



**National
Association of
Neonatal
Nurses**

**EDUCATION STANDARDS
FOR
NEONATAL NURSE PRACTITIONER
PROGRAMS**

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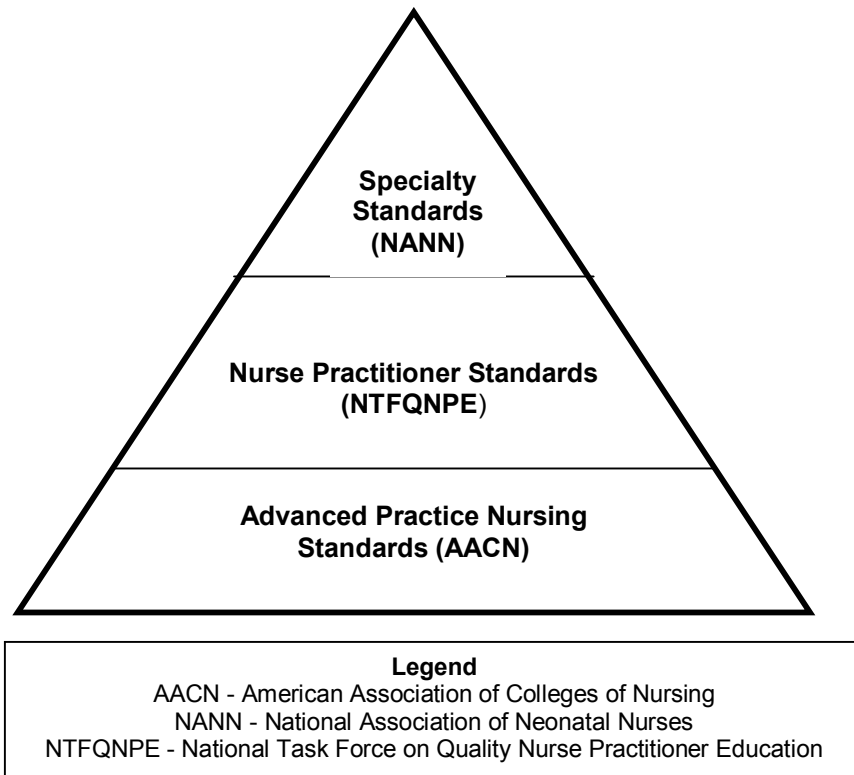
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Introduction

The hallmark of any profession is its commitment to quality service by its members. Professional accountability begins with ensuring the quality of the educational programs that produce nurse providers. The purpose of this document is to define the minimum standards necessary for educating a neonatal nurse practitioner (NNP). The standards for NNP education are based on a foundation of the broad standards for advanced practice nursing (AACN 1996) and the evaluation criteria for nurse practitioner programs (NONPF 2002). While it is the responsibility of the professional organization for graduate nursing education to define the standards for advanced practice nursing; it is the responsibility of the National Association of Neonatal Nurses (NANN), the specialty organization for neonatal nurses, to define standards of education for the neonatal nurse practitioner (NNP). The relationship between these organizations and their roles in defining standards and evaluation criteria for advanced practice in specialty nursing is illustrated in figure 1.

Figure 1: Hierarchy of Nurse Practitioner Standards



These standards are to be used in conjunction with other accreditation or review tools for the evaluation of NNP educational programs or tracks. This will ensure that graduating NNPs receive appropriate instruction to function at the novice level. The document can also be used for the development and evaluation of new NNP programs and as a self-study tool for existing NNP Programs. (NONPF, 1997)

This document is the work of a special task force of NANN. The NNP Education Task Force was given the mandate of developing education standards for NNP programs and updating the existing curriculum guidelines. (NANN, 1995A) The task force consisted of 11 members: 4 regular members and 7 corresponding members. All of the members are involved in NNP education as program directors, faculty, and/or clinical preceptors. All are clinically competent NNPs. The majority of members hold national certification. The chair of the original task force that developed the 1995 curriculum guidelines served as a consultant.

A variety of sources were used to solicit information appropriate to the work of the task force. This input included a critical review of the pertinent professional literature; existing documents from NANN, the National Organization of Nurse Practitioner Faculties (NONPF), the National Task Force on Quality Nurse Practitioner Education, and the American Association of Colleges of Nursing (AACN); and a survey of NNP program directors in the US and Canada.

