve our key strategies and to establish nursing at the RCH as leaders in paediatric nursing. The EDON works in partnership with all staff to ensure an efficient service in which nurses add value to the service which children and their families receive.

### Professional Appearance

It is an expectation that staff working at the RCH present an image of a professional workforce whether they are in RCH uniform or personal work wear clothing. For more information please refer to the Dress Code Procedure. Scrubs are available for purchase from the RCH Auxiliaries. There are a range of colours, sizes and lengths to choose from. Visit the RCH Auxiliaries website for more information. A blue RCH Nursing Team lanyard with an identification badge must be worn at all times. The only exception to this is nurses who are permanently employed to work in Paediatric Intensive Care Unit (PICU) or Emergency Department. These nurses wear either a green PICU Team lanyard or red Emergency Department lanyard.

In late 2017, magnetic name badges were introduced into clinical areas (exception areas where magnets are not permitted) as a part of the “Hello, my name is………” campaign (<https://hellomynameis.org.uk/>) to enable patients and families to be able to read and recognize the name and role of the clinician involved in their care. Staff who speak language other than English may also have a flag symbol on their badge, symbolizing the language they speak.

## RCH Nursing Competency Framework

The RCH Nursing Competency Framework supports the domains of practice and competency standards for nurses identified by the Nursing & Midwifery Board of Australia (NMBA) The NMBA standards for practice are the core competency standards by which nurses’ performance is assessed to obtain and retain a license to practice in Victoria (NMBA, June 2016). Key components of the RCH Nursing Competency Framework include:

### Familiarisation

* You will undertake a ten week familiarisation period, individualised with respect to your previous nursing experience. During familiarisation you will be provided with support and guidance to demonstrate the necessary capability to deliver safe care. Goal setting using the Professional Development & Achievement Plan (PDAP) will be completed by the end of the 10 week period.
* Due to the conditions of employment, familiarisation varies for Nursing and Administration Workforce staff.

### Supernumerary Time

* Supernumerary time allows for workload sharing with your preceptor and time away from direct patient care for orientation and additional learning. Supernumerary time is allocated by your Nurse Unit Manager (NUM)/Manager during the ten week familiarization period and will vary for each nurse based on clinical area & individual needs.

### Preceptorship

* You will be formally assigned a preceptor to assist with your transition to your new practice setting. Your preceptor will serve as an educator and role model and assist your socialization into the team. More comprehensive information regarding the RCH Nursing Preceptorship Model is available on the Nursing Education website.
* Due to the conditions of employment Nursing and Administration Workforce staff are not formally assigned a preceptor. These nurses will be allocated a buddy to work with on each shift.

## Demonstration of Competence

As the name implies, a core component of the RCH Nursing Competency Framework is to assist nurses in the attainment and demonstration of competence. The essential characteristics of a competent nurse are identified in Table 2(Benner, P., 1984 ; Lima, S., 2014; Walker, D.L.K., 2007)

|  |  |  |
| --- | --- | --- |
| **K Knowledge** | **S Skills** | **A Attributes / Attitudes** |
| Organisational  Basic  Specialized | Assessment  Communication  Critical thinking  Customer Service  Problem solving  Psychomotor  Technical Skills  Teaching  Teamwork  Time management | Caring  Character  Confident  Critical thinking  Curious  Insightful  Motivated  Non-judgemental  Professional (presentation)  Reflection |

***Table 2: Competent Nurse Characteristics***

A range of strategies may be employed to determine and demonstrate competence with regards to knowledge, skills and the attributes/attitudes of nursing. Within the RCH Nursing Competency Framework these strategies include:

### Self-Assessment

Self-assessment has traditionally played a large part in determining competence for nurses in Australia. Opportunities for documenting reflection and self-assessment are built in to the RCH Nursing Competency Framework in the Feedback and Reflections form associated with each Nursing Competency Assessment Form and in the PDAP. You might also use your PPP for capturing self-assessment.

### Observations of Practice

Observation provides an opportunity for demonstration and assessment of practice. Many of the Nursing Competency Assessment Forms developed for the RCH Nursing Competency Framework include having practice evaluated through observation.

### Discussion / Questioning / Interviewing

In completing the Nursing Competency Assessment Forms, the dating and signing of some competency elements by your assessor will provide evidence of conversations you have had in which you have demonstrated your competence. Your PPP and Performance Development and Assessment Program (PDAP) document also provide opportunity for you to capture evidence of discussions in which you have demonstrated your competence.

