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Learning Strategies is a Prerequisite for High Quality Nursing Care in the PICU

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Sometimes children get so sick that they rapidly become omitted to the most advanced level of pediatric care, the Pediatric Intensive Care Unit (PICU). This is a strange place where noise and scent as well as the touch feels different [1] to all other experiences the child might have had prior to the omittance. Research have shown that the parents perspective for the future is only a few hours [2] when their child are at the PICU. They all, in their own ways, balance between life and death. There is a real threat that the care in a PICU might end in the death of the child. In this context the PICU nurse works, learns and balances here nursing care interventions to support the child, the parents as well as being a team member with exceptional skills [3].

It all started when I first as a trained specialist nurse in intensive care became really aware of the meaning of nursing care, and how it made a difference in strengthening the child in sickness, beside all the medical interventions and technical support at the PICU. We, the staff, are all needed with our expertise around the child in the critical moments, working together for the best of the child, taking turns to lead and follow depending on our knowledge we bring to the situation. Knowledge is key to high quality nursing care in this complex context. To render such knowledge research about how children and their parents perceive nursing care in this context must be prioritized. How can the nursing care in the front line be understood, enhanced and learned? The clinical learning develops in another context than the theoretical and we do not fully understand what constitutes its parts [4] or the consequences for the child's well-being. In the light of this knowledge gap it becomes evident how important it is to promptly research what expert nursing care in the PICU context consists of and how it is learnt in the clinical context. The nursing care and clinical learning as such stands out as an important area of its own expertise. Benner, *et al.*

[5] has pointed out that caring for a silent patient requires expert knowledge and presents particular challenges. Challenges that nurses learn to handle and understand in an experiential way. It is important to understand that empirical knowledge in the front line of nursing care, as the care in the PICU context are, sometimes precedes theoretical knowledge [6]. Caring and learning are intertwined in the clinical context and unseparable from the everyday working situations, and as such, I argue, benefits from a lifeworld based approach, to develop strategies to strengthen learning processes and develop a theory that supports descriptions, interpretations and explain actual nursing as it occurs in PICU practice day to day, and not as an imagined ideal nursing [7]. Consider and needs to become incorporated in science to become theoretical. I argue that one of the most important contributions to the development of expert nursing care in the PICU is to implement learning strategies that facilitates an encounter between scientific knowledge and lived reality to transforms the Childs perspective into practice and enhance the quality of care as well as the quality of learning in this complex context.

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