

Educational Preparation for Nursing Practice Roles

Position Statement

#3048

NANN Board of Directors
November 2009

The increasing acuity of patients and their more complex needs for care in community and home settings demand a higher level of educational preparation for nurses than was necessary in the past.

As the voice of neonatal nursing, the National Association of Neonatal Nurses (NANN) recommends that requirements for the educational preparation for nursing practice roles—entry-level nurses, advanced practice nurses, neonatal nurse practitioners (NNPs), and neonatal clinical nurse specialists (CNSs)—be increased in order to enhance professional nursing practice and make possible the delivery of optimal care to the neonatal population.



**National
Association of
Neonatal
Nurses**

Association Position

All nurses practicing as registered nurses (RNs) should be supported in their pursuit of a baccalaureate level of education. NANN supports the recommendation of the American Nurses Association (ANA) that multiple entry points into the profession be retained but that future registered nurses be required to obtain a baccalaureate of science in nursing (BSN) degree within 10 years of their initial licensure (ANA, 2008). In addition, nurse practitioners (NPs) and clinical nurse specialists working in NICUs should obtain advanced practice competencies specific to their roles, along with national certification as NPs or (where the certification is available) as neonatal CNSs.

Background and Significance

Nurses from all educational backgrounds play an important role in providing safe and compassionate care to patients in all healthcare settings (Smith, 2002). As the field of nursing becomes more technical and more demanding, nurses must possess advanced critical thinking skills.

Baccalaureate Education

A BSN degree gives students more exposure to the analytical and critical thinking skills necessary in caring for complex patients (Taylor, 2008). The ANA (2008) affirms that increased numbers of RNs with a baccalaureate degree are needed to meet the ongoing challenges of an increasingly complex healthcare delivery system and to enlarge the pool of potential nursing faculty members.

A 2008 resolution adopted by the ANA House of Delegates recommends that nurses graduating from a diploma or associate degree in nursing (ADN) program be required to earn a BSN degree within 10 years of obtaining their first nursing license (ANA, 2008). This resolution, known as the BSN-in-10 recommendation, expresses respect for the educational foundation provided by diploma and ADN programs and for the important role of nurses who graduate from these programs. It also lays out a pathway for these nurses to follow in their educational and professional development. Accelerated RN/BS programs, distance-learning programs, online programs, and college-at-worksite programs make a baccalaureate degree in nursing easier for RNs to attain. Although the ANA encourages continuing professional education for all RNs, its recommended requirement of a BSN within 10 years of initial licensure would apply only to future graduates of diploma and associate degree programs, not to those who are licensed RNs or nursing students at the time the relevant legislation is enacted.

Education for Advanced Practice Nurses

Renewed attention has also been given to graduate-level education for advanced practice nurses (APNs). Prior to the 1980s, educational options for APNs, with the exception of CNS programs, were generally limited to certification programs. The CNS specialty was the first to require graduate-level preparation and thus served as a model for excellence in advanced practice nursing education. During the 1980s, the

progression toward graduate-level studies was added to other advanced practice nursing programs (Delametter, 1999), and in 1996, the American Association of Colleges of Nursing (AACN) identified the APN as an individual who is licensed as an RN and who has graduate-level education and certification (AACN, 1996).

In July 2008, the National Council of State Boards of Nursing (NCSBN) released the *Consensus Model for APRN Regulation*, a paper detailing its vision for the future regulation of advanced practice registered nurses (APRNs) (APRN Consensus Work Group & NCSBN APRN Advisory Committee, 2008). Foundational concepts were based on the work of many national organizations, including the ANA, the APRN Consensus Work Group, and NCSBN's APRN Advisory Committee. According to this document, an APRN may practice in one of four roles: CNS, certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), and certified nurse practitioner (CNP). Furthermore, the APRN must be educated in one of the four roles and must concentrate on at least one of six populations: "family/individual across the lifespan, adult-gerontology, pediatrics, neonatal, women's health/gender-related, or psych[iatric]/mental health" (APRN Consensus Work Group & NCSBN APRN Advisory Committee, p. 5).

