



**National
Association of
Neonatal
Nurses**

**National Association of
Neonatal Nurse Practitioners**

A division of NANN



Standard for Maintaining the Competence of Neonatal Nurse Practitioners

Position Statement #3062

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Although education, accreditation, and certification are necessary components of the preparation of the novice neonatal nurse practitioner (NNP) for clinical practice, continued competence for NNP practice must be documented annually. As the professional voice of NNPs, the National Association of Neonatal Nurse Practitioners (NANNP) upholds its own responsibility and accountability for setting the national standard for the continued competence of NNPs in varied practice roles and settings.



Association Position

NNPs require regular evaluation on core competencies within seven domains identified in the National Association of Neonatal Nurses' *Education Standards and Curriculum Guidelines for Neonatal Nurse Practitioner Programs* (National Association of Neonatal Nurses [NANN], 2014) and elaborated upon in NANNP's *Competencies and Orientation Toolkit for Neonatal Nurse Practitioners*, second edition (NANNP, 2014). Maintenance of competence can be documented through the use of focused observations, multi-observer evaluations, case logs, 360-degree global evaluations, and a professional portfolio. Although the novice NNP will require more frequent evaluations and feedback from preceptors to establish competence and facilitate continued growth, all NNPs must demonstrate their continuing competence in order to ensure that their patients receive safe, high-quality care.

Background and Significance

The American Association of Nurse Practitioners (AANP, 2013) and the Institute of Medicine (IOM, 2010) recommend that the nurse practitioner make a commitment to lifelong learning and professional self-development and continue to focus on quality improvement. In accordance with the standards set forth by AANP and the IOM, NNPs must demonstrate involvement with continuous quality improvement and patient safety as they develop their skills over the course of their careers.

Specialized knowledge and skills are required if the NNP is to deliver safe, high-quality care to patients. In 2008, the APRN Joint Dialogue Group presented the *Consensus Model for APRN Regulation* (APRN Consensus Work Group & National Council of State Boards of Nursing APRN Advisory Committee, 2008). The model outlines four essential elements: licensure, accreditation, certification, and education (LACE). Competencies, along with an established set of standards, are identified by the professional organization; these protect the public and ensure patients' access to safe, high-quality care. In 2012, the National Task Force on Quality Nurse Practitioner Education updated the *Criteria for Evaluation of Nurse Practitioner Programs*, which included continued support of the 2008 *Consensus Model*. These two documents, the *Consensus Model* and the *Criteria for Evaluation of Nurse Practitioner Programs*, continue to be the standard on which specialty organizations and graduate education programs base their recommendations for specialty education and practice competence.

NANN identifies core competencies for neonatal nurse practitioners in its *Education Standards and Curriculum Guidelines for Neonatal Nurse Practitioner Programs* (2014), which were further elaborated upon by NANNP in the development and revision of its *Competencies and Orientation Toolkit for Neonatal Nurse Practitioners* (NANNP, 2014). These specialty competencies are consistent with the *Population-Focused Competencies for Nurse Practitioners* described by NONPF (2013) and thus provide continuity between NNP education and practice standards.

Recommendations

1. Orientation of the novice NNP should provide several assessment points. Case logs should be maintained during the orientation period as a record of the procedures performed, the deliveries led or attended, and the types of patients cared for by the NNP. Both formative and summative multi-observer evaluations should be performed at the midpoint and at the end of the orientation. Focused observations should be completed throughout the orientation. The 360-degree global evaluation is another important method for assessing the skills of beginning and novice NNPs.
2. For the experienced NNP, a 360-degree global evaluation based upon the seven domains and core competencies of NNP practice should be conducted at least annually.
3. Continuing review of NNP competencies and observation of procedures may include either a minimum number of actual procedures or procedural review and simulation (NANNP, 2014).
4. A professional portfolio should be developed by both novice and experienced NNPs to provide evidence of individual learning and experience (Meister, Heath, Andrews, & Tingen, 2002; Twaddell & Johnson, 2007). The portfolio should be maintained in the individual's employee file, reviewed during the evaluation process, and made available for random audits by the state board of nursing as requested.
5. State boards of nursing should request that ongoing review of competencies be a part of the annual evaluation process, and documentation should be available in employee files for random audits.

Conclusions

Evidence-based care of the critically ill neonate is continually evolving, and NNPs must maintain their competence throughout their career as they progress from novice to expert. Documentation that competence is being maintained assures the public that the NNP is consistently delivering safe, high-quality care. As the national association for NNPs, NANNP has the authority and responsibility to set the standard for NNP maintenance of competence. It has put forth this standard in its *Competencies and Orientation Toolkit for Neonatal Nurse Practitioners* (NANNP, 2014), specifically in its "Competency Assessment for Neonatal Nurse Practitioners," and has provided tools that will aid in the evaluation of these competencies.

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