The first phase of work focused on competency statements. The competencies presented in this document, while based on those outlined in previous NANN document, were revised to reflect the current philosophy and competencies of NONPF and AACN. The revised competencies reflect the expected outcomes of NNP education. They also represent content graduate programs must include to adequately prepare NNPs for the workplace. Each competency reflects a continuum of practice from novice to expert.

After completion of the competency statements, phase two of the project began. During phase two, the specific standards for the NNP program/track were developed. The education standards addressed the following areas: program requirements and leadership, prospective student entry requirements; curriculum; and clinical sites and preceptors.

In addition to these education standards, the Task Force also revised and updated the original curriculum guidelines for NNP programs (NANN 1995). A competency-based evaluation tool based on the works of Benner (1984) and Buus-Frank (Buus-Frank, Conner-Bronson, Mullanye, McNamara, Laurizio, & Edwards, 1996) was developed as an example of student achievement of the program competencies can be evaluated along the professional practice continuum. This tool, along with additional evaluation tools for clinical sites and preceptors, and forms for use in NNP programs are also available from NANN. The curriculum guidelines (NANN, 2002a) and sample forms (NANN, 2002b) are available as separate documents and can be downloaded from the NANN web site at www.nann.org.

Standard Statements

Each of the following standard statements is followed by an elaboration that provides important background and/or rationale for the standard. The standard statement is identified by bold text.

I. Program Requirements

- A. The NNP program must be a formal neonatal nurse practitioner program offered by a nursing academic institution.**
- B. The NNP program must be a post-baccalaureate registered nurse (RN) educational program that awards a minimum of a master's degree in nursing degree or a post-graduate nursing credential, i.e. certificate, etc.**
- C. The curriculum must be a minimum of 9 months (1 academic year) in length.**

Elaboration

According to the American Academy of Nurse Practitioners (AANP, 1999) graduate education provides "theoretical and empirical knowledge in addition to clinical, technical and ethical learning experiences for delivery of care and role development in advanced nursing practice. The emphasis in a master's program preparing NPs is on the development of clinical and professional expertise to provide comprehensive primary care. NP students also develop advanced skills in the roles of educator, counselor, advocate, consultant, manager, researcher, theorist, and mentor."

The Essentials of Master's Education for Advanced Practice Nursing (AACN 1996) document states that "Each graduate of a Master's nursing education program must possess strong critical thinking and decision making skills. The ability to critically and accurately assess, plan, intervene and evaluate the health and illness experiences of clients (individuals, families, and communities) should be a primary goal of master's nursing education. Skills of this level are mandatory in order to improve health care delivery and outcomes of patient care. The ability to communicate effectively, both orally and in writing, is also essential to transmit the outcomes of these processes. During the program, every student should acquire the ability to analyze, synthesize, and utilize knowledge" (p. 6) "A strong emphasis must be placed on developing sound clinical decision making skills including diagnostic reasoning throughout the entire advanced practice curriculum" (p. 12).

Curriculum content has been updated to reflect the above statements and contemporary practice and policies. In addition to graduate core coursework and content related to the nurse practitioner role, the curriculum contains content specific to the practice of the NNP. The task force concurred with NONPF that it is the responsibility of the specialty organization to define the specific knowledge and skills needed for the role of NNP.

The revised curriculum will prepare the student for the professional role of the advanced practice nurse. It will also develop and enhance the skills of clinical decision-making and communication. This will allow for blending of the neonatal Nurse Practitioner and Clinical Nurse Specialist (CNS) roles.

II. Practice Experience Requirements for Prospective Students

The equivalent of two years (4,160 clock hours) full-time, recent (within the last five years) RN practice experience in the care of critically ill newborns/infants to include a minimum of one year (2,080 clock hours) in a level III neonatal intensive care unit (NICU) is required *prior to beginning the clinical courses*. Students may enroll in pre-clinical courses while obtaining the necessary practice experience in neonatal nursing.

