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National Association of Neonatal Nurse Practitioners
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Curriculum Guidelines and Education Competencies for Neonatal Nurse Practitioner Programs

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National Association of Neonatal Nurse Practitioners

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Note: Titles of previous editions of this document include *Education Standards for Neonatal Nurse Practitioner Programs* (2003) and *Education Standards and Curriculum Guidelines for Neonatal Nurse Practitioner Programs* (2009, 2017).

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INTRODUCTION

Neonatal nurse practitioners (NNPs) provide holistic, family-centered, child-focused care in the preventative, restorative, chronic, and palliative spheres for patients from birth at any gestation to age 2.

As healthcare providers, NNPs perform advanced health assessment, diagnostic reasoning, and critical decision-making and have clinical competence for the diagnosis, management, and treatment of primary care as well as acute, chronic, and complex health problems. Collaborating on an interprofessional team, the NNP participates in a wide variety of complex patient-care activities in settings that include, but are not limited to, all levels of neonatal inpatient care in both academic- and community-based settings, transport, and delivery room. NNPs provide health care in acute, primary, chronic, and outpatient settings. NNPs practice autonomously and in coordination with other healthcare professionals, providing a unique emphasis on the convalescence, health and well-being of the child and family through a focus on health promotion, disease prevention, and health education.

NNPs are thus prepared across all aspects/spheres of the nurse practitioner (NP) role: clinical care; conducting and reviewing evidence-based projects and implementing research; education; consultation, and advocacy to optimize the care of newborns, infants, and toddlers. NNPs occupy a unique space on the inter-professional team. Their neonatal role–specific knowledge is validated through national certification.

There continues to be a shortage of NNPs. Given the neonatal population–specific educational components needed to produce a competent, novice-level NNP, filling the gaps with providers who have a generalist education—such as physician assistants, pediatricians, or nurse practitioners educated in other population foci—is not in the best interest of providing high-quality, safe, and cost-effective neonatal care.

Defining NNP Competencies

The National Association of Neonatal Nurses (NANN) and the National Association of Neonatal Nurse Practitioners (NANNP) believe it is imperative that neonatal content experts define NNP competencies and the systems of education and training required to obtain them. NANN and NANNP collaborate with a number of regulatory, licensing, education, and credentialing agencies to produce the most current education and curriculum standards.

The competencies align with and reflect:

- American Association of Colleges of Nursing (AACN) *The Essentials: Core Competencies for Professional Nursing Education* (2021)
- National Organization of Nurse Practitioner Faculties (NONPF) *Nurse Practitioner Role Core Competencies* (2022)
- National Task Force on Quality Nurse Practitioner Education (NTF) *2022 Standards for Quality Nurse Practitioner Education (6th edition)*.

The Essentials: Core Competencies for Professional Nursing Education defines 10 domains that are the "essence of professional nursing practice," along with eight concepts and four spheres of care (AACN, 2021, p. 1). Each domain has competencies for advanced nursing practice and subcompetencies that define advanced nursing practice.

Developed by expert educators and practitioners, with stakeholder input, AACN's 2021 *The Essentials: Core Competencies for Professional Nursing Education* and NTF's *2022 Standards for Quality Nurse Practitioner Education (6th edition)* represent best practices for NP program development, support, education, and evaluation. Those seminal documents' forward-thinking changes in approaches to nursing and nurse practitioner education prompted this 2023 update of NANNP's *Curriculum Guidelines and Education Competencies for Neonatal Nurse Practitioner Programs.*

Items specific to NNP education and practice are reflected here. In previous iterations, there were six program standards. This new document is organized in the same four sections as the NTF Standards: mission and governance, resources, curriculum, and evaluation. However, all items required in the 2021 *Essentials: Core Competencies for Professional Nursing Education* and 2022 *Standards for Quality Nurse Practitioner Education (6th edition)* apply to NNP programs, whether expounded upon here or not. NONPF has further identified nurse practitioner (NP) core competencies in *Nurse Practitioner Role Core Competencies* (2022). This publication from NANNP contributes the specialty competencies necessary for safe and competent NNP practice.

It should be noted that *The Essentials: Core Competencies for Professional Nursing Education* no longer organizes the essentials by educational degree but by entry to practice and advanced-level competencies. These advanced-level competencies presented by AACN apply to any nurse obtaining further education beyond the entry-to-practice–level competencies. NONPF's *Nurse Practitioner Role Core Competencies* are written for a student to be evaluated at a clinical doctoral level (NONPF, 2022). At this time, NANNP supports NNP education at the master's or doctoral level. Students may continue to choose the master's or doctoral education as the end point of a program of study, and universities will make individual determinations as to the degrees offered.

Key Callouts

AACN's *The Essentials: Core Competencies for Professional Nursing Education* (2021), NONPF's *Nurse Practitioner Role Core Competencies* (2022), and NTF's *2022 Standards for Quality Nurse Practitioner Education (6th edition)* have some key areas of emphasis:

The necessity of input from the community of interest to ensure a quality NP program

All NP programs should actively seek thoughtful input from community stakeholders in the development and outcome of NP education. For the NNP specialty, these stakeholders include (but are not limited to) students, children and families, communities, and employers of NNPs.

Though some students master skills and demonstrate competence more rapidly than others, a minimum number of practicum hours are still required at this time to promote consistency in NNP education that is evident to stakeholders (AACN, 2021, *see pages 18 and 22*). Program learning outcomes should reflect attainment of all competencies. Through the demonstration of the competencies documented in AACN's *Essentials: Core Competencies for Professional Nursing Education* nursing, NONPF's *Nurse Practitioner Role Core Competencies*, and the NANNP NNP specialty competencies, stakeholders—including employers—will have a clear understanding of NNP education and how it provides the critical knowledge and skills that prepare the NNP to practice as a unique member of the healthcare team (AACN, 2021).

Competency-based education

Competency-based education focuses on what a student learns and can demonstrate, rather than what the educational program teaches. Faculty, therefore, need to offer active didactic and clinical experiences which are scaffolded, are interprofessional, and offer the repetition and time to build student confidence and expertise in advanced-level nursing skills (AACN, 2021, *see page 23*).

Student competence should be transferable across defined neonatal care settings and is integral to the achievement of a professional identity as an NNP. Domains, concepts, and spheres of care should be woven throughout the curriculum. Individual course-based outcomes should build on one another and be linked to the competencies. Complexity should build over time, and assessments and performance should both teach and evaluate (AACN, 2021, *see page 18*).

