



## ***Education Standards and Curriculum Guidelines for Neonatal Nurse Practitioner Programs***

### **Frequently Asked Questions**

#### **1. How many clinical hours caring for preterm (<37 weeks) and term neonates, infants, and children up to 2 years of age will a student need?**

NANN does not intend to be prescriptive in the area of acute or primary care of the preterm (<37 weeks) and term neonate, infant, and child up to 2 years of age. It would be advantageous for individual program(s) to review the full *Educational Standards and Curriculum Guidelines for Neonatal Nurse Practitioner Programs* as well as the National Certification Corporation exam content document and to develop a written plan for covering this content and ensuring competency.

#### **2. Could you provide examples of appropriate clinical hours and sites for primary care of the preterm and term neonate, infant, and child up to 2 years of age?**

Appropriate sites for the primary care of the preterm and term neonate, infant, and child up to 2 years of age may include specialty clinics and NICU follow-up clinics. For in-hospital hours, some newborn nursery clinical time would be appropriate. In the NICU, hours spent in discharge planning would be an excellent opportunity for completing some of the competencies. With the exception of discharge planning hours, keep in mind that clinical hours outside of the NICU (or pediatric intensive care unit [PICU], seeing infants and young children up to 2 years of age) do not count toward the total required hours.

#### **3. Could you provide examples of didactic content areas for the primary care of the preterm and term neonate, infant, and child up to 2 years of age?**

Although this list is not entirely inclusive, each program must provide didactic content in the following areas:

- Physical exam of the preterm and term neonate, infant, and child up to 2 years of age.
- Discharge planning
- Immunizations
- Common diseases seen in this population
- Growth and development/milestones

[\*Bright Futures\*](#), published by the American Academy of Pediatrics, is an excellent resource for this content.

#### **4. Could I admit a student whose clinical experience was more than 5 years ago if he or she has significant prior experience?**

This depends upon what the prospective student has been doing for the past 5 years. Because of the short half-life of current recommendations in the neonatal field, care must be taken when evaluating experience. A gap analysis would be extremely helpful in this area. It is ultimately the responsibility of each individual program to make this decision. The goal is to admit students who are most likely to be successful in the program and in the NNP role.





**5. Some of the required 2 years of clinical experience can be obtained in units that care for infants 1-12 months of age. I assume this can include a PICU, which cares for infants and pediatric patients (up to 16 or 18 years), but I wanted to make sure that the intensive care unit does not have to be limited to infants 1-12 months of age.**

Yes, some of the required experience can be in a PICU, although the goal is to consider prospective students who have experience in our population foci. Again, a gap analysis will help in this area.

**6. Can you provide an example of a gap analysis for the nurse practitioner currently certified in another patient focus area who wishes to pursue a post-master's certificate for the NNP population? NONPF (2012) Criteria for Evaluation of NP Programs. See [sample form](#).**

**7. NNP clinical preceptors must be master's-prepared and nationally certified. I know there are still NNPs who went through a certification program and have remained in clinical practice. They are NCC-certified but not master's-prepared. From what I understand, they do not qualify to serve as preceptors under the NNP Program Standards. Is this correct?**

NANN appreciates that NCC-certified NNPs who do not have an MSN degree have much to offer and does not intend to eliminate the excellent opportunity for students to work with them. Most programs assign a *primary preceptor*, who is master's or doctorally prepared and NCC certified, to the student. Although this primary preceptor has the ultimate responsibility for the student's experience, the student may work with other NCC-certified NNPs. Preceptors must be evaluated on a regular basis, and programs are responsible for using the most qualified preceptors.

**8. Why did we add the infant and young child up 2 years of age to our scope of practice?**

NANN and NANNP realize that NNPs actually see older patients in the NICU as patients have longer and longer stays. In addition, NNPs regularly work in specialty and NICU follow-up clinics. Because NNPs managed these infants in the NICU, NANN and NANNP believe NNPs are uniquely qualified to continue to care for these infants. In the past, didactic and clinical content related to primary care of our population foci was not consistently provided in NNP programs. The Education Standards now more clearly indicate that this content is necessary for graduates to demonstrate competence in this arena.

**9. Given that this document is considered to be used as a guideline and not as a mandate, what should I do if my program veers from the guidelines?**

It is ultimately the responsibility of each individual program to document how they are meeting the intent of the standards.