Elaboration

In 1996 the National Certification Corporation for Obstetric, Gynecologic and Neonatal Nursing Specialties (NCC) discontinued its prerequisite for registered nurse (RN) practice as part of the eligibility requirement for its nurse practitioner examinations. NANN (1997) believes a solid foundation of basic RN practice in neonatal nursing is necessary before assuming the advanced practice role of the NNP. Since the emphasis in today's health care environment is on high-quality, cost effective care, "It is not practical, economical or realistic to expect the graduate nursing education community to provide the knowledge and experiences necessary to develop clinical expertise in generic neonatal nursing practice. Graduate nursing programs must focus on expanding existing expertise into the new skills and knowledge of neonatal advanced nursing practice". (NANN 1997)

While it is ideal for prospective students to complete their RN practice experience prior to beginning graduate education, this position is not realistic in today's educational market. The Task Force and the overwhelming majority of program directors who responded to the survey were in agreement that appropriate RN experience in the care of critically ill newborns/infants is essential *prior to beginning the clinical component of an NNP program*. Because of difference in the management of critically ill infants in various units, i.e. level II nurseries, special care nurseries, etc., at least one of the required years (2,080 hours) of RN experience must be spent in a level three NICU.

III. Program Leadership

A Lead NNP Faculty member who meets the following criteria directly coordinates the NNP program or track:

- 1. Minimum of a master's degree in nursing**
- 2. Nationally certified as a NNP**
- 3. Clinically competent NNP (a minimum of two years NNP experience) who maintains an ongoing clinical practice**

Elaboration

The **Lead Faculty** role is differentiated from the **Program Director/Coordinator** role. The Program Director/Coordinator is defined as the individual who has academic oversight for the NNP program. The Program Director/Coordinator should be an

individual who has a strong foundation in specialty knowledge, academic leadership, administration, scholarship, and/or research. Ideally, the Program Director/Coordinator would also function as the lead faculty. Because of the shortage of clinically competent, nationally certified NNPs with doctoral nursing education at this time, NANN recognizes that it is not realistic for all NNP programs to meet this ideal. Master's prepared NNP faculty should be strongly encouraged to obtain doctoral education in nursing.

The *Lead Faculty* is defined as a faculty person who meets the above criteria and is responsible for the NNP program curriculum and students. The Lead Faculty provides curriculum oversight for the specialty content of the NNP education program and participates in the identification, development, teaching and evaluation of the advanced practice nursing core (advanced physiology/pathophysiology, role, etc.). He/she may work in collaboration with the program director/coordinator on the graduate nursing core (theory, research, etc.). The Lead Faculty is responsible for the selection, evaluation and counseling of students in the program. He/she also participates in the on-going evaluation of the programs resources and services.

Program Director

Specific requirements for program director vary from state to state and from school to school. In many colleges and universities it is a requirement that the director have doctoral preparation. Some state nursing boards require the program director to a NNP. Ideally, the NNP program director would be a doctorally prepared, nationally certified, clinically competent NNP. Doctoral preparation would provide the program director with a strong foundation in academic leadership, administration, scholarship, and research. NNPs with comprehensive scholarly, educational, and practice qualifications should be recruited as program directors. It is the conclusion of this task force that, at present, it is not feasible for all program directors to hold a doctorate and credentialing as a NNP; however, the NNP educational component must be directly coordinated by an NNP who is nationally certified and clinically competent. (AACN 1996, NONPF 2002)

Faculty

The program faculty responsible for NNP role development and clinical courses must be master's prepared, nationally certified, clinically competent NNPs.(NONPF 2002) One of the primary roles of these faculty members is the development, implementation, and evaluation of the NNP program curriculum. They should also participate in the selection, evaluation, and counseling of students and in the on-going evaluation of the program's resources and services.

Individuals providing didactic instruction are drawn from the multidisciplinary team of providers caring for infants and their families. Participants are determined by the resources available to the program but generally include NNPs, neonatologists, pediatric sub-specialists, and allied health specialists. These faculty members should have the "preparation and current expertise appropriate to area(s) of teaching responsibility". (NONPF 2002) The didactic and clinical presentations of participating faculty will be tailored to the individual needs of the students under the direction of the NNP faculty.