### Learning Packages / Quizzes

There are many packages available to assist in your learning and demonstration of competence. Examples of these include Emergency Procedures, Medication Administration, and Central Venous Access Devices. Your preceptor, Clinical Nurse Educator/Facilitator (CNE/F) and/or NUM/Manager will be able to direct you to the location of learning packages. The RCH Nursing Competency Workbook, LearningHero and your professional practice portfolio (PPP) are examples of where you might document satisfactory completion of learning packages.

### Professional Practice Portfolio (PPP)

The PPP is a tool that enables you to communicate to yourself and others your learning plans, achievements, professional development, performance capability and competency based on collated evidence. Presentation of a PPP is part of the credentials process for RCH nurses and your Nurse Unit Manager/Manager will ask to view your PPP on an annual basis and others for role advancements and interviews. If you don’t yet have a PPP an example of a template is available on the Nursing Education website.

### Continuing Professional Development

Participation in continuing professional development (CPD) is a widely accepted method for measuring and demonstrating ongoing nursing competence. It is a requirement of the Nursing and Midwifery Board of Australia that nurses participate in at least 20 hours of CPD each year and that documentation of participation will include dates, a brief description of the outcomes, and the number of hours for each activity. In addition all evidence of CPD should be verified. A form for capturing your CPD is available on the Nursing Education website or via NMBA.

The RCH provides a wide variety of ongoing educational opportunities for nurses including in-service education, study days, workshops, seminars and short courses. Most education is coordinated through Nursing Education and Research. A calendar of all education opportunities is accessible on the Nursing Education website. It is your responsibility that any days that you wish to attend are requested on the roster. It is important that you are aware of your professional development leave entitlements as covered by the Nurses and Midwives (Victorian Public Health Sector) Enterprise Agreement 2016-2020, as entitlements will be allocated in accordance with the provisions. Please discuss with your NUM/Manager.

### Performance and Development Assessment Program (PDAP)

The PDAP is a continuous process for permanent staff conducted over a 12 month period, which reflects on past performance and focuses on future outcomes. The PDAP is based on two principles

1. What we do (KPI’s) AND how we do it (Values and Behaviours)
2. Managers/supervisors and their staff:

* Working together to achieve desired outcomes
* Communicating openly
* Providing regular feedback to each other and
* Formally reviewing individual performance at least twice per year

The PDAP tool is dynamic document that you should be using from the commencement of your employment[[1]](#footnote-1) to record your KPIs and development plan. The tool is available on your personal mercury account and can be completed electronically. As part of your PDAP you are required to formulate objectives relevant to KPIs and development areas.

### RCH Nursing Pathway[[2]](#footnote-2)

Dates should be set in consultation with your Unit Manager / Manager / CNE/CSN.

|  |  |
| --- | --- |
| **PATHWAY DETAILS** | **DUE DATE** |
| **Prior to starting**  Letter of acceptance and pre reading information from People & Culture  **↓** |  |
| **First week**  Introduction to RCH Nursing Competency Framework  Unit/Department Orientation  Hospital Orientation (if start date coincides)  Unit orientation with preceptor  Meet with NUM/Manager and CNE/CSN  **↓** |  |
| **Weeks 2-4 (possibly more if required)**  Hospital orientation (if not already attended)  Supernumerary (if required) with preceptor)  Complete mandatory annual competencies  Develop learning objectives  Discuss progress with NUM/Manager and/or CNE/CSN and preceptor  **↓** |  |
| **By week 10**  Complete RCH Nursing Competencies required by week 10  10 week performance assessment with NUM/Manager  **FAMILIARISATION COMPLETE**  **↓** |  |
| **By 6 months**  Complete Probation Period (new employees only)  & probation PDAP |  |
| **By 12 months**  Continue to complete and develop new learning objectives  Complete RCH Nursing Competencies required by 12 months  12 month performance assessment with NUM/Manager  *(6, and 12 month performance assessments for graduate nurse program participants with NUM, CNE/CSN, preceptor and program coordinator)*  **↓** |  |
| **Ongoing**  Mandatory annual competencies  Yearly performance assessments  Continue to complete and develop new learning objectives  Maintenance of professional practice portfolio |  |

## Useful Resources

You are encouraged to explore and utilise the vast array or resources available to you. Some that you might be particularly directed towards on the intranet include:

**RCH Website:** [**www.rch.org.au**](http://www.starship.org.nz)

RCH Nursing Services <http://www.rch.org.au/nursing/index.cfm?doc_id=10944>

Nursing Education <http://www.rch.org.au/mcpc/index.cfm?doc_id=11861>

RCH Clinical Practice <http://www.rch.org.au/clinicalguide/>

Guidelines

RCH Clinical Guidelines <http://www.rch.org.au/rchcpg/index.cfm>

Medicines Information https://www.rch.org.au/pharmacy-intranet/medicines-information/

