Innovations in Neonatal Care: NANN’s 29th Annual Educational Conference in Nashville, TN

Amy Knupp, MSN RN CNS, 2013 Program Planning Committee Chair

NANN is grateful to the nearly 750 attendees who participated in this year’s annual educational conference. With two preconference events, 25 concurrent sessions, 15 paper presentations, four interprofessional sessions, four general sessions, and an exhibit hall of more than 150 vendors, the Renaissance Nashville Hotel and Convention Center was buzzing. As in the past, many attendees participated in two preconference workshops—Skills Lab: Lifesaving Neonatal Management and Pharmacology: Back to the Basics. Our opening keynote general session speaker was Sue L. Hall, MD MSW, medical director of a large regional NICU in Kansas. Dr. Hall is also the author of For the Love of Babies, a book of stories about the NICU journeys of 16 babies and their families.

Closing keynote general session speaker Barbara Bartleen, MSW RN ESP, has worked in health care for more than 30 years. She has found that successful, happy people focus on giving to others and following their own personal passion.

This year we had two additional general sessions. Kathryn Malin, MSN APRN RN NNP-BC, and Suzanne Staebler, DNP APRN NNP-BC, spoke at the Advocacy in Action session, highlighting advocacy and policy issues that are essential to neonatal care. The in-depth review of the purpose and function of health policy resonated with many attendees. In addition, Mary Coughlin, MS RN NNP, touched attendees with her presentation on the developmental requisites for successful human transformation from neonate to adult.

The conference program included dozens of stellar speakers and a range of topics, which made decisions about which sessions to attend very difficult! The conference website at www.nannconference.org until December 31, 2013, was buzzing. Finally, eight special interest groups again convened to discuss issues of particular importance, and attendees enjoyed the tripled amount of time that they were able to talk to poster presenters.

Nashville brought southern hospitality and harmony to our conference. Next year will be NANN’s 30th Annual Educational Conference, in Phoenix, AZ, September 10–13, 2014. I hope you will join me there for what will be another educational, engaging, and inspiring conference.

NANN’s 29th Annual Educational Conference in Nashville, TN

The Importance of Volunteering in NANN

Cheryl A. Carlson, PhD APRN NNP-BC

NANN and NANNP recently held their annual call for volunteers, and we saw great interest and many qualified candidates for the open appointments. This level of interest from members was very reassuring because volunteers drive organizations like NANN forward. There has been much written about the importance of volunteers in nonprofit associations and how the strength of an organization is dependent on the level of membership involvement in its programs (International Erosion Control Association, n.d.). It is important to understand the role that volunteers play in nonprofit organizations to be sure they get the most out of their volunteer experience both personally and professionally. NANN recognizes and understands that volunteers’ expertise, knowledge, and time is provided free of charge.

Choosing to volunteer is a personal choice that depends on an individual’s goals as well as personal and professional responsibilities at any particular time. A volunteer position can become so consuming that it almost turns into a part-time job while the demands of a paid, full-time job still exist. Keeping in mind the real efforts that our volunteers put forth will allow us to offer the best volunteer experience to our members and the ability to retain these individuals while also recruiting and encouraging others to perform a service for NANN.

There are several factors that motivate people to volunteer for an association or organization in which they are members. Welch (2009) described the motivation to volunteer as a combination of intentions, including altruistic or other serving, and instrumental or self-serving factors. Examples of altruistic or other-serving factors include wanting to help others, believing one can make a contribution to an important cause, encouraging action on a particular cause that is important to the individual’s practice, wanting to belong to a community that promotes a positive sense of self, believing in a professional commitment to serve others, and having a passion about the benefits an organization brings to a profession. On the other hand, instrumental or self-serving factors stem from wanting to gain importance, professional recognition, or power (Schwab, 2011). NANN holds a call for volunteers around the same time every year, and as mentioned previously, we just wrapped up this year’s process. During the year, there are other opportunities for individuals to work on a task force, review a document, or represent NANN at a local chapter or meeting. When additional volunteer support is needed, we try our best to make the information for the available positions as concise, inclusive, and inviting as possible. Nursing is an important and vital part of the healthcare team and “nurses need to come together as nurses to understand the role that volunteers play in nonprofit organizations to be sure they get the most out of their volunteer experience both personally and professionally.”

In conclusion, I want to say a special thank you to all of our volunteers—both former and current—for your expertise, time, and commitment to neonatal nurses.