IV. Curriculum

A. Didactic

- 1. There must be a minimum of 200 neonatal-specific, didactic clock hours, i.e. neonatal specific assessment, pharmacology, etc.**

- 2. The didactic component must meet the NCC Guidelines for NNP Programs. These are:**
 - General Assessment of Neonates 30 hours**
 - General Management of Neonates 50 hours**
 - Neonatal Disease Process 120 hours
200 hours**

- 3. Advanced health assessment, advanced pharmacology, and advanced physiology/Pathophysiology must be offered as separate courses.**

B. Clinical

- 1. The clinical component of the NNP curriculum must include a minimum of 600 precepted clock hours with critically ill newborns/infants in level II/III NICUs. Observation experiences are NOT acceptable to meet these requirements.**

- 2. The clinical component must meet the NCC Guidelines for NNP programs. These are:**
 - General Assessment of Neonates 90 hours**
 - General Management of Neonates 150 hours**
 - Neonatal Disease Process 360 hours
600 hours**

- 3. Clinical and/or skills laboratory hours and clinical seminar hours are NOT included in the 600 hours.**

- 4. Clinical experiences outside of the NICU, i.e. antenatal, labor & delivery, primary care, etc. are NOT part of the minimum 600 hours.**

- C. The NNP curriculum must contain the content as outlined in table 1. Content categories listed for “Professional Role of the NNP” may be taught in graduate core and advanced practice core courses. These topics should be expanded to the unique features of the NNP role in the specialty courses and clinical as appropriate.**

Table 1: NNP Curriculum Content Area and Categories

Content Area	Content Categories
Professional Role	<ul style="list-style-type: none"> I. Professional Role Development II. Communication III. Ethical and Legal Issues IV. Health Care Policy and Legislation V. Management/Organization VI. Teaching/Education VII. Research
Professional Practice	<ul style="list-style-type: none"> VIII. Scientific Foundations for Practice <ul style="list-style-type: none"> • Embryology • Developmental Physiology • Advanced Pharmacology • Genetics IX. Advanced Physical Assessment <ul style="list-style-type: none"> • Perinatal History • Antepartum Complications • Intrapartum Conditions • Influence of Altered Environment on the Newborn/infant/infants • Gestational Age Assessment • Newborn/infant Physical Examination • Behavioral Assessment • Developmental Assessment X. Clinical Laboratory & Diagnostic Assessment <ul style="list-style-type: none"> • Clinical Laboratory Tests • Diagnostic Tests • Diagnostic Procedures XI. General Management <ul style="list-style-type: none"> • Thermoregulation • Resuscitation & Stabilization • Pain XII. Clinical Management (Embryology, Pathophysiology, & Management) <ul style="list-style-type: none"> • Cardiovascular System • Pulmonary System • Gastrointestinal System • Nutrition • Renal/Genitourinary System

	<ul style="list-style-type: none"> • Fluids & Electrolytes • Endocrine & Metabolic System • Hematologic System & Malignancies • Immunologic System & Infectious Diseases • Skeletal System • Neurobehavioral System • Ears, Eyes, Nose, & Throat • Integumentary <p>XIII. Sociocultural Assessment</p> <ul style="list-style-type: none"> • Cultural Competence • Family Dynamics <p>XIV. Health Promotion & Disease Prevention</p> <ul style="list-style-type: none"> • Discharge Planning • Primary Care of infants through the first two (2) years of life
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Elaboration

Since NNP specialty content is complex, the *minimum* requirement for the clinical preceptorship is 600 hours in a level II/III NICU. These clinical hours, in addition to a solid background of generic neonatal nursing experience, is sufficient to “ensure retention and development of needed skills.” (NONPF 1995) Clinical laboratory and seminar hours constituting part of the theory courses, which may involve a variety of clinical experiences, should not be included in these 600 precepted hours. Also any clinical experiences other than care of the newborn/infant in a level II/III NICU (antenatal, labor & delivery, primary care) should not be part of the minimum clinical requirement. Individual students may require additional clinical hours to acquire competency to function as a novice NNP. The need for additional hours of clinical preceptorship should be determined on an individual basis. Post-master’s students who are not NNPs are expected to fulfill the same clinical requirements as master’s students.

The main purpose of the clinical preceptorship is the provision of a concentrated supervised clinical experience. It is expected that upon graduation the NNP will be capable of managing a caseload of critically ill patients of varying acuity. Throughout the preceptorship, the student applies the knowledge gained during the didactic portion of the program to patient management. The opportunity to integrate theory, research and clinical practice facilitates the acquisition and expansion of clinical decision-making skills and improve technical competence. The experiences and opportunities afforded the student during the preceptorship should be tailored to meet the individual student’s needs. Each student will have a varied amount of past experience in the provision of patient management and in technical competence. It is important to individualize the

clinical experience to augment and broaden the student's previous experience and master technical skills inherent in the NNP role.