AMH Children’s Dosing https://childrens.amh.net.au/

Medications <http://www.rch.org.au/pharmacy>

Infection Control <http://www.rch.org.au/infection_control/staffhealth/>

Bulletin Board <http://www.rch.org.au/...tins/?fuseaction=input.emailConfirm>

Nurses (Victorian Public <https://www.rch.org.au/hr/awards/current/#Nurses>

Health Sector) 2016-2020

MyDNA (pay) [www.mydna.rch.org.au](http://www.mydna.rch.org.au)

Human Resources <http://www.rch.org.au/hr/intranet/contact/>

(People & Culture) <http://www.rch.org.au/hr/intranet/faq/>

<http://www.rch.org.au/policy_rch/?doc_id=12637>

Information Technology <http://www.rch.org.au/it/help>

### Recommended paediatric nursing texts include

1. Engel, J. (2006). Pocket guide to paediatric assessment (5th edition). St Louis: Mosby.
2. Hockenberry, M. & Wilson, D. (2014). Wong’s nursing care of infants and children (10th Edition). St Louis: Mosby.
3. Sheridan, M. (2008). From birth to five years. Children’s developmental progress. (3rd Edition). Revised and updated by A. Sharma & H. Cockerill. New York: Routledge.

### National Safety & Quality Health Service Standards

The eight (8) National Safety & Quality Health Service Standards were developed by the Australian Commission Safety & Quality in Health Care and provide a nationally consistent set of measures of safety and quality for health care services. The primary aims of the standard are to:

* Protect the public from harm
* Improve the quality of health service provision

The standards are a part of the Australian Health services Safety & Quality Accreditation Scheme and the Royal Children’s Hospital (RCH) utilizes the standards as part of the internal quality assurance mechanisms as well as external accreditation.

The eight standards are listed in the table below along with the corresponding nursing competency(s). Achievement of competency provides evidence that a nurse is aware of systems and processes, has read the relevant policies, procedures, as well as utilizing the knowledge and skill to provide safe, quality care. This is not an exhaustive list and nurses will also be required to participate in hospital wide and local teaching sessions and education campaigns during the year. Further information about the Commission and the Standards can be found at <http://www.achs.org.au/>.

|  |  |  |
| --- | --- | --- |
|  | **NSQHS Standard** | **Nursing Competency** |
|  | Clinical Governance | Essential Policies & Procedures Competency |
|  | Partnering with Consumers | Family Centred Care |
|  | Preventing & Controlling Healthcare Associated Infections | Infection Prevention |
|  | Medication Safety | Medication Administration |
|  | Comprehensive Care | Consent, Risk Screening & Management  Skin Integrity, Documentation, Infection Prevention |
|  | Communicating for Safety | Admission, Discharge, Documentation, Patient Transfer |
|  | Blood Management | Consent & Transfusion Management |
|  | Recognising & Responding & Clinical Deteriorating in Acute Health Care | Primary & Secondary Survey (recognition of the unwell child) |

## An Overview of Key Clinical Areas

The RCH consists of three key buildings; the North, East, and West buildings. Some of the key clinical areas include:

### North building

5th floor, north building: Butterfly – Newborn Intensive Care

The Newborn Intensive Care Unit at the Royal Children’s Hospital is a 35 bed, ‘Level 4 Neonatal Unit’ with approximately 550 admissions per year. Our patients are referred from level 3 perinatal centres both in Melbourne and interstate; maternity hospitals throughout Victoria, southern New South Wales and Tasmania; and our Emergency Department.

5th floor: Wallaby Ward

Wallaby is a 32 bed ward, in which medically stable children requiring daily/twice daily acute care interventions can complete their admission at home. Wallaby provides a Victoria-wide service. Staff can provide care for children within a 40 km radius of Melbourne (depending on availability and scope). Children outside our catchment may have their care outsourced to regional providers but are still regarded as a Wallaby Ward inpatient. The office area is located in the area adjacent to the green lifts.

4th floor, north building: Cockatoo – Surgical & Neuro Care

The Cockatoo ward (30 bed) provides expert, clinical care to patients and families in a supportive, interdisciplinary, family centred care environment. Cockatoo ward cares for patients aged from infancy to adolescence from Victoria, Australia and internationally. The clinical staff provide comprehensive care to patients with neurological, neurosurgical, metabolic, endocrine and complex gastroenterology and hepatology conditions.