Increasing requirement to 750 direct patient-care hours (from 500)

NTF's *2022 Standards for Quality Nurse Practitioner Education (6th edition)* requires 750 direct-care clinical hours, not inclusive of simulation hours. NANNP assures stakeholders that we put great thought and consideration into the 750-hour direct-care requirement. This increase is an opportunity to strengthen current curriculum to create competent NNPs across the continuum of our scope of practice. Programs, especially at the doctoral level, may choose to require more than 750 hours. *As competency-based education becomes more established, specific numbers of hours in programs will become less integral to student evaluations.*

Faculty and preceptor requirements

The NTF document makes clear that neonatal program directors and educators are required to have ongoing experience and current knowledge and must directly participate in and make decisions regarding NNP programs (NTF, 2022, *see page 10*). Universities should support faculty in clinical practice and ensure NNP programs have direct oversight by a doctoral-prepared NNP (NTF, 2022, *see Criterion 1.F on page 8*). Faculty must have appropriate academic and specialty credentials to support the planning and evaluation of student work which demonstrates "longitudinal attainment of

advanced level subcompetencies," enabling the student to make the connection between scholarly activity and full NP scope of practice (AACN, 2021, p. 25).

NNP programs educate nurses to be competent in a neonatal advanced practice nursing role and in the advanced-level competencies. As part of the interprofessional team caring for sick, convalescing, and well children, NNP students are exposed to a rich learning environment, including mentors with diverse education and ideas. Students work with and learn from all members of the interprofessional team.

Ideally, NNPs precept NNPs. However, this proves challenging in some circumstances. According to the NTF (2022, *see Criterion II.C on page 11*), the documentation programs must collect for supervisors of NPs includes:

> Documentation of clinical preceptors' preparation and current expertise to support each student's development of NP professional role and student achievement of expected program clinical outcomes…relevant biography/curriculum vitae of clinical preceptors that address current qualifications…documentation of degree(s), unencumbered license or other state authorization to practice in the state or territory in which they practice, and national certification of preceptor. (p. 11)

As such, master's- or doctoral-prepared neonatal-certified NNPs or perinatal-neonatal board-certified physicians are qualified preceptors in the neonatal intensive care unit (NICU). In other clinical areas, documentation of area of expertise and national board certification in that specialty area, along with license, should also be obtained.

Clarification of faculty roles and responsibilities for clinical site placement and student clinical experiences

Clinical sites need to be congruent with program/course goals. Programs are responsible for ensuring students have access to sufficient clinical sites (AACN, 2021, *see page 20*). There are many interprofessional learners in the neonatal space, creating demand for real-world experiences for certain educational goals; the preceptor should advocate for the student to perform procedures and other patient care activities happening to their patients. It is incumbent upon programs to create simulation opportunities to demonstrate procedural competencies and meet educational standards for the role, using national simulation best practice standards (International Nursing Association for Clinical Simulation and Learning Standards Committee, 2021).

Documentation of diversity, equity, and inclusion policies and procedures

The Essentials: Core Competencies for Professional Nursing Education emphasizes diversity, equity, and inclusion. NNPs take pride in our role as holistic providers of care to infants, toddlers, and their families. Introspection and work are necessary to ensure equity in education and provision of care. This document from NANNP supports academic freedom, while expecting all educational programs to meet the stated guidelines.

Determination that NP students have achieved entry-level advanced practice nursing patient-care competence before students start direct patient-care clinical hours

NANNP recognizes that many educational standards and guidelines rely on expert opinion and usual practice in areas where there is a lack of clear evidence. The goal is to adhere to best practice when it exists. Where evidence is conflicting or lacking, this document reflects a conscious decision to adhere to current practice without lowering the standard.

One area robustly discussed by faculty is the requirement of acute-care practice in the neonatal/pediatric areas prior to program admission. Given the challenges of preparing NNPs and new requirements to document baseline advanced practice before entering clinical courses, prior experience in and a minimal baseline knowledge of neonatal care are necessary. Benner's novice to expert model demonstrates competence as the third stage in the development and acquisition of skill, occurring at 2–3 years of practice (Benner, 1982).

Therefore, lacking other evidence, this document retains the recommendation of a minimum of 2 years of relevant NICU experience for students before entry into clinical courses. The committee believes learners have the best opportunity to succeed if they have prior Level III and Level IV NICU experience. Programs should evaluate candidates holistically on a case-by-case basis and may in certain cases be able to document practice experience in other areas to narrow the 2-year window.

There are areas of suggested best practice in this document that strongly encourage programs to utilize methods to optimize success, such as use of clinical logs to document competency achievement. This document does not have requirements for numbers of procedures or activities, rather each program will need to offer stakeholders and certifying bodies documentation of the ways learners have met programmatic outcomes.

Focus on evidence-based practices and self-care as part of NP professional identity and responsibility.

The professional identity of an NNP is more than the sum of their clinical knowledge. The advanced role requires self-awareness as well as the ability to participate in quality improvement while educating and advocating for patients, their families, and the profession. NNPs work to improve health care via broad utilization and dissemination of quality improvement, implementation science, and research to strengthen evidence-based care (NONPF, 2022, *see Competency 4.2*).

The Essentials: Core Competencies for Professional Nursing Education's new Domain 10: Personal, Professional and Leadership Development (AACN, 2021, *see page 53*) presents a shift in the understanding of nursing professionalism. NNP practice is supported by personal attributes of self-care, reflection, and lifelong learning which

promote role transition and leadership potential. Individuals have a personal responsibility to both self and patient. NANN and NANNP support NNPs through position statements such as “The Impact of Advanced Practice Registered Nurses’ Shift Length and Fatigue on Patient Safety” and “State of Neonatal APRN Role and Action for the Future,” the Neonatal Nurse Practitioner Workforce Survey, and other efforts (NANN, n.d.).