Semester hours of didactic instruction for NP programs have not been precisely specified. NONPF (1995, 2002) requires that the curriculum be congruous with the competencies of particular areas of NP practice and there be evidence of appropriate course sequencing. The curriculum should be consistent with competencies of the specific areas of NP practice and the curriculum plan should evidence appropriate course sequencing. In addition to graduate core coursework and content related to the nurse practitioner role, the curriculum must contain content specific to neonatal nurse practitioner practice. (NANN 1999, Cavaliere & Sansoucie 2001, NCC 2002)

Advanced practice nursing curriculum is built upon undergraduate base of nursing, physiology/pathophysiology, pharmacology, and health assessment. AACN (1996) requires the offering of separate courses for advanced health assessment, advanced physiology and pathophysiology and advanced pharmacology "to ensure adequate depth of study and focus". (AACN 1996) Appropriate content incorporated into other neonatal management courses would not be sufficient to meet this requirement. Furthermore, students should complete these courses either prior to or concurrent with the clinical preceptorship. (NONPF 1995, AACN 1996)

Required Procedures & Clinical Experience

AACN (1996) states "The advanced practice nursing student prepared in any of the current direct care provider roles must receive sufficient clinical experience to provide depth and breadth in a given specialty or with designated population (s)...The student has experience with patient populations specific to the area of practice and sufficient in number and variability to ensure that the student will meet core curriculum guidelines and program goals." (p. 15)

NNPs commonly perform procedures such as endotracheal intubation, insertion of central and peripheral arterial and venous catheters, lumbar punctures, suprapubic bladder aspiration, and chest thoracotomy. Successful performance of the procedures commonly used in practice should be emphasized in both didactic and clinical instruction.

Evaluation

Programs must have the ability to measure clinical decision-making, diagnostic reasoning, communication and clinical practice. The use of a competency based evaluation tool would be one way to measure outcomes. The passing rates for graduates of individual programs on NCC's NNP certification exam can also be used as an indicator of program outcomes.

V. Clinical Sites and Preceptors

A. Preceptors

- 1. Preceptors for the 600 clock hours in the NICU are seasoned NNPs and/or board certified neonatologists. NNP preceptors**

must be nationally certified, have a minimum of 2 years full-time equivalent (4,160 hours) experience in the NNP role and a minimum of 1-year full-time equivalent (2080 hours) employment at the clinical site. This will insure the preceptor has the clinical expertise and site familiarity to provide supervision of the NNP student.

- 2. The preceptor to student ratio should be such that individual student learning is optimized.**
- 3. Physicians in training (interns, residents, and fellows), staff nurses and other nurse practitioners (Pediatric Nurse Practitioners, Family Nurse Practitioners, etc.) are inappropriate preceptors for the 600 NICU clinical hours.**
- 4. Preceptors for other clinical experiences (antenatal, labor & delivery, primary care) must possess the clinical expertise necessary to provide safe guidance and appropriate education for the NNP students.**

Elaboration

Each student will have a primary preceptor to coordinate the clinical experience. For the duration of the preceptorship, direct on-site supervision and consultation will be available from the NNP preceptor and/or neonatologist. The preceptor to student ratio should be such that individual student learning is optimized. This number of students supervised by a preceptor is dependent upon a variety of factors including preceptor responsibility for a patient caseload.