4th floor, north building: Platypus – Surgical Care

The Platypus ward is a 30 bed specialty surgical unit, caring for patients undergoing general surgery, orthopaedic, plastic, urology and maxillofacial procedures. It is also the dedicated burns and trauma unit at RCH. Services are provided with an interdisciplinary team approach through all aspects of treatment. Platypus ward treats more than 3000 patients a year and patient ages range from newborn to teenagers.

3rd floor, north building: Rosella – Intensive Care

The paediatric intensive care unit (PICU) at the RCH is the largest PICU in Australia. Approximately 1300 infants and children are admitted to our PICU each year, representing all medical and surgical paediatric subspecialties. The unit has a high acuity, with 70% of admissions requiring intubation and mechanical ventilation. In addition to providing tertiary PICU services for Victoria and Tasmania, several national programs are catered for, including heart transplantation, respiratory ECMO, long-term VAD, surgical treatment of hypoplastic left heart syndrome and intestinal transplantation. A large proportion of the workload (40-45% of patients) arises from the cardiac services program, providing cardiac surgery to Victoria, Tasmania, South Australia and the Northern Territory. Emergency and elective patients are admitted from within the RCH and external emergencies from Victoria and neighbouring states are predominantly admitted via the Paediatric Emergency Transport Service (PETS). The unit is currently funded for 22.5 beds.

3rd floor, north building: Koala – Cardiac Surgery

Koala ward (30 beds) provides care for patients, ranging from newborns to adolescents, with renal and cardiac conditions. Care includes cardiac surgery, medical therapies, renal transplantation, electrophysiology and peritoneal dialysis. Koala ward are the National Centre for Cardiac Transplantation, Pulmonary Hypertension and Hypoplastic Left Heart Syndrome. The patients are admitted from all over Victoria, interstate and overseas.

2nd floor, north building: Sugar Glider – Medical Care

The Sugar Glider ward (30 bed) is a specialised medical unit where a multidisciplinary team cares for children and infants with a diverse range of acute and chronic illnesses. The ward has four medical specialties: General Medicine, Respiratory Medicine, ENT and Developmental Medicine.

**2nd floor, north building: Kookaburra – Cancer Care**

The Cancer Care Unit is the largest treatment centre for children with cancer in the Southern Hemisphere. It is the primary provider of oncology services to children with cancer in Victoria. The Cancer Care Unit provides services for children of all ages, at all stages of treatment and beyond. There are currently 26 inpatient beds including an 8 bed Bone Marrow Transplant unit. The Cancer Care Unit treats approximately 180 newly diagnosed children each year. Treatment may range from simple regimes to complex management such as unrelated bone marrow transplants.

1st floor, north building: Kelpie – Adolescent, Rehabilitation Care & Oncology

Kelpie ward (32 beds) delivers developmentally appropriate care and treatment to young people between the ages of 12 and 20 with acute and chronic health issues. The ward’s multi-disciplinary model of care involves physical care, treatment, emotional support, advocacy and education. Kelpie has 6 inpatient beds for children and young people with cancer. Kelpie also provides paediatric rehabilitation to improve the abilities of children and young people following major injury, illness or medical procedures. Individualised care aims to achieve specific goals in areas such as mobility, self-care and communication. Kelpie brings together the clinical care expertise of the RCH Centre for Adolescent Health, Children’s Cancer Centre and the RCH Paediatric Rehabilitation Service.

1st floor, north building: Banksia Ward – Inpatient Mental Health

The Banksia ward is a part of the RCH Mental Health program. It is a 16 bed mental health inpatient ward where consumers aged 12 up to 18 years are assessed and treated for a range of mental health and psychological conditions. The Banksia ward provides holistic care including mental health assessment and treatment in the least restrictive environment where consumers are supported to make or participate in decisions about their assessment, treatment and recovery. The ultimate aim of the Banksia ward is to promote the timely transition of the consumer’s care to family/carer and/or community supports wherever possible.

### East building

3rd floor, east building: Perioperative Services (Theatre, Recovery, Possum Short & Day Surgical Unit)

Theatre

The theatre Suite is made up of 14 theatres and performs over 17,139 elective and emergency surgeries per year (2016/2017). The majority of perioperative patients are admitted directly to theatre (90%) and then discharged home from the unit (50%) as day stay patients. Patients who require a one night stay in hospital will be admitted to the ward.

**Recovery**

Recovery provides post-operative care for children who have undergone surgery and/or medical imaging procedures and provides a service 24 hours /7 days per week. The Recovery room consists of 20 bays within the Perioperative department on level 3 and 6 bays within the Medical Imaging department on the lower ground floor.