How to Use this Document

This 2023 publication of *Curriculum Guidelines and Education Competencies for Neonatal Nurse Practitioner Programs* is aligned and intended to be used in conjunction with the following three publications:

- The new model for education published by AACN in *The Essentials: Core Competencies for Professional Nursing Education* (2021)
- NP-specific core competencies described by NONPF in *Nurse Practitioner Role Core Competencies*
- Evaluation criteria outlined by NTF in *Standards for Quality Nurse Practitioner Education, 6th Edition*

This document describes the *minimum* standards necessary to ensure NNP program graduates receive preparation to practice and provide high-quality, safe, and cost-effective neonatal care. The guidelines serve as a tool for the development and evaluation of new NNP programs and a self-study manual for existing programs. Programs will find neonatal-specific support here, but should refer to the AACN, NONPF, and NTF documents listed above for a complete understanding of educational expectations for the nurse practitioner role.

Students educated using this new model will demonstrate competence in all aspects of the NNP role, rooted in self-reflection and professionalism, which supports lifelong learning.

CHAPTER I: MISSION AND GOVERNANCE

As providers of health care to a specific population, NNPs' practice "spans the healthcare delivery continuum from public health prevention to disease management of [neonates] and describes collaborative activities with both traditional and non-traditional partnerships from affected communities, public health, industry, academia, health care, local government entities, and others for the improvement of equitable population health outcomes" (AACN, 2021, p. 10).

NNPs provide primary, acute, chronic, and critical care to the population of preterm neonates, neonates, infants, and toddlers up to 2 years of age (NANN, 2017; NONPF, 2013).

"The [neonatal] NP program is aligned with the institution's mission/philosophy/values and governance that support educational excellence through a structure that addresses quality assurance and improvement; diversity, equity, and inclusion (DEI); and input from the community of interest" (NTF, 2022, p. 7, *see Criteria I.A, I.B., and I.C. on page 7 and Criterion I.F on page 8*).

"The governance structure within the institution facilitates ongoing quality improvement through participation in the development, implementation, maintenance, and evaluation of the NP program by a community of interest, including administrators, faculty, students, and practice partners" (NTF, 2022, p. 7, *see Criterion I.B. on page 7*).

The "community of interest" for NNP programs includes neonates, infants, and toddlers up to age 2 in primary, acute, chronic, and outpatient settings and their families; academic partners; preceptors; professional and community organizations, including healthcare organizations; and employers who support neonatal care.

For the neonatal population focused track, each program must employ a neonatal "faculty member who holds an institutional appointment to provide direct oversight of the track. This individual is doctorally prepared, currently licensed, or authorized to practice, and nationally board certified as [an NNP]…" (NTF, 2022, p. 8, see Criterion I.F on page 8).

Program Requirements

Prior to the start of a new NNP program, assessments should be completed of workforce needs and enrollment capacity (NTF, 2022, see Criterion I.I on page 9).

The NNP program should be awarded preapproval, pre-accreditation candidacy, or accreditation status prior to the admission of students.

Programs must have an adequate number of neonatal faculty to meet the needs of the students and the program (NTF, 2022; *see Criterion II.C on page 10*). Program leadership should be directed by and oversight provided by doctoral-prepared NNPs (NTF, 2022; *see Criterion I.F on page 8*).

Active or recent (within the past 2 years) clinical practice in the neonatal scope and

national neonatal nurse practitioner certification are required for those teaching NNP clinical courses, and academic practice partnerships are encouraged. Institutional policies should support faculty scholarship and clinical practice in order to maintain clinical expertise (NTF, 2022, *see Criterion II.C. on page 9*).

Non-NNP faculty members must have and maintain expertise in the area in which they are teaching (NTF, 2022, *see Criterion II.C. on page 10*).

The NNP program should prepare the graduate for population-focused practice in the NNP role, to practice across the continuum, providing primary, acute, chronic, and critical care to neonates, infants, and toddlers to age 2.

It is the responsibility of the faculty to maintain National Certification Corporation (NCC) compliance. Graduates must remain eligible for NCC Neonatal Nurse Practitioner examinations or other national neonatal certification options as applicable. See NCC's Nurse Practitioner Program Profile for more information.

A minimum of 750 direct patient-care hours and documentation of mastery of novice NNP competencies are required for student completion of the program (NTF, 2022; *see NTF Criterion III.H on page 14*).

Level III and Level IV NICUs and sites with delivery room learning opportunities are appropriate for meeting a minimum of 600 hours of the 750-hour requirement. Other clinical sites may be utilized as needed to meet necessary competencies and remaining clinical hours.

Oversight of student clinical experiences should be conducted by board-certified advanced practice registered nurses (APRNs) or by board-eligible or board-certified physician preceptors. NANNP recognizes that other members of the interprofessional team will be active educational partners (NANN, 2017; NTF, 2022; *see NTF Criterion II.D on page 11*). Programs are responsible for maintaining documentation that faculty adjuncts and preceptors meet the requirements for education and national specialty certification.

CHAPTER II: RESOURCES

Faculty

NNP program faculty should comprise individuals with expertise and emphasis in research, teaching, and clinical practice. Though it may be difficult for some faculty members to balance research, practice, and teaching responsibilities, all faculty members who teach clinical courses must maintain national certification as NNPs and have active or recent clinical experience. Maintaining this currency is important to ensuring clinical competence in the area of teaching responsibility. A faculty-to-student clinical supervision ratios of 1:6 is preferred.

Preceptors

Preceptors mentoring students in Level III and Level IV NICUs must have a graduate degree in nursing (ie, MS, MSN, or higher) and be nationally certified as NNPs or be physicians who are board-certified in neonatology or board-certification eligible (NTF, 2022; *see Criterion II.C on page 11*).

In settings outside of the NICU, preceptors must have a graduate degree in nursing (ie, MS, MSN, or higher) and be nationally certified as an NP (eg, PNP, ACPNP). Preceptors also may be board-certified physicians. (NTF, 2022, *see Criterion II.C on page 11).*

Preceptors should have a minimum of 1 year full-time equivalent experience in the NP/MD role and be fully oriented to the role at the clinical site. A qualified preceptor should have no limitations on the performance of their job, such as probationary status (NTF, 2022; *see Criterion II.C on page 11*).

Each preceptor will decide how many students they are comfortable managing each shift, taking into consideration precepting and other patient-care responsibilities. Consider a 1:1 preceptor/student ratio if preceptors have their own patient load and 1:2 ratio if they do not have their own patient load (Loewen et al., 2017, NANN, 2017; NTF, 2016, *see Criterion IV.B.1 on page 14*).

Preceptors must be oriented to NNP program requirements and to the expectations for supervision and evaluation of the NNP students (NTF, 2022; *see Criteria II.C and II.G on page 12*).