Responsibilities of Clinical Preceptors

1. Meet with the student prior to the preceptorship to discuss clinical objectives, schedules and general guidelines. The preceptor should inform the student of any institutional orientation requirements. These should be completed prior to the beginning of the clinical experience.
2. Refer the student to any standardized procedures and management protocols applicable to unit management.
3. Assign an initial caseload of patients. Expansion of the caseload will depend on the evaluation of the student's readiness, knowledge and skill level.
4. Permit the student to perform all the required management activities for assigned patients under appropriate supervision. These activities include, but are not limited to:
 - a. Participating in resuscitation and stabilization of neonates in the delivery room

- b. Admitting patients to the nursery, obtaining the perinatal and neonatal history, performing physical examinations, developing the differential diagnosis, and proposing the initial management plan.
 - c. Providing ongoing management of infants in collaboration with the preceptor and revising the management plan based on the evaluation of the infant's progress.
 - d. Performing diagnostic tests and procedures as dictated by the status/needs of the patient
 - e. Responding to emergency situations to stabilize an infant
 - f. Documenting the infant's clinical status, plan of care and response to therapy in the medical record
 - g. Evaluating the need for and requesting consultations
 - h. Facilitating an understanding of the infant's current and future health care needs and providing support to parents and staff
 - i. Developing discharge plans, and arranging and participating in primary care post discharge
 - j. Participating in high risk newborn transport if this service is available and if permitted per hospital protocol
 - k. Providing staff development by participating in educational programs
5. Provide direct supervision when the student is involved in patient care. The preceptor shall be available on-site for on-going consultation and evaluation of the care delivered throughout the clinical experience.
6. Review the student's documentation and make constructive suggestions for improvement
7. Meet with the student on an on-going basis to discuss specific learning objectives and experiences. These meetings should focus on patient management and documentation, successful completion of procedures, comprehension of pathophysiology and management, interaction with staff and family, and role transition. Plans should be made for future learning experiences to meet the student's evolving learning needs. This information must be communicated to the NNP faculty in a timely manner throughout the clinical preceptorship
8. Evaluate the student. The preceptor must communicate with the student and the faculty member or program director. This will include written evaluation(s) of the student's performance furnished at specified intervals and upon completion of the preceptorship.
9. Contact the program director and/or appropriate faculty member in a timely fashion with concerns or questions regarding the preceptor's ability to fulfill responsibilities or if there are problems with respect to the student's performance

Responsibilities of Students

1. Discuss specific clinical objectives, schedules, and general guidelines with the faculty and preceptor prior to the actual clinical rotation.
2. Provide the clinical site with the necessary documentation regarding licensure, health data, liability insurance, and educational information, i.e. CV or resume.
3. Observe the policies of the clinical site.
4. Adhere to standards and scope of professional practice.
5. Communicate with preceptor and faculty on clinical progress and learning needs
6. Demonstrate independent learning, diagnostic reasoning skills, and the use of available resources.
7. Maintain and submit a log of clinical skills and activities.
8. Complete self evaluations and evaluations of preceptor and clinical site as required.
9. Successfully complete the American Academy of Pediatrics/American Heart Association Neonatal Resuscitation Program prior to beginning the clinical preceptorship.

V. Clinical Sites and Preceptors

B. Clinical site(s) should:

1. **Provide the student with opportunity to manage a caseload of acutely ill newborns/infants including, but not limited to, the following:**
 - **Requiring initial resuscitation and stabilization in the delivery room setting**
 - **Weighing less than 1,000 grams**
 - **Requiring mechanical ventilation**
 - **Presenting with problems associated with prematurity**
 - **Requiring diagnostic evaluation, stabilization, and management for a variety of medical and surgical conditions**
2. **Provide the student with opportunity to attend and participate in rounds and other educational activities.**
3. **Direct, on-site supervision and consultation must be available from the NNP preceptor and/or the neonatologist.**

Elaboration

The NNP lead faculty or clinical coordinator is responsible for the evaluation of the potential clinical sites for the ability to provide an optimal clinical experience for the student(s). During the clinical preceptorship, the student has no legal status as a nurse practitioner and must be supervised by an NNP or a neonatologist.

Additional topics that may need to be addressed prior to the beginning of the clinical preceptorship include: liability insurance coverage, workman's compensation benefits, contracts/agreements between universities and clinical sites, and the relationship between the preceptor and the university. These matters must be clarified, as there is wide variety in policies and practices. In the case of distance learning programs interstate and international policies may need elucidation.

The clinical site(s) should provide the student with opportunity to manage a caseload of acutely ill neonates including but not limited to the following:

- Requiring initial resuscitation and stabilization in the delivery room setting
- Weighing less than 1,000 grams
- Requiring mechanical ventilation
- Presenting with problems associated with prematurity
- Requiring diagnostic evaluation, stabilization, and management for a variety of medical and surgical conditions

Ideally, the clinical site would have established NNP role description, advanced practice procedures, and management protocols prior to the student's clinical experience. However this may not be possible if the preceptorship takes place in an NICU where there are no practicing NNPs. In this case the program director/ faculty should be sure this information is provided to the student in the didactic portion of the program.

