

National Association of Neonatal Nurses (NANN)

Position Paper: Requirements for Advanced Neonatal Nursing Practice in Newborn Intensive Care Units

The National Association of Neonatal Nurses believes graduation from an approved neonatal nurse practitioner (NNP) program and national certification as an NNP is the standard of care for advanced practice nursing in neonatal intensive care units (NICUs). It is the position of NANN that nurse practitioners who are not educated and nationally certified as NNPs and are working as nurse practitioners in NICUs are functioning beyond their scope of practice

Background

The Neonatal Nurse Practitioner (NNP) role was developed during the 1970s to meet the needs of a rapidly growing group of high risk infants: those born prematurely, those suffering from life-threatening illnesses, and those infants and families recovering from these health challenges. Recently, it has become increasingly common for Advanced Practice Nurses (APNs) who are not NNPs to function in the NNP role to fill vacant positions in NICUs (Cavaliere and Sancoucie, 2001). These APNs are educated in primary care NP programs and may be experienced neonatal ICU nurses or in many cases, nurses with no neonatal experience. The belief that these APNs “are adequate substitutes for NNPs in the acute care neonatal setting is fraught with misconception.” (Cavaliere and Sancoucie, 2001, p. 142) Their formal education emphasizes comprehensive primary care and does not provide the specialist neonatal education necessary to care for critically ill and convalescing infants.

Acute Care Nurse Practitioner Role in NICU

The NNP is an Acute Care Nurse Practitioner (ACNP) which is to be distinguished from the Primary Care Nurse Practitioner. According to the National Organization of Nurse Practitioner Faculties (NONPF) “The role of the ACNP is to provide advanced nursing care across the continuum of health services to meet the specialized physiologic and psychological needs of the patient with complex acute, critical, and chronic health conditions...The population in acute care practice includes acutely and critically ill patients experiencing episodic illness, exacerbation of chronic illness, or terminal illness. Based on educational preparation, ACNPs practice with a

focus on a variety of specialty based populations including neonatal, pediatric, and adult.” (NONPF, 2004, p. 13). NONPF clearly defines the acute care area of neonatology as a separate and specific specialty area. The ACNP entry level competency statements include:

- Assesses the complex, critical, and chronically-ill patient for urgent and emergent conditions, using both physiologically and technologically derived data, to evaluate for physiologic instability and potential life-threatening conditions. (p. 13)
- Diagnoses acute and chronic conditions that may result in rapid physiologic deterioration or life-threatening instability.(p.15)
- Integrates knowledge of rapidly changing pathophysiology of acute and critical illness in the planning or care and implementation of treatment.(p.15)

These ACNP competencies identify the competencies required for the acute care role as quite different from those required of the primary care APN. NONPF in partnership with the American Association of Colleges of Nursing (AACN) has defined Primary Care Competencies for the Pediatric (PNP) and Family Nurse Practitioner (FNP) specialty areas (NONPF and AACN, 2002). Although newborns are part of the described primary care population for both FNPs and PNPs, their competencies (and formal education) do not include care of patients with *complex* acute, critical and chronic conditions or *urgent, emergent and life-threatening* conditions.

NNP Role Preparation

The National Association of Neonatal Nurses (NANN) has defined the NNP role as well as guidelines for NNP education, including a requirement of at least 2 years of NICU RN practice for enrollment in an NNP program. These guidelines are specifically designed to educate APNs at the graduate level to manage critically ill and convalescing infants. Building on the experience requirement, the NNP curriculum must have at least 200 neonatal-specific didactic hours plus a minimum of 600 precepted clock hours with critically ill newborns/infants in level II/III NICUs. These practice and educational requirements were developed and refined over the past 25 years in an effort to develop clinical experts and effective leaders who have developed mastery of the neonatal clinical

skills and knowledge they are expected to direct (NANN, 2001; NANN 2002, NANN 2004). The education provided in primary care focused APN programs is not the equivalent of the specialist education in an acute care NNP program as defined by NANN and the prerequisite neonatal experience is overlooked. Primary Care APN education is neither formal nor specific in the area of high risk neonatology and the educational and clinical content is insufficient to meet requirements for national certification as an NNP.(Cavaliere and Sancoucie, 2001)

The National Council of State Boards of Nursing Criteria for Evaluating Certification Programs for regulatory purpose stipulates that educational programs must be from an accredited college or university which offers a graduate degree with a concentration in the advanced practice nursing practice specialty the individual is seeking. For those states that require certification for recognition as an APN, NPs who practice as an NNP and who have not had formal NNP education would be in conflict with this criterion (National Council of State Boards of Nursing, 2002). The American Academy of Pediatrics (AAP) also has a position paper defining the role and educational preparation of NNPs (American Academy of Pediatrics, 2003). The common themes in both the NANN and AAP position statements are that APNs managing patients in NICUs must have clinical expertise in neonatal nursing and the appropriate formal education with supervised practice. In most states, the legal authority to practice, prescribe and seek third party reimbursement is based on formal education and certification in a specialty area.

Summary

It is the position of NANN that APNs who have not sought graduate level neonatal education or cannot provide evidence of required neonatal content and supervised clinical experience in their formal education programs and who are working as APNs in NICUs are functioning beyond their scope of practice. They do not have the formal education with supervised clinical practice or national certification in the area of high risk neonatology. NANN encourages APNs interested in working in NICUs to seek the appropriate level of NICU experience and formal NNP education as many are currently doing. In addition, NANN encourages hospital administrative staff, collaborating physicians and nursing colleagues to look beyond the “staffing” needs of

the NICU to what is the legal and appropriate mechanism for providing advanced practice nursing care to NICU patients. The following quote summarizes the position of NANN:

“We must uphold strict standards for advanced practice. Allowing nurse practitioners to function outside their scope of practice, in a role for which they are not adequately prepared, presents a risk to the practice of all NPs and their patients. The solution to the problem of the shortage of NNPs is the preparation and education of more NNPs, not the substitution of practitioners whose expertise lies in other specialty areas.” (Cavaliere and Sansoucie, 2001, p. 147).

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