Preceptor responsibilities include (NTF, 2022; *see Criteria II.C and II.G on page 12*):

- Discuss learning objectives, institutional guidelines and protocols, and scheduling prior to starting clinical hours.
- Ensure ongoing student and faculty feedback regarding student progression and any recommended remediation
- Provide feedback throughout the semester and in written form at the end of the semester

See Suggested Student Learning Activities in Appendix B.

Clinical Sites

Each NNP program will identify specific student responsibilities for each clinical site (NTF, 2022; *see Criterion II.C on pages 10–11*). See Appendix B for suggested student responsibilities.

Clinical sites should:

- Provide the student with ample opportunities to meet learning objectives, demonstrate competencies, and have educational experiences outlined by their program (NTF, 2022; *see Criterion II.G on page 12*).
- Ensure that direct onsite supervision and consultation are available from the preceptor (NTF, 2022; *see Criterion II.G on page 12*).
- Be congruent with the expected student learning objectives and competencies as outlined per program course or semester goals (NTF, 2022; *see Criteria II.F and II.G on page 12*).
- Provide the student with support to practice to the full scope of practice under the supervision on the fully licensed neonatal professional (NTF, 2022, *see Criterion II.C on pages10–11*).

CHAPTER III: CURRICULUM

Before a student begins NNP clinical courses, they must have the equivalent of 2 years of clinical practice experience (within the past 5 years) in the care of critically ill neonates or infants in critical care inpatient settings. Students may enroll in preclinical courses while obtaining the necessary practice experience.

The MSN to DNP and BSN to DNP degree are both recognized as appropriate for entry into practice as an NNP.

It is strongly encouraged that DNP candidates have a neonatal content expert involved in the planning, implementation, and dissemination of their project. This increases involvement of community of interest (AACN, 2006; NTF, 2022; *see Criteria III.C and IV.D on page 13*).

Under the direction of the NNP faculty, the curriculum must contain content and clinical experiences to meet the core NP competencies and neonatal population-specific competencies for NNP practice shown in the Competencies section in this document.

Individuals providing didactic instruction should come from the interprofessional team of healthcare providers who have expertise in their respective areas. Participants will be determined according to the resources available to the program but generally should include NNPs, neonatologists, pediatric subspecialists, APRNs, and allied health specialists.

The NNP program must prepare students at the advanced practice level prior to beginning direct patient-care hours (NTF, 2022; *see Criterion II.G on page 14*).

Core Courses

The curriculum must include, at a minimum, three separate graduate-level core courses, which precede NNP population-specific coursework, in the following areas:

- advanced physiology and pathophysiology, including general principles that apply across the lifespan
- advanced health assessment, including advanced assessment techniques, concepts, and approaches
- advanced pharmacology, including pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.

Specific neonatal content and/or courses related to advanced physiology and pathophysiology, advanced health assessment, and advanced pharmacology must be included and integrated throughout the other neonatal-specific didactic and clinical courses (NTF, 2022; *see Criterion III.I on page 14*)

Didactic, Clinical, and Simulation Content

Didactic and clinical content related to primary care of high-risk infants during the first 2

years of life must be included in the curriculum. It is strongly encouraged that the NNP curriculum and clinical component include interprofessional educational experiences (NTF, 2022; *see Criterion III.F on page 14*).

The clinical component of the NNP curriculum must include a minimum of 750 direct patient-care hours.

- Settings can include delivery rooms; newborn nurseries; Level II, III, and IV NICUs; and pediatric ICUs (PICUs). Clinical care in settings that encompass primary care for the patient to 2 years of age (ie, pediatric offices, developmental clinics, follow-up clinics) can be included in the 750 hours.
- At minimum, 600 direct patient-care hours must be spent with critically ill newborns and/or infants in Level III and/or Level IV NICUs. Precepted clinical hours caring for infants with cardiac disease or postsurgically in the PICU or Cardiac Intensive Care Unit (CICU) also may count toward the minimum 600 clinical hours.
- Direct patient-care hours may include telehealth and global health experiences involving infants, neonates, and toddlers up to 2 years of age. (NTF, 2022; *see Criteria III.H and III.J on pages 14–15*).

The NNP program must contain evidence of the use of simulation, following best practice and national standards (International Nursing Association for Clinical Simulation and Learning Standards Committee, 2021), to support student learning, competency development, and evaluation.

Observational or simulation hours do not count toward the 750 direct patient-care hour minimum (NTF, 2022; *see Criteria III.H and III.J* on pages 14–15).

Postgraduate students must successfully complete graduate didactic and clinical requirements of an academic graduate NNP program through a formal graduate-level certificate or degree-granting graduate level NNP program (NTF, 2022; *see NTF Criterion III.N on page 16).* They also must complete 750 precepted direct patient-care hours. A formal gap analysis must be performed to assess past graduate education, including didactic clinical hours and courses.

CHAPTER IV: EVALUATION

"The [NNP] program has a formal comprehensive and systematic program evaluation plan that determines program quality and the ongoing quality improvement (QI) process. The QI process includes a plan for the overall assessment of the program, its policies and resources, including faculty and students, curriculum, and evaluation with indicated revisions" (NTF, 2022, p.17)

Graduates of NNP educational programs should be eligible to take the nationally recognized certification exam. This national certification assesses the broad educational preparation of the individual, including graduate core, APRN core, and NNP role/core competencies and competencies specific to the neonatal population.

Curriculum Evaluation

Evaluation of the NNP program and curriculum should include:

- A systematic process to assess program outcomes with methods, metrics, measures, and certification pass rates at a specified interval not to exceed 5 years (NTF, 2022, *see Criterion IV.A on page 17*)
- Documentation of NNP community interest in program relevancy (NTF, 2022; *see Criterion IV.D on page 17*)
- Documentation of results of review to assess that curriculum reflects current practice and trends in neonatology (NTF, 2022; *see Criterion IV.D on page 17*)
- Regular review of NNP program resources (eg, faculty, preceptors, clinical sites, simulations) with implementation of ongoing QI that provides data to identify deficiencies and gaps and to assist with concerns (NTF, 2022; *see Criteria IV.B, IV.C, and IV.E on page 17*)

Faculty Evaluation

Faculty evaluation should include:

- Annual evaluation as set by individual institutional policy of faculty NNP competency, licensure, and certification (NTF, 2022; *see Criterion IV.F* on page 18).
- Documentation of faculty course evaluations completed by students at end of each course (NTF, 2022; *see Criterion IV.G on page 18*).