Responsibilities of Program Faculty

1. Clinical and didactic portions of the NNP Program, as outlined in section on curriculum content. Essential content includes: health assessment, physiology and pathophysiology, pharmacotherapeutics, laboratory and diagnostic interpretation, theories related to patient management, technical procedures and professional role responsibilities
2. Program objectives, outlines of didactic material, and student's required reading lists for the NNP program should be available to the preceptor prior to the beginning of the clinical rotations.
3. Evaluation process and necessary forms to be used throughout and upon completion of the clinical preceptorship
4. Consultation to the student and preceptor. NNP faculty will be available to the student and preceptor for clarification of clinical objectives, activities, specific individual responsibilities, and requirements.
5. Final approval of the student's clinical evaluation by the preceptor or record.

VI. NNP COMPETENCY STATEMENTS

These competencies reflect the content programs must include to adequately prepare NNPs. Each individual competency may be represented on a broad spectrum of practice from the novice to the expert level.

A. Professional Role

- 1. Applies current scientific knowledge to initiate change and improve care for newborns/infants and families.**
- 2. Identifies potential areas for nursing research in clinical practice.**
- 3. Demonstrates understanding of the research process.**
- 4. Articulates knowledge of public policies that affect advanced practice nursing.**
- 5. Participates in professional activities related to advanced practice neonatal nursing.**
- 6. Incorporates professional and legal standards of care into practice.**
- 7. Participates in the ethical decision making process in collaboration with families and other health care professionals.**
- 8. Identifies and clarifies the role of neonatal nurse practitioner to the newborn/infant's family, other health care professionals and the community.**
- 9. Establishes and maintains a collaborative relationship with health care colleagues.**
- 10. Demonstrates knowledge regarding legislative and health care policies that affect the care of newborns/infants and their families.**
- 11. Participates in the continuous quality improvement process for the care of newborns/infants and their families.**
- 12. Expands knowledge base & maintains clinical competency through continuing education activities and clinical practice.**
- 13. Participates in self- and peer evaluation to improve the quality of care provided to newborn/infants and their families.**
- 14. Advocates for newborns/infants and their families.**

B. Professional Practice

- 15. Applies appropriate theories from nursing and related disciplines to provide quality care to infants and families.**
- 16. Develops a comprehensive database that includes pertinent history; diagnostic tests; and physical, behavioral, and developmental assessments.**
- 17. Assesses family adaptation, coping skills, and resources and develops an appropriate plan of care.**
- 18. Selects and interprets diagnostic tests and procedures.**

19. **Relates assessment findings to underlying pathology or physiologic changes.**
20. **Establishes differential diagnoses based on the assessment data.**
21. **Implements a comprehensive, multidisciplinary plan of care that incorporates cultural, ethnic, and developmental variations.**
22. **Establishes appropriate priorities of care.**
23. **Plans, implements, and evaluates pharmacological therapies.**
24. **Performs routine diagnostic and therapeutic procedures according to established protocols and current standards for neonatal nurse practitioner practice.**
25. **Initiates and performs measures necessary to resuscitate and stabilize a compromised infant.**
26. **Evaluates results of interventions using accepted outcome criteria and revises the plan accordingly.**
27. **Communicates with family members regarding infant's changing health care status and needs.**
28. **Consults with other health care providers and agencies in providing care to infants and families**
29. **Initiates referrals based on needs of newborns/infants and their families.**
30. **Assesses educational needs of the family and implements a culturally sensitive teaching plan.**
31. **Presents and documents the database, impression, and plan of care.**
32. **Participates in the systematic review of patient records, protocols, treatment plans, and outcomes to determine their effectiveness in meeting established standards of care.**
33. **Provides anticipatory guidance to families regarding infant growth and development, physical and social needs and strategies for health promotion.**
34. **Participates in the development, review, and evaluation of neonatal nurse practitioner protocols.**
35. **Collaborates with the family and multidisciplinary health care team in discharge planning and on-going management of newborns/infants in the primary care setting.**

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