NANN is here for its members. Our members rely on us just as we rely on them to make sure we are operating at our highest potential and achieving our mission. After all, we consider NANN to be the professional voice that shapes neonatal nursing through excellence in practice, education, research, and professional development. We could not do that without our wonderful volunteers. The work of nonprofit associations like NANN depends on its volunteerability and recruitability. Volunteerability is the willingness, capability, and availability of individuals to volunteer, while volunteerability encompasses the accessibility for the volunteers; the financial and human resources to market, recruit, and retain volunteers; and the formation of networks and cooperation with other organizations (Haski-Leventhal & Meijis, 2011). NANN is working hard on the recruitability end so that the volunteerability measure is a positive and rewarding experience. In conclusion, I want to say a special thank you to all of our volunteers—both former and current—for your expertise, time, and commitment to neonatal nursing and NANN.

References
New Editors for Advances in Neonatal Care

Outline Goals

Dear NANN Colleagues,

We are very excited to have the opportunity to serve NANN as co-editors of Advances in Neonatal Care (ANC). As long-time colleagues and members of the journal’s editorial board, we believe our individual strengths will provide synergy to benefit ANC. Therefore, we sought out this opportunity to serve as co-editors. Our vision for ANC is to further its reach as the premier journal for neonatal clinical practice and research. We would like to see ANC take the lead in publishing scholarly debate on clinical practices, research methods, and research findings that are related to the care of newborns and their families with a focus on high-risk situations. We believe that with our combined leadership and your support, ANC will be the chief forum to which all neonatal scholars turn first to view diverse approaches that will shape their own practice and number. In addition, we would like for ANC to be the journal that nursing leaders recommend to their graduate and doctoral students, thereby fostering the development of new knowledge for decades to come. Finally, we would like to increase their ability to review manuscripts for their scholarly merit; this includes both clinical and research reviewers. We believe both are important to our objective as editors for ANC.

• ensure that all submitted manuscripts receive prompt, critical evaluation.

We look forward to working with the NANN Board of Directors, the ANC Editorial Board, and all of NANN’s members to further advance the excellence of our journal. We welcome your comments and hope you will communicate openly with us about your expectations for the journal. We believe that by working together, we can best serve you and NANN, and we are looking forward to this opportunity to work with each of you. Please consider submitting your scholarly work to ANC; we are committed to supporting both new and seasoned authors.

Thank you for your support.

Jacqueline M. McGrath, PhD RN FAAN RNAP
Debra Brandon, PhD RN CNS FAAN

References


Jacqueline M. McGrath
Debra Brandon
Competency Assessment

Kim Cooley, MSN APNP NNP-BC CCNS

Competencies should reflect evidence-based nursing practice and the correlation between policies and procedures, guidelines, technology, patient populations, and a healthcare professional’s necessary skill set (Beauman & Iutta, 2011). Continual competency assessment determines whether a clinician continues to provide safe, competent care by maintaining current knowledge and skills since their initial licensure (Burns, 2009). Competency assessment describes work-related skills, abilities, and behaviors needed to effectively perform to the extent of licensure. It incorporates more than the required current knowledge and includes how well one can communicate with peers, supervisors, patients, and families. Technical skills, clinical reasoning, problem-solving skills, and the ability to have the psychological and social disposition to adapt to changing situations and conditions can and should be included during the assessment process (Burns, 2009). Competency assessment should occur on an ongoing basis, and competencies should be identified annually through a collaborative process and assessed on a continuum throughout employment of the practitioner. This continuum should include assessment during the hiring process, initial competencies during the orientation period, and ongoing annual competency assessment (Wright, 2005).

The motivational factors that influence the need for ongoing competency assessment of nursing professionals are derived from multiple sources including employers, regulators, certifying agencies, insurance companies, and professional associations (Arcand & Neumann, 2005). First and foremost, competency assessments are conducted to ensure that nurses are providing the best possible care for patients and their families. The American Nurses Association’s (ANA’s) Position Statement on Professional Role Competence (2008) states, “The public has a right to expect registered nurses to demonstrate professional competence throughout their careers. ANA believes the registered nurse is individually responsible and accountable for maintaining professional competence. The ANA further believes that it is the nursing profession’s responsibility to shape and guide any process for assuring nurse competence. Regulatory agencies define minimal standards for regulation of practice to protect the public. The employer is responsible and accountable to provide an environment conducive to competent practice. Assurance of competence is the shared responsibility of the profession, individual nurses, professional organizations, credentialing and certification entities, regulatory agencies, employers, and other key stakeholders” (ANA, 2008). This professional expectation serves as the foundation for remaining up to date and competent in nursing practice throughout one’s career and drives the need for ongoing assessment of competence to reflect the dynamic nature of nursing practice.