Possum Short & Day Surgical Unit

Possum Ward is a 12 bed surgical short stay unit and is co-located with the Day of Surgery (Reception J) area. The team admits both elective and emergency patients from all surgical specialities including General surgical, Orthopaedics, Urology, ENT as well as cardiology patients. Nursing staff work across all specialities and provide patient/family centred care. The diverse nature of the surgical specialties involved requires close liaison with all members of the multi-disciplinary health care team. Partnership in care and continuity of nursing care is practiced

**1st Floor, east building: Complex Care Hub**

This new model of care (2017) provides multidisciplinary care to patients and their families with complex care needs that enables a simpler and more cohesive health care journey. Existing services were integrated including Complex Care Service (CCS), Family Choice Program (FCP) and Advice, Consultation & Expertise (ACE).

Ground floor, east building: Specialist Clinics

The specialist clinics at the RCH provide a comprehensive range of outpatient services to approximately 322, 291 patients per year. There is an extensive range of medical, surgical and allied health outpatient clinics held throughout the hospital at various locations. Most outpatient clinics are held between 0830 to 1700 Monday to Friday.

Lower ground, east building: Medical Imaging

The Medical Imaging Department is a specialised department and aims to provide the best possible medical imaging for children. The imaging is performed with specialised paediatric techniques, modern equipment in the best possible surroundings with minimal discomfort and irradiation. The department includes: four general x-ray rooms, a multi-slice CT (Computed Tomography) scanner, two MRI (Magnetic Resonance Imaging) units, four ultrasound rooms, one nuclear medicine imaging room, one digital fluoroscopy room, one OPG (Orthopantomogram) and two DSA (Digital Subtraction Angiography) rooms. Nurses work alongside a diverse multidisciplinary team, co-ordinating and assisting with individual specialized care which includes, recovery, scrub and scouting for procedures (diagnostic and interventional), and sedations among other responsibilities.

Lower ground, east building: Emergency Department

The Emergency Department at The Royal Children's Hospital provides urgent medical care to children and adolescents.  The Department operates 24 hours a day, seven days a week. Approximately 86,000 patients, ranging from newborns to teenagers, are seen each year. The department is staffed by medical, nursing, clerical and administrative staff as well as ward services assistants.  The clinical area has four Resuscitation rooms, 26 cubicles, four Procedure rooms and a Fast-Track facility.

### West building

2nd floor, west building: Day Medical Care

Day Medical Care (24 spaces) is a nurse-led unit that assists in the care and diagnosis of patients from newborn to 18 years, and from many specialty medical departments. The highly experienced nursing staff perform many tests and procedures, and provide treatment and ongoing management, of patients with chronic medical conditions including: haemoglobin and blood disorders, bone and joint disorders, gastroenterological disorders and immune deficiencies. Patients requiring long term haemodialysis are also treated; and children with food and drug allergies are challenged under supervision. Nurses in Day Medical Care are highly skilled in the insertion and management of intravenous lines, and the management of anxiety, pain or distress.  They assist medical staff perform minor medical procedures under sedation, and they are skilled in performing complex endocrine diagnostic tests. Nursing staff are actively involved in educating patients and their caregivers regarding condition and treatment for patients.

2nd floor, west building: Day Cancer Unit

The Day Cancer Unit on 2 west is a 15 bed outpatient treatment area for children undergoing treatment for haematology oncology conditions. The service provides care Monday to Saturday allowing patients to remain at home whilst having active treatment.

**Lower ground floor, west building: Dolphin – Medical Short Stay Unit**

Dolphin Medical Short Stay (24 beds) unit is located adjacent to the RCH Emergency Department (ED). Located on the Lower Ground floor (Underwater level) the unit cares for patients who present to the ED, who require care for up to 48 hours. With its streamlined admission and discharge processes, Dolphin Medical Short Stay unit cares for children of all ages, from babies aged six months to adolescents, with a range of acute illnesses.  Conditions treated in the unit include: asthma, bronchiolitis, constipation, croup, eczema, fever, gastroenteritis, urinary tract infection, anaphylaxis (allergic reactions), migraine, snake bite and viral infections.

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<http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional->

standards.aspx

Walker, DLK. (2008). *How competency is operationalized for registered nurses in the adult medical*

*surgical acute care setting.* (Doctoral dissertation, Louisiana State University, 2008). Abstract

retrieved December 15, 2010 from CINAHL database.

1. Graduate nurse program participants may be provided with alternative Performance Assessment and Learning Objectives forms to be utilised throughout the Program. These are included in Graduate Nurse Program Handbook if applicable. [↑](#footnote-ref-1)
2. Due to conditions of employment Nursing & Administration Workforce staff engage in an altered Nursing Pathway found in Appendix 1V. [↑](#footnote-ref-2)