



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 Bartlein, MSW RN CSP, 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 handouts are available to attendees through the conference website at www.nannconference.org until December 31, 2013.

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. ☺



from NANN's President

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 this 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. It is important for associations to recognize what excites and encourages new volunteers. Volunteering can fulfill one of three important identified needs for an individual: achievement, affiliation, 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 volunteers to advance and invest in the future of the specialty and find a connection to healthcare professionals from across the country and a support system from those who understand the particular challenges of that field" (Pierce, 2011, p. 192). I encourage everyone to volunteer or get involved in some way, whether locally through a chapter, interactively through a special interest group (SIG), or nationally at a more broad level through the regular volunteer opportunities NANN offers. It is imperative to feel bonded to your organization because NANN is your neonatal connection to the strongest and most vibrant community of 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 *recruitability* 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 & Meijs, 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. ☺

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The Neonatal Perspective

Suzanne Staebler, DNP APRN NNP-BC

Note: This article is a continuation of the NANNP[®] Corner column from the summer issue of *NANN Central*.

Restrictions and changes on graduate medical education and pediatric residency requirements have increased the workforce deficit of NNPs. This has created a shortage of NNPs throughout the country and emphasized the critical need to expand NNP programs. There is concern among the ranks of neonatal APRN faculty and program directors. Although these issues impact all programs of learning, in all disciplines, in all institutions of higher learning, the impact to our profession could be seismic.

According to the latest data collected by ENSEARCH Management Consultants and presented at the Neonatal APRN Faculty Forum in May 2013, there are 35 active NNP programs. Five of the 35 have self-identified as having an “unknown” status for the future because of budget or other concerns, and three have suspended admissions or significantly altered admission criteria for the 2013 or 2014 academic years based on the state authorization regulations. Further complicating this matter is the fact that 17 NNP programs have closed since 2005. So, when comparing NNPs to other NPs, the neonatal population has the fewest number of training programs and is the smallest NP group, and neonatal and pediatric acute care NPs are in the shortest supply. There are 5,200 practicing NNPs, with 5,016 actively certified in the United States. This number is an approximation because not all practicing NNPs are certified by the National Certification Corporation (NCC), and the NCC database is the most accurate means of quantification.

Neonatal clinical nurse specialists (CNSs) are not faring any better. Based on recent information obtained from the American Association of Critical Care Nurses Certification Corporation (AACN-CC), there are only six active CNS programs educating students in the neonatal population foci. There are no current means for NANN/NANNP to quantify the current neonatal CNS workforce.

To compensate for the shortage of NNPs, several NICUs are hiring physician assistants (PAs), pediatric hospitalists, family nurse practitioners (FNPs), and pediatric nurse practitioners (PNPs) and providing on-the-job training in advanced neonatal care. This practice is

concerning and places the healthcare provider and patient at risk. According to the APRN Consensus Model (APRN Consensus Work Group & National Council of State Boards of Nursing APRN Advisory Committee, 2008), advance practice nurses must practice within the scope of their educational preparation. It is difficult to train PAs and pediatricians in comprehensive neonatal care outside a formal training program; without formal training there are gaps in knowledge and critical thinking, and it is not in the best interest of the neonatal patient. These factors will converge to have a dramatic influence on the future of the neonatal APRN role if we do not act.

NANNP Response

NANNP is working with the LACE task force to elevate this issue. Our colleagues at the American Association of Colleges of Nursing (AACN) are aware of the disproportional impact the state regulations are having on NNP programs and the potential to worsen the workforce shortage. AACN is a key organization working with The Joint Commission to advance the State Authorization Reciprocity Agreement membership, thereby decreasing the impact to APRN programs. The National Council of State Boards of Nursing (NCSBN), another LACE organization, is working with individual boards to advocate this issue at the state level. Based on current data from NCSBN, educational programs should be notifying state boards of nursing of all students completing APRN clinical experiences in their state. There are also some states, especially those in the west, that require faculty to be licensed in any state where they will be doing site visits with students. Students should be proactive in knowing their state regulations for distance education and requirements for Board of Nursing notification regarding APRN student status.

NANNP has convened a task force to develop a white paper that will address all aspects of the neonatal APRN role and practice including workforce and education. The publication of the white paper is anticipated in early 2014. NANN/NANNP also is collaborating with hospitals and health systems in the Magnet program and will be working to educate nursing leaders (chief nurse officers, directors, and managers) on the scope of

practice limitations of PNs and FNPs in the NICU and strategies for resolving this conflict.

NANNP is working to engage neonatal APRN faculty to address these issues from a global perspective. Moving forward, neonatal programs and faculty must be aggressively proactive in recruiting students to meet workforce demands. Faculty will need to collaborate with front-line APRNs in practice. NNPs must engage in marketing the role and recruiting others to fill our shoes in the future. CNSs and NNPs within geographic areas that do not have a program should collaborate with local schools of nursing to develop programs of study to meet local workforce demands. These programs could potentially receive some level of funding through the Centers for Medicare and Medicaid Services' graduate nursing education (GNE) program, once the current GNE demonstration projects are complete and the outcomes validated. APRN programs not currently offering the neonatal population specialty could consider developing collaborative agreements with current neonatal programs to minimize costs and faculty needs (Siewert, Rasmussen, Lofgren, & Clinton, 2011). These institutional collaborations may overcome the state authorization regulations because the agreements are vetted through the institutions as well as the representative state boards of higher education.