APRN education is broad based and includes three separate graduate-level courses in advance physiology or pathophysiology, health assessment, and pharmacology, as well as appropriate clinical experiences. APRN education programs must be a part of graduate programs that are nationally accredited, and the graduates must be eligible for national certification used for state licensure (APRN Consensus Work Group & NCSBN APRN Advisory Committee, 2008). It is the formal educational preparation that qualifies the APRN to practice within a specified population. The *Consensus Model for APRN Regulation* states clearly that population-focused education is a prerequisite for practice within each focus area and that certain core competencies must be met before the APRN may practice. The *Consensus Model* also recognizes the specialty organizations as the level at which regulation of APRN practice should properly occur (APRN Consensus Work Group & NCSBN APRN Advisory Committee, 2008). The National Association of Clinical Nurse Specialists (NACNS), the National Association of Neonatal Nurse Practitioners (NANNP), and the National Organization of Nurse Practitioner Faculties (NONPF) support the need for curriculum content specific to the role and population, along with supervised clinical hours in the specialty area (NACNS, 2004; NANNP, 2009; NONPF, 2008).

APRNs functioning in the NICU must have clinical expertise in neonatal nursing and the appropriate formal education to engage in collaborative practice in the NICU. In a 2009 policy statement, the American Academy of Pediatrics (AAP) recognized the clinical expertise of NNPs and neonatal CNSs (AAP, 2009). Both roles currently require a master's degree and advanced clinical practice, and national certification is available for each category. AAP recommended that NPs and CNSs working in NICUs maintain their national certification. In most states, the legal authority to practice, prescribe, and seek

third-party payment is based on formal education and certification in a specialty area. AAP acknowledged that the roles and spectrum of duties performed vary among institutions and may be determined by state boards of nursing (AAP, 2009).

The NCSBN's *Requirements for Accrediting Agencies and Criteria for APRN Certification Programs* stipulates for regulatory purposes that APRN educational programs must be part of an accredited college or university that ensures that requirements are consistent with the requirements of the advanced practice role for the population with which the nurse seeks to work (NCSBN, 2002). NCSBN (2008) cautions that APRNs practicing in an expanded scope of nursing are accountable both to patients and to the nursing profession and are bound by the nurse practice act of their respective state board of nursing. They must recognize the limits of their knowledge and experience and plan for the management of situations beyond their expertise. In states that require certification for recognition as an APRN, NPs or CNSs who practice in the NICU and who have not had formal NNP or neonatal CNS education do not meet this criterion (APRN Consensus Work Group & NCSBN APRN Advisory Committee, 2008; NCSBN, 2008).

APNs prepared at the master's level provide cost-effective, high-quality care for their patients and families. AACN has recommended the doctorate in nursing practice (DNP) degree as the appropriate level of education for entry into advanced practice and has set the date for implementation of this requirement as 2015 (AACN, 2004). Many questions must be answered, however, before this recommendation can be fully endorsed by such specialty organizations as NANN and NANNP (Brown-Benedict, 2008; NANNP, 2008).

Recommendations

NANN recommends the following:

1. Future nurses who graduate from a diploma or ADN program should be required to earn a BSN degree within 10 years of receiving their first nursing license.
2. An APRN functioning in the NICU must have clinical expertise in neonatal nursing and must be a graduate of an educational program in an accredited college or university that ensures that requirements are consistent with the requirements of carrying out the advanced practice role in work with the neonatal population.
3. The DNP degree should be recognized as one option for NNP and neonatal CNS education, but at this time it should not be required for entry into advanced practice.

Conclusions

All neonatal nurses at all levels of practice should give careful consideration to their educational preparation for nursing practice roles. It is the position of NANN that (1) future nurses entering practice as RNs should obtain a BSN within 10 years of receiving their first nursing license, and (2) the APRN who practices in the NICU should be a

graduate of an accredited master's- or doctoral-level NNP or neonatal CNS program and should be nationally certified in the neonatal specialty.

