



Editorial

Incorporating Academic and Health-Related School Needs into Pediatric Nursing Practice



As pediatric nurses we are all deeply aware of the importance of the developmental experiences children and adolescents have that shape and form them. Developmental theorists have posited about the important influences that serve to impact the child's growth and development –cognitively, psychosocially and physically (Bronfenbrenner, 1979; Erikson, 1950; Kohlberg, 1984; Piaget, 1972). Certainly a foremost social influence is the child's school environment wherein children and adolescents spend the greater part of their days. For children and adolescents with chronic conditions and disabilities, school days present unique challenges unlike those for their typical peers.

These challenges require a wide array of accommodations for academic assistance and for health-related needs. Our nursing colleagues who work in school settings are well aware of the needs of these students as evidenced by their Position Statements and Policy Briefs such as Students with Chronic Health Conditions-The Role of the School Nurse, Diabetes Management in the School Setting and Wearable Medical Technology in Schools-The Role of the School Nurse and IDEIA and Section 504 Teams-The School Nurse as an Essential Team Member (National Association of School Nurses, 2018). The numbers of students who have chronic conditions are rising and therefore place increased demands not only on the education system but also on the pediatric system of care (Perrin, Anderson, & Van Cleave, 2014; Van Cleave, Gortmaker, & Perrin, 2010; Wisk, & Weitzman, 2017). The educational needs of these students are evident when outcomes are compared to those of typical students as they have lower levels of educational attainments (Champaloux, & Young, 2015; Crump, Rivera, London, Landau, Erlendson & Rodriguez, 2013; Maslow, Haydon, McRee, Ford, & Halpern, 2011).

Communication as to the needs of students with chronic conditions and disabilities between the education and pediatric health systems of care can be formidable that given the privacy and confidentiality requirements of the Health Insurance Portability and Accountability Act (HIPAA) and the Family Education Rights and Privacy Act (FERPA) (United States [U.S.] Department of Education, 2018a; U.S. Department of Health and Human Services, 2013; U.S. Department of Health and Human Services and U.S. Department of Education, 2008). Other factors involved with promoting the continuity of care for students with chronic conditions and disabilities between very different systems of care are the cultural and mission differences of each system and the scope of practice of the professionals within each of these systems.

In educational system, educational personnel have limited of understanding as to the condition-related needs of students with chronic conditions and disabilities who require treatments while in school (Bishop and Boag, 2006; Selekman, 2017). For example, the educational personnel may not fully understand the student's need to visit the school nurse's office which can cause delays in arriving on time to their classes and may view it negatively as being deliberate. Students with ambulation limitations face similar dilemmas with school campus mobility (Betz, Smith, VanSpeybroeck, & Lee, 2017; Katrancha, 2008).

Likewise, health care professionals have limited knowledge and understanding of the rights and protections available through the Individuals with Disabilities Education Improvement Act (IDEIA) (2004) also known as the Individuals with Disabilities Education Act (IDEA) (U.S. Department of Education, n.d.), Section 504 of the Rehabilitation Act (1973) (U.S. Department of Education, 2018b) and the Americans with Disabilities Act of 1990 (U.S. Department of Education, 2018c) for students with chronic conditions and disabilities. Together these laws have enabled the provision of services and supports in the educational system for students with a diverse array of learning and special health needs. For example, health care professionals may not realize the provision of accommodations for students who have complex health needs requiring prolonged absences from school. These students are entitled to alternative educational options to keep up with his/her grade level. Recognition of these rights and protections can prevent avoidable grade retention for students with frequent and/or prolonged school absences.

The changing demographics and increasing numbers of students with chronic conditions and disabilities enrolled in school necessitate rethinking clinical approaches to care. Comprehensive family, child and youth-centered models of care (Coyle, Holmström, & Söderbäck, 2018; Ford, Dickinson, Water, Campbell, & Bray, et al., 2018) invite consideration of the child's and adolescent's chronic care management to include the other environments, such as their school wherein they live everyday beyond the confines of their home. Comprehensive chronic care based upon an interdisciplinary model of care suggests a re-examination of the process of care from assessment to evaluation wherein the expansion of the scope of services addresses these ongoing needs. Innovation and future planning welcome new and renewed partnerships with our colleagues in educational settings that include school nurses, teachers, and other members of the school's allied team.

We are very pleased to introduce a new Department feature that will appear in every issue of the Journal of Pediatric Nursing. This Department, entitled Pediatric Research Reports is unlike other regularly featured columns as the purpose is to call attention to the programs of nursing research currently underway in the children's hospitals nationwide. The editor of this column is Rosemary White-Traut, PhD, RN, FAAN, Director of Nursing Research, Children's Hospital of Wisconsin. Not only is Dr. White-Traut well known for her research on newborn and premature infant care and development; she is a prominent leader in fostering pediatric nursing research. She is the founder of the Pediatric Nurse Scientist Collaborative (PNSC). The PNSC's membership consists of pediatric nursing scientists who are affiliated with children's hospitals and pediatric nurse researchers in academic institutions. Each year the PNSC sponsors an annual conference, the Pediatric Nurse Scientist Collaborative Fly-In wherein pediatric nurse scientist colleagues convene for presentations of particular relevance for our specialty and network. Given Dr. White-Traut's influential role in creating this network of pediatric nurse scientists, we welcome her to this new JPN editorship.

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