Student Evaluation

Ongoing student evaluation by faculty, student self-assessment, and achievement of specific NNP competencies should include:

- Didactic experiences using summative and formative evaluations by faculty (NTF, 2022; *see Criterion IV.G on page 18*).
- Clinical course experiences as evaluated by preceptors and faculty at midpoint

and completion of semester (NTF, 2022; *see Criterion IV.H on page 18*).

- Clinical experience evaluation completed by primary preceptor and recognizing the input and involvement of additional preceptor(s).
- Contributions and feedback on performance (NTF, 2022; *see Criterion IV.H on page 18*) related to delivery room experiences; patient management in primary, acute, and chronic care settings; and procedural skills evaluation according to semester goals and outcomes (NTF, 2022; *see Criterion IV.G on page 18*).

Preceptor(s) Evaluation

Preceptors are evaluated for appropriateness prior to clinical placement and throughout the clinical experience by students and faculty (NTF, 2022; *see Criterion IV.I on page 18*).

NNPs are preferred as primary preceptors, and other neonatal- and pediatric-certified providers may be considered and evaluated according to course goals and outcomes.

Clinical Site(s) Evaluation

NNP program faculty should provide oversight of the clinical learning environment. Clinical sites are to be evaluated:

- By students and faculty for relevancy to course outcomes, learning experience relevancy, and preceptor functionality (NTF, 2022; *see NTF Criterion IV.I on page 18*)
- For student attainment of competencies over the course of the NNP program inclusive of delivery-room experiences, history taking and management, prenatal and nursery consultations, and experiences in the follow-up clinic, primary care, and Level II, III, and IV NICUs.

The evaluation process may include, but is not limited to, physical and virtual site visits and e-mail and phone consultations with the preceptor and agency administrators, as well as students' appraisal of the clinical learning environment.

A plan should be in place for reevaluation and interval evaluation of the site by faculty, students, and preceptors.

Additional Areas for Evaluation

- Simulation experience evaluation (NTF, 2022; *see Criterion IV.J on page 18*) should include student evaluation of each completed experience.
- Procedural skills simulation, which provides exposure and practice in preparation for clinical experience according to NNP competencies, should be evaluated with a process that includes student evaluation of each completed experience.

REFERENCES

American Association of Colleges of Nursing. (2006). *The Essentials of Doctoral Education for Advanced Nursing Practice.* https://www.aacnnursing.org/DNP/DNP-Essentials

American Association of Colleges of Nursing. (2021). *The Essentials: Core Competencies for Professional Nursing Education.* https://www.aacnnursing.org/Essentials/Download-Order

Benner, P. (1982). From novice to expert. *The American Journal of Nursing, 82*(3), 402–407.

International Nursing Association for Clinical Simulation and Learning Standards Committee. (2021). *The Healthcare Simulation Standards of Best Practice.™* https://www.inacsl.org/healthcare-simulation-standards

Loewen, P., Legal, M., Gamble, A., Shah, K., Tkachuk, S., & Peter Zed, P. (2017). Learner:preceptor ratios for practice-based learning across health disciplines: A systematic review. *Medical Education*, *51(2*), 146-157. https://doi.org/10.1111/medu.13144

National Association of Neonatal Nurses. (n.d.) *Position and consensus statements and APRN publications*. http://nann.org/about/position-statements

National Association of Neonatal Nurses. (2017). *Education standards and curriculum guidelines for neonatal nurse practitioner programs*. https://nann.org/uploads/2017_NNP_Education_Standards_completed_FINAL.pdf

National Organization of Nurse Practitioner Faculties. (2013). *Population-focused nurse practitioner competencies.* https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Population-Focused-NP-Competencies-2013.pdf

National Organization of Nurse Practitioner Faculties. (2022). *National Organization of Nurse Practitioner Faculties' nurse practitioner role core competencies.* https://www.nonpf.org/page/NP_Role_Core_Competencies

National Task Force on Quality Nurse Practitioner Education. (2016). *Criteria evaluation of nurse practitioner programs, 5th edition, A report of the National Task Force on Quality Nurse Practitioner Education*. https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/Docs/EvalCriteria2016Final.pdf

National Task Force on Quality Nurse Practitioner Education. (2022). *Standards for quality nurse practitioner education, 6th edition, A report of the national task force*

on quality nurse practitioner education.
https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/2022/ntfs_/ntfs_final.pdf

EDUCATION COMPETENCIES

Competency (AACN, 2021)	**NP Role Core Competencies** (NONPF, 2022)	**NP Role Core Subcompetencies** (NONPF, 2022)	**NNP Competencies** (NANN/NANNP, 2022)
DOMAIN 1: Knowledge for Nursing Practice "Integration, translation, and application of established and evolving disciplinary nursing knowledge and ways of knowing, as well as knowledge from other disciplines, including a foundation in liberal arts and natural and social sciences. This distinguishes the practice of professional nursing and forms the basis for clinical judgment and innovation in nursing practice" (AACN, 2021, p. 27).			
1.1: Demonstrate an understanding of the discipline of nursing's distinct perspective and where shared perspectives exist with other disciplines	**NP 1.1:** Demonstrate an understanding of the discipline of nursing's and the NP role's distinct perspectives and where shared perspectives exist with other disciplines.	**NP 1.1h:** Integrate historical, foundational, and population-focused knowledge into NP practice.	**NNP 1.1:** Articulate the unique perspective of neonatal advanced practice and its contribution to the collaborative care of ill and convalescing children from birth at any gestation to age 2, including episodic/acute and primary care.
		NP 1.1i: Translate evidence from nursing science and other sciences into NP practice.	
		NP 1.1j: Evaluate the application of nursing science to NP practice.	
1.2: Apply theory and research-based knowledge from nursing, the arts, humanities, and	**NP 1.2:** Apply theory and research-based knowledge from nursing, the arts, humanities, and	**NP 1.2k:** Synthesize evidence from nursing and other disciplines to inform and improve NP practice at micro, meso, and macro levels.	
		NP 1.2l: Translate science-based theories and concepts to guide overall NP practice.	