References

- American Academy of Pediatrics, Committee on Fetus and Newborn. (2009). Policy statement: Advanced practice in neonatal nursing. *Pediatrics*, *123*(6), 1606–1607.
- American Association of Colleges of Nursing. (1996). *The essentials of master's education for advanced practice nursing*. Retrieved October 17, 2009, from www.aacn.nche.edu/Education/pdf/MasEssentials96.pdf.
- American Association of Colleges of Nursing. (2004). *Position statement on the practice doctorate in nursing*. Retrieved October 17, 2009, from www.aacn.nche.edu/DNP/pdf/DNP.pdf.
- American Nurses Association. (2008). *Resolution: Educational advancement for registered nurses*. Retrieved October 16, 2009, from www.nursingworld.org/MemberCenterCategories/ANAGovernance/HODArchives/2008HOD/ActionsAdopted/EducationalAdvancementofRegisteredNurses.aspx.
- APRN Consensus Work Group & National Council of State Boards of Nursing APRN Advisory Committee. (2008). *APRN Joint Dialogue Group report. Consensus model for APRN regulation: Licensure, accreditation, certification, and education*. Chicago, IL: National Council of State Boards of Nursing. Retrieved February 18, 2009, from https://www.ncsbn.org/7_23_08_Consensue_APRN_Final.pdf.
- Brown-Benedict, D. J. (2008). The doctor of nursing practice degree: Lessons from the history of the professional doctorate in other health disciplines. *Journal of Nursing Education*, *47*(10), 448–457.
- Delametter, G. L. (1999). Advanced practice nursing and the role of the pediatric critical care nurse practitioner. *Critical Care Nursing Quarterly*, *21*(4), 16–21.
- National Association of Clinical Nurse Specialists. (2004). *Statement on clinical nurse specialist practice and education* (2nd ed.). Harrisburg, PA: Author.
- National Association of Neonatal Nurse Practitioners. (2008). *Position statement on the doctor of nursing practice degree*. Glenview, IL: Author. Retrieved September 18, 2009, from www.nann.org/pdf/PositionStatementFinal.pdf.
- National Association of Neonatal Nurse Practitioners. (2009). *Requirements for advanced neonatal nursing practice in neonatal intensive care units*. Position

Statement #3042. Retrieved September 18, 2009, from www.nann.org/pdf/09RANNP_v2.pdf.

National Council of State Boards of Nursing. (2002). *Requirements for accrediting agencies and criteria for APRN certification programs*. Chicago, IL: Author. Retrieved October 20, 2009, from https://www.ncsbn.org/Requirements_for_Accrediting_Agencies_and_the_Criteria_for_Certification_Programs.pdf.

National Council of State Boards of Nursing. (2008). *APRN model act/rules and regulations*. Chicago, IL: Author. Retrieved October 20, 2009, from https://www.ncsbn.org/APRN_leg_language_approved_8_08.pdf.

National Organization of Nurse Practitioner Faculties, National Task Force on Quality Nurse Practitioner Education. (2008). *Criteria for evaluation of nurse practitioner programs* (3rd ed.). Washington, DC: Author.

Smith, J. E. (2002, November). Analysis of differences in entry-level RN practice by educational preparation. *Journal of Nursing Education*, 41(11), 491–494.

Taylor, D. L., III. (2008, March). Should the entry into nursing practice be the baccalaureate degree? *AORN Journal*, 87(3), 611–620.

Copyright © 2009 by the National Association of Neonatal Nurses. No part of this statement may be reproduced without the written consent of the National Association of Neonatal Nurses.



**National
Association of
Neonatal
Nurses**

4700 W. Lake Avenue, Glenview, IL 60025-1485
800/451-3795 • 847/375-3660 • Fax 866/927-5321
www.nann.org