professional groups as most important in future service development. Early referral to hospice service was ranked highly, particularly amongst hospice staff, whereas more structured staff support was ranked higher by professionals caring for children with cancer.

129

TECNICAL, INTERPERSONAL AND CRITICAL THINKING COMPETENCY ASSESSMENT: A SYSTEMIC APPROACH

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Competence is more than possessing the knowledge or psychomotor skills necessary to perform a specific task. For nurses, competence means the caregiver integrates knowledge, skills and personal attributes consistently in daily practice to meet established standards of performance.

Goal: Presents our current Institution standards to assess nursing competencies needed to measure critical thinking and clinical decision-making abilities and necessary as a result of findings from quality-improvement data.

To assess nursing competency a methodological plan had to be established.

Competencies have two major components: first is a competency statement describing the general performance standard; second is a list of criteria describing the tasks required to ensure that the general performance standard is met.

Before beginning four important aspects had to be considered: outcome, category, learning domain and audience.

Expected outcomes were clearly defined based on pre-established goals with the aim of assessing acquisition of a new skill or of validating existing knowledge and skills.

Competencies were selected for evaluating the skills and knowledge needed to execute complexes nursing interventions and intermediate or advanced in order to evaluate need for complex interventions.

Identifying a particular learning domain to address competencies.

Novice nurses needed a high percentage of psychomotor competencies, whereas competent nurses needed validation of higher level competencies.

Competency assessment has been proved as a valid tool for building long-term continuous improvement of high quality nursing care.

130

REVIEW OF PAIN CONTENT IN THREE YEAR PRE-REGISTRATION CHILDREN'S NURSING COURSES IN THE UK

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Background: The results of several studies suggest that gaps remain in nurses' knowledge about pain in children, and in particular to pain assessment, analgesic drugs and non-drug methods, suggesting a need to explore the pain content of pre-registration nursing curricula. A review of pain content in pre-registration courses in England found that most curricula included less than 10 hours education on pain (Twycross 2000). This concurs with the findings of a study carried in the USA by (Graffam 1990). Since these two studies were undertaken, the way nurse education is delivered has changed with the advent of the internet and use of virtual learning environments. This study will explore the depth and breadth of pain content in three year pre-registration children's nursing courses across the UK and will ascertaining how content is delivered.

Method: Higher education institutions running the pre-registration children's nursing course in the UK.

Data collection: The questionnaire used by Twycross (2000) was revised to reflect changes in how nursing courses are taught and new knowledge is assessed. Participants were asked to indicate topics covered in the programme, and how this was delivered.

Procedure: A copy of the questionnaire was emailed to the lead for children's nursing in each institution. A reminder email was sent out after three weeks.

Results: The findings indicate there are wide variation in the pain content of pre-registration nursing curricula in relation to number of hours, content and how the student knowledge