Competency (AACN, 2021)	**NP Role Core Competencies** (NONPF, 2022)	**NP Role Core Subcompetencies** (NONPF, 2022)	**NNP Competencies** (NANN/NANNP, 2022)
other sciences.	other sciences.		
		NP 1.2m: Employ ethical decision-making to manage and evaluate patient care and population health.	
		NP 1.2n: Practice socially responsible leadership.	
1.3: Demonstrate clinical judgment founded on a broad knowledge base.	**NP 1.3:** Demonstrate clinical judgment founded on a broad knowledge base.	**NP1.3f:** Demonstrate clinical judgment using a systematic approach to inform, improve, and advance NP practice processes and outcomes.	
		NP 1.3g: Demonstrate clinical judgment to inform and improve NP practice based on the foundational knowledge of advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology.	**NNP 1.3:** Demonstrate critical thinking and diagnostic reasoning skills using knowledge of embryology, neonatal physiology and pathophysiology, assessment, pharmacology, and developmental milestones in the provision of health care to children from birth at any gestation to age 2.
		NP1.3h: Synthesize current and emerging evidence to influence NP practice.	

Competency (AACN, 2021)	**NP Role Core Competencies** (NONPF, 2022)	**NP Role Core Subcompetencies** (NONPF, 2022)	**NNP Competencies** (NANN/NANNP, 2022)
DOMAIN 2: Person Centered Care "Person-centered care focuses on the individual within multiple complicated contexts, including family and/or important others. Person-centered care is holistic, individualized, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate. Person-centered care builds on a scientific body of knowledge that guides nursing practice regardless of specialty or functional area (AACN, 2021, p. 29).			
2.1: Engage with the individual in establishing a caring relationship.	**NP 2.1:** Engage with individuals and/or caregivers in establishing a caring relationship	**NP 2.1f:** Practice holistic person-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.	**NNP 2.1.1:** Design communication strategies that recognize privacy and confidentiality while balancing the needs of the child in relation to family dynamics.
		NP 2.1g: Engage in shared decision-making with consideration of determinants of health.	**NNP 2.1.2:** Identify individualized patient needs informed by specific family concerns including barriers that may be related to social determinants of health, equity, diversity, and inclusion.
2.2: Communicate effectively with	**NP 2.2:** Communicate	**NP 2.2k:** Utilize communication tools and techniques to promote therapeutic relationships with individuals and/or caregiver.	

Competency (AACN, 2021)	**NP Role Core Competencies** (NONPF, 2022)	**NP Role Core Subcompetencies** (NONPF, 2022)	**NNP Competencies** (NANN/NANNP, 2022)
individuals.	effectively with individuals.	**NP 2.2l:** Apply motivational interviewing techniques to engage individual and/or caregiver in management of health.	
		NP 2.2m: Communicate findings to the interprofessional team, including the preceptor, in a systematic, concise manner to accurately convey the health status of the patient.	
		NP 2.2n: Demonstrate empathy and compassion in communication with others.	
2.3: Integrate assessment skills in practice.	**NP 2.3:** Integrate advanced assessment in NP practice.	**NP2.3i:** Utilize advanced critical thinking to determine the appropriate focused or comprehensive relevant patient history.	**NNP 2.3.1:** Document a thorough history including medical, obstetrical, and interim history.
		NP 2.3j: Apply advanced assessment skills to perform a comprehensive patient physical assessment utilizing appropriate techniques.	**NNP 2.3.2:** Demonstrate physical examination in a concise, systematic approach, employing developmentally appropriate care based on clinical condition and gestational age.
		NP 2.3k: Apply advanced assessment skills to perform a focused patient physical assessment utilizing appropriate techniques.	

Competency (AACN, 2021)	**NP Role Core Competencies** (NONPF, 2022)	**NP Role Core Subcompetencies** (NONPF, 2022)	**NNP Competencies** (NANN/NANNP, 2022)
		NP 2.3l: Order the appropriate diagnostic and screening tests based on the patient's risk factors and chief complaint.	**NNP 2.3.3:** Construct plans for screening utilizing evidence-based guidelines specific for gestational age/postconceptual age.
		NP 2.3m: Identify health risk factors.	**NNP 2.3.4:** Develop comprehensive problem list relevant to obstetric and interim history.
		NP 2.3n: Evaluate determinants of health that may influence the patient's well-being.	
		NP 2.3o: Utilize appropriate evidence-based screening tools.	
		NP 2.3p: Document comprehensive history, screening, and assessment.	**NNP: 2.3.5:** Recognize behavioral cues and developmental milestones expected from birth at any gestational age to age 2.

Competency (AACN, 2021)	**NP Role Core Competencies** (NONPF, 2022)	**NP Role Core Subcompetencies** (NONPF, 2022)	**NNP Competencies** (NANN/NANNP, 2022)
2.4: Diagnose actual or potential health problems and needs.	**NP 2.4:** Diagnose actual or potential health problems and needs.	**NP 2.4h:** Analyze physical findings to differentiate between normal, variations of normal, and signs of pathology to formulate actual and differential diagnoses.	
		NP 2.4i: Utilize diagnostic reasoning to formulate actual and differential diagnoses.	**NNP 2.4.1:** Identify and perform appropriate diagnostic procedures and interventions for common diagnoses for neonates and children to age 2. **NNP 2.4.2:** Analyze laboratory and radiological findings using neonatal/pediatric-specific reference values.
2.5: Develop a plan of care.	**NP 2.5:** Manage care of individuals	**NP 2.5k:** Provide holistic person-centered care by developing a mutually acceptable, cost-conscious, and evidence-based plan of care.	
		NP 2.5l: Synthesize data to develop and initiate a person-centered plan of care.	**NNP 2.5.1:** Construct plan of care incorporating fetal development, embryology, and current postconceptual age.

Competency (AACN, 2021)	**NP Role Core Competencies** (NONPF, 2022)	**NP Role Core Subcompetencies** (NONPF, 2022)	**NNP Competencies** (NANN/NANNP, 2022)
		NP 2.5m: Prescribe medications safely and accurately using patient data and following legal and regulatory guidelines.	**NNP 2.5.2:** Identify appropriate pharmacological therapy for gestational/ postconceptual age and condition. **NNP 2.5.3:** Describe legal standards for prescriptive authority locally and nationally.
		NP 2.5n: Order appropriate nonpharmacological interventions.	**NNP 2.5.4:** Compare and contrast tools for pain assessment inclusive of gestational age, pathophysiology, and development. **NNP 2.5.5:** Formulate plans of care, inclusive of pain management, using pharmacological and nonpharmacological strategies.