Although there are no quick fixes to this issue, the impact can be minimized by working together to preserve the neonatal NP and CNS roles. Please contact NANNP leadership to share information regarding this issue in your state and any suggestions for mitigating the impact. You can reach us on the MyNANN community or on the NANNP website. [📞](#)

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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 research. 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



Jacqueline M. McGrath



Debra Brandon

see *ANC* broaden the digital activities of the journal to include more digital and interactive content.

To that end, we plan to

- choose manuscripts that meet the criteria for clinical and scientific excellence and relevance for the neonatal nursing community
- identify and solicit thought-provoking and controversial papers that entice a greater readership and relevance to practice
- increase the number of submissions and thus the excellence of our journal
- increase the number of reviewers as well as

increase their ability to review manuscripts for their scholarly merit; this includes both clinical and research reviewers. We believe both are important to our objectives and vision 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 FNAP
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Competency Assessment

Kim Cooley, MSN APRN 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 & Ikuta, 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 (Whittaker, Carson, & Smolenski, 2000).

NANN developed the *Foundations of Neonatal Care*, a didactic competency-based orientation program designed for the novice nurse to master initial core competencies that are essential to caring for sick neonates. In addition, NANN identified core competencies for NNPs in its *Education Standards and Curriculum Guidelines for Neonatal Nurse Practitioner Programs*, which NANN further elaborated on in its development of the *Competencies and Orientation Tool Kit for Neonatal Nurse Practitioners*. NANN's and NANNP's Position Statement #3050, Standard for Maintaining the Competence of Neonatal Nurse Practitioners, was adopted in 2010 as a guideline for continued NNP competency assessment. In 2008, the National Association of Clinical Nurse Specialists' (NACNS's) National CNS Competency Task Force identified and validated *Clinical Nurse Specialist Core Competencies* and behaviors for CNSs. These competencies reflect CNS practice across all specialties, populations, and settings. A neonatal CNS Task Force is currently being convened by NANN to address continual competency assessment for those APRNs.

However, although much has been accomplished with regard to continuing competency for the APRN, there is still a need to focus on the ongoing competency assessment of the neonatal nurse who is providing direct care at the bedside. One innovator, Donna Wright, recommends six aspects of meaningful competency assessment.

1. Selecting competencies that matter
2. Selecting the right verification methods for each competency identified
3. Clarifying accountability of the manager, educator, and employee in the competency process

4. Utilizing an employee-centered verification process
5. Identifying what is a competency problem and what is not
6. 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 their families (Wright, 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. [🔗](#)

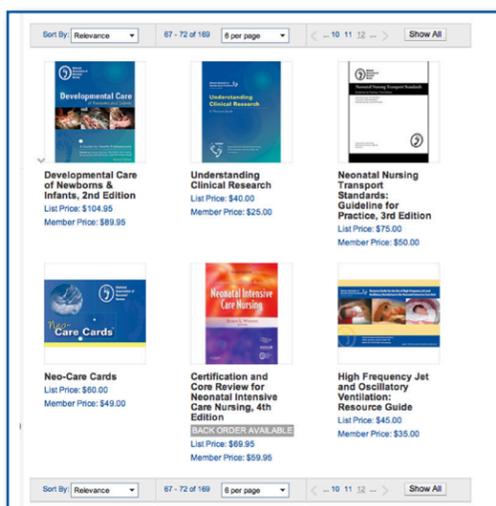
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Upcoming Deadlines

Small Grants Program

The Small Grants Mentee/Mentor Program is now accepting applications from all NANN members with an interest in furthering their research interests or initiating their own research study or evidence-based practice (EBP) project. The program provides an avenue for connecting those with little or no research background with experienced researchers to enhance their skills and promote the success of the research study or EBP project.

If you are selected to receive one of the four small grants for 2014, you are required to attend NANN's Annual Educational Conference, September 10–13, 2014, in Phoenix, AZ, to be recognized and receive your grant. You are also required to present your findings at the 2016 NANN Annual Educational Conference.

Visit www.nann.org/research to apply for a small grant. The deadline is March 2 at 11:59 pm CST.



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Calendar

Nurse in Washington Internship (NIWI)
Washington, DC **March 30–April 1, 2014**

NANN's 9th Annual Research Summit
Scottsdale, AZ **April 1–3, 2014**

18th Annual NICU Leadership Forum
Ponte Vedra Beach, FL **April 27–May 1, 2014**

Look for chapter meeting dates at www.nann.org.

Advocacy Update

Breastfeeding—Old or Hot Topic?

Julianne Dahl, MSN RNC



The answer is both! Breastfeeding is one of the oldest hot topics of today. Breastfeeding has gone 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 Fed 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 get you started: World Health Organization, UNICEF, CDC, and Baby-Friendly USA.

Reference

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Thank You for Helping NANN Reach Our 2013 "Wildly Important Goal"!

Thank you to all NANN members for helping us reach our goal of 7,777 members! As of the 29th Annual Educational Conference, NANN exceeded our goal with 7,921 members. You truly have made a difference for your neonatal nurse colleagues and contributed to enhancing the resources available to shape neonatal nursing through excellence in practice, education, research, and professional development. With more NANN members and resources, you win, your colleagues win, and neonates and their families win!

You still can participate in the group discount promotion and receive a referral discount bonus to use toward your next membership renewal. Visit www.nann.org/join or call member services at 800.451.3795 for more information.