But what is the best way to determine nursing competency? Many are exploring other approaches to ensure continuing competence in today’s environment in which technology and practice are continually changing, new healthcare systems are evolving, and consumers are demanding competent providers (Whitaker, Carson, & Smolenski, 2000). NANN developed the Foundations of Neonatal Care, a didactic competency-based orientation program designed for the novice nurse to master basic core competencies that are essential to caring for sick neonates. In addition, NANN identified core competencies for NNPs in its National CNS Competency Task Force identified and validated nursing competence. NANN has recently made changes to make your online shopping experience easier and more enjoyable.

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Bibliography:


Rutledge, B. J., & Unger, J. A. (2008). Promptly and effectively addressing competency deficits and employee problems once they are identified. Competency can be evidenced by a nurse’s knowledge and skill or behavior used to perform specific or specialized care. Regardless of training, competency should grow through experience and the extent of an individual to learn and adapt. We cannot expect to assess all areas of nursing competency at one time, but we can select the areas of greatest concern that have the greatest impact on the services we provide to our patients and the communities we serve (Whittaker, 2005). I encourage you to review the literature to help guide you in the development of a meaningful and successful outcome-driven competency assessment program.

Kim Cooley, MSN APNP NNP-BC CCNS, is the advanced practice nurse SIG facilitator and a neonatal clinical nurse specialist at Emory University Hospital Midtown, Atlanta, GA.

References


Out with the Old, In with the New!

Introducing NANN’s new online store

NANN has recently made changes to make your online shopping experience easier and more enjoyable.

The new store features include the ability to:

- search for products by type, name, or topic
- filter by the areas you’re interested in, such as clinical practice, developmental care, downloadable products, and more
- review NANN products you’ve purchased
- share important NANN products with your colleagues through your social media networks.

Explore the new store at www.nannstore.org.
The answer is both! Breastfeeding is one of the oldest hot topics of today. Breastfeeding has come in and out of “style,” but at present, it has become a health-conscious initiative due to advancement of technology and research efforts. These advancements continually prove the increasing benefits of human milk in place of formulas for the term newborn and especially for the premature infant. For the preemie, human milk decreases the incidence of infections, such as nosocomial or NEC, and also improves visual acuity and neurocognitive outcomes in at-risk infants. The American Academy of Pediatrics and the Center for Disease Control and Prevention (CDC) websites provide more information on these benefits and further recommendations (www.aap.org, www.cdc.gov). Hospitals are continually reporting an increase in breastfeeding mothers. According to the CDC, in 2011 74.4% of moms breastfed at some time, in 2012 it increased to 76.9%, and the 2020 goal is predicted to be 81.9% (2013). To support this continued effort, there are two fairly new hot topics within the broad breastfeeding topic: the Baby-Friendly Hospital Initiative and the use of donor milk banks. Both of these initiatives are lengthy processes, but statistics indicate a positive influence and reflect an increase in breastfeeding across North America.

The National Initiative for Children’s Healthcare Quality (NICHQ) is leading the Best-For Beginnings Program with the help of the CDC and Baby Friendly USA, Inc., the national authority for the Baby-Friendly Hospital Initiative (BFHI). A major component of this initiative begins in the early postpartum period, which is the critical time for establishing and supporting breastfeeding. The two important indicators that are part of the process are immediate and continued contact between mother and baby during the hospital stay: skin-to-skin contact within the first hour after birth and rooming-in together throughout the stay. Human milk banks are also on the increase. In 1909, the first milk bank was established in Vienna, Austria. Today in North America there are currently 14 existing banks, four in development (advanced stages), and two in mentoring (early stages). Unfortunately, there has been no advancement in obtaining insurance reimbursement for donor milk. However, health insurance plans today must provide breastfeeding support, counseling, and equipment for the duration.

Both Aetna and Anthem insurance companies are good resources for providing lactation consultation and electric breast pumps. For more information on donor milk banks, visit the Human Milk Banking Association of North America’s website, www.hmbaba.org. Who can help support breastfeeding?

• Mothers and their families
• Communities (support groups, La Leche League International)
• Healthcare professionals
• Employers
• Researchers
• Public health infrastructure

These efforts need to be strongly emphasized across the nation, particularly in the African-American population where breastfeeding rates are significantly lower. If your institution has not yet initiated the BFHI or is not bringing in human milk from a milk bank, the following organizational websites are great references to help you get started: World Health Organization, UNICEF, CDC, and Baby-Friendly USA.

Reference