Competency (AACN, 2021)	**NP Role Core Competencies** (NONPF, 2022)	**NP Role Core Subcompetencies** (NONPF, 2022)	**NNP Competencies** (NANN/NANNP, 2022)
		NP 2.5o: Anticipate risks and take action to mitigate adverse events.	**NNP 2.5.6:** Intervene according to established standards of care to resuscitate and stabilize compromised newborns, infants, and toddlers.
		NP 2.5p: Incorporate health promotion, health maintenance, and restoration of health into plans of care.	**NNP 2.5.7:** Develop a plan of care that incorporates appropriate growth, development, and anticipatory guidance for children born at any gestation to age 2.
2.6: Demonstrate accountability for care delivery.	**NP 2.6:** Demonstrate accountability for care delivery.	**NP 2.6k:** Provide healthcare services within scope-of-practice boundaries, which include health promotion, disease prevention, anticipatory guidance, counseling, disease management, palliative, and end-of-life care.	
		NP 2.6l: Collaborate with the interprofessional team to formulate a plan of care.	
		NP 2.6m: Order consultations or referrals based on evidence and standards of professional care.	

Competency (AACN, 2021)	**NP Role Core Competencies** (NONPF, 2022)	**NP Role Core Subcompetencies** (NONPF, 2022)	**NNP Competencies** (NANN/NANNP, 2022)
		NP 2.6n: Document the comprehensive care provided.	
		NP 2.6o: Engage caregivers and support systems in care planning for the individual.	
2.7: Evaluate outcomes of care.	**NP 2.7:** Evaluate outcomes of care.	**NP 2.7g:** Evaluate individual outcomes based on evidence-based interventions.	
		NP 2.7h: Revise plans of care based on effectiveness.	
		NP 2.7i: Analyze data to evaluate interventions, inequities, and gaps in care.	
2.8: Promote self-care management.	**NP 2.8:** Promote self-care management.	**NP 2.8k:** Integrate the principles of self-care management.	
		NP 2.8l: Incorporate coaching in patient and family self-care management.	**NNP 2.8.1:** Utilize trauma-informed care when working with neonates and children to age 2 and their families. **NNP 2.8.2:** Assess family and caregiver dynamics in development of immediate and long-term plans of care.

Competency (AACN, 2021)	**NP Role Core Competencies** (NONPF, 2022)	**NP Role Core Subcompetencies** (NONPF, 2022)	**NNP Competencies** (NANN/NANNP, 2022)
		NP 2.8m: Create partnerships with community organizations to support self-care management.	**NNP 2.8.3:** Initiate consultations and referrals for social and medical needs. **NNP 2.8.4:** Distinguish and document available community resources to assist families and caregivers.
2.9: Provide care coordination.	**NP 2.9:** Provide care coordination.	**NP 2.9k:** Implement evidence-based guidelines and strategies that enable effective transitions of care and care coordination.	**NNP 2.9.1:** Coordinate successful transitions of care between inpatient and outpatient care with complete documentation and communication.

Competency (AACN, 2021)	**NP Role Core Competencies** (NONPF, 2022)	**NP Role Core Subcompetencies** (NONPF, 2022)	**NNP Competencies** (NANN/NANNP, 2022)
DOMAIN 3: Population Health "Population health spans the healthcare delivery continuum from public health prevention to disease management of populations and describes collaborative activities with both traditional and nontraditional partnerships from affected communities, public health, industry, academia, health care, local government entities, and others for the improvement of equitable population health outcomes" (AACN, 2021, p. 33).			
3.1: Manage population health.	**NP 3.1:** Manage population health.	**NP 3.1o:** Evaluate outcomes of population health using available sources of data to inform NP practice, guidelines, and policies.	**NNP 3.1.1:** Appraise public and private resources which impact disease prevention, care management, and outcomes of children born at any gestation.
		NP 3.1p: Integrate findings of population health data to impact competent care.	
3.2: Engage in effective partnerships.	**NP 3.2:** Engage in effective partnerships.	**NP 3.2i:** Contribute clinical expertise and knowledge from advanced practice to interprofessional efforts to protect and improve health.	

Competency (AACN, 2021)	**NP Role Core Competencies** (NONPF, 2022)	**NP Role Core Subcompetencies** (NONPF, 2022)	**NNP Competencies** (NANN/NANNP, 2022)
3.3: Consider the socioeconomic impact of the delivery of health care.	**NP 3.3:** Consider the socioeconomic impact of the delivery of health care.	**NP 3.3g:** Appraise ethical, legal, and social factors to guide population health policy development.	**NNP 3.3.1:** Incorporate ethical, legal, and social factors (including social determinants of health, equity, and inclusion) that contribute to infant morbidity and mortality in all spheres of care when appraising health policy.
3.4: Advance equitable population health policy	**NP 3.4:** Advance equitable population health policy.		**NNP 3.4.1:** Analyze community and family resources within the context of complex systems when planning care for children born at any gestation to age 2.
3.5: Demonstrate advocacy strategies.	**NP 3.5:** Demonstrate advocacy strategies.		
3.6: Advance preparedness to protect population health during disasters and public	**NP 3.6:** Advance preparedness to protect population health during disasters and public	**NP 3.6k:** Summarize the unique roles and responsibilities of NPs in emergency preparedness and disaster response.	
		3.6l: Collaborate with a team to advance preparedness for potential public health emergencies.	

Competency (AACN, 2021)	**NP Role Core Competencies** (NONPF, 2022)	**NP Role Core Subcompetencies** (NONPF, 2022)	**NNP Competencies** (NANN/NANNP, 2022)
health emergencies.	health emergencies.	**NP 3.6m:** Evaluate the impact of globalization on population health.	

Competency (AACN, 2021)	**NP Role Core Competencies** (NONPF, 2022)	**NP Role Core Subcompetencies** (NONPF, 2022)	**NNP Competencies** (NANN/NANNP, 2022)
DOMAIN 4: Scholarship for the Nursing Discipline "The generation, synthesis, translation, application, and dissemination of nursing knowledge to improve health and transform health care" (AACN, 2021, p. 37).			
4.1: Advance the scholarship of nursing.	**NP 4.1:** Advance the scholarship of NP nursing practice.	**NP 4.1n:** Translate advanced practice knowledge to inform practice and patient outcomes.	**NNP 4.1.1:** Apply knowledge of basic research principles to the care of children from birth at any gestation to age 2. **NNP 4.1.2:** Describe the barriers associated with research in the vulnerable maternal/child population.
		NP4.1o: Lead scholarly activities resulting in the focus of the translation and dissemination of contemporary evidence into practice.	
		NP 4.1p: Apply clinical investigative skills to improve health outcomes.	
4.2: Integrate best evidence into nursing practice.	**NP 4.2:** Integrate best evidence into NP practice.	**NP 4.2l:** Evaluate quality improvement processes and evidence-based outcomes.	
		NP 4.2m: Disseminate findings from quality improvement, implementation science, and research to improve healthcare delivery and patient outcome.	

Competency (AACN, 2021)	**NP Role Core Competencies** (NONPF, 2022)	**NP Role Core Subcompetencies** (NONPF, 2022)	**NNP Competencies** (NANN/NANNP, 2022)
4.3: Promote the ethical conduct of scholarly activities.	**NP 4.3:** Promote the ethical conduct of scholarly activities.	**NP 4.3j:** Translate knowledge from clinical practice to improve population health outcomes through diversity, equity, and inclusion.	
		NP 4.3k: Utilize ethical principles to ensure participant safety through scholarship activities.	**NNP 4.3.1:** Integrate legal and ethical principles into the health care of children from birth at any gestation to age 2.

Competency (AACN, 2021)	**NP Role Core Competencies** (NONPF, 2022)	**NP Role Core Subcompetencies** (NONPF, 2022)	**NNP Competencies** (NANN/NANNP, 2022)
DOMAIN 5: Quality and Safety "Employment of established and emerging principles of safety and improvement science. Quality and safety, as core values of nursing practice, enhance quality and minimize risk of harm to patients and providers through both system effectiveness and individual performance" (AACN, 2021, p. 39).			
5.1: Apply quality improvement principles in care delivery.	**NP 5.1:** Apply quality improvement principles in care delivery.	**NP 5.1p:** Systematically evaluate quality and outcomes of care using quality improvement principles.	**NNP 5.1.1:** Utilize evidence-based guidelines and standards to develop care strategies for the child from birth at any gestation to age 2.
		NP 5.1q: Evaluate the relationships and influence of access, populations, cost, quality, and safety on health care.	
		NP 5.1r: Evaluate the impact of organizational systems in health care to include care processes, financing, marketing, and policy.	
5.2: Contribute to a culture of patient safety.	**NP 5.2:** Contribute to a culture of patient safety.	**NP 5.2k:** Build a culture of safety through quality improvement methods and evidence-based interventions.	**NNP 5.2.1:** Engage in the collection of neonatal-specific quality measures and discuss the impact of quality improvement projects in implementing best practice to support safety.

Competency (AACN, 2021)	**NP Role Core Competencies** (NONPF, 2022)	**NP Role Core Subcompetencies** (NONPF, 2022)	**NNP Competencies** (NANN/NANNP, 2022)
5.3: Contribute to a culture of provider and work environment safety.	**NP 5.3:** Contribute to a culture of provider and work environment safety.		

Competency (AACN, 2021)	**NP Role Core Competencies** (NONPF, 2022)	**NP Role Core Subcompetencies** (NONPF, 2022)	**NNP Competencies** (NANN/NANNP, 2022)
DOMAIN 6: Interprofessional Partnerships "Intentional collaboration across professions and with care team members, patients, families, communities, and other stakeholders to optimize care, enhance the healthcare experience, and strengthen outcomes" (AACN, 2021, p. 42).			
6.1: Communicate in a manner that facilitates a partnership approach to quality care delivery.	**NP 6.1:** Communicate in a manner that facilitates a partnership approach to quality care delivery.	**NP6.1m:** Engage in collaboration with multiple interprofessional stakeholders (e.g., individuals, community, integrated health care teams, and policy makers) to impact a diverse and inclusive healthcare system.	
		NP 6.1n: Demonstrate equitable and quality health care through interprofessional collaboration with the healthcare team.	
		NP 6.1o: Advocate for the patient as a member of the healthcare team.	
		NP 6.1p: Demonstrate sensitivity to diverse organizations, cultures, and populations.	
6.2 Perform effectively in different team roles, using principles and values of team dynamics.	**NP 6.2** Perform effectively in different team roles, using principles and values of team dynamics.	**NP 6.2k:** Assume different roles (e.g., member, leader) within the interprofessional healthcare team.	**NNP 6.2.1:** Execute the roles of leader, patient and family advocate, educator, consultant, and care coordinator within the neonatal interprofessional healthcare team.

Competency (AACN, 2021)	**NP Role Core Competencies** (NONPF, 2022)	**NP Role Core Subcompetencies** (NONPF, 2022)	**NNP Competencies** (NANN/NANNP, 2022)
6.3 Use knowledge of nursing and other professions to address healthcare needs.	**NP 6.3** Use knowledge of nursing and other professions to address healthcare needs.		
6.4: Work with other professions to maintain a climate of mutual learning, respect, and shared values.	**NP 6.4:** Work with other professions to maintain a climate of mutual learning, respect, and shared values.	**NP 6.4j:** Promote a climate of respect, dignity, inclusion, integrity, civility, and trust to foster collaboration within the healthcare team.	**NNP 6.4.1:** Involve the child's family and support system, as defined by the family, as vital members of the healthcare team.
		NP 6.4k: Collaborate to develop, implement, and evaluate healthcare strategies to optimize safe, effective systems of care.	

Competency (AACN, 2021)	**NP Role Core Competencies** (NONPF, 2022)	**NP Role Core Subcompetencies** (NONPF, 2022)	**NNP Competencies** (NANN/NANNP, 2022)
DOMAIN 7: Systems-Based Practice "Responding to and leading within complex systems of health care. Nurses effectively and proactively coordinate resources to provide safe, quality, and equitable care to diverse populations" (AACN, 2021, p. 44).			
7.1: Apply knowledge of systems to work effectively across the continuum of care.	**NP 7.1:** Apply knowledge of systems to work effectively across the continuum of care.	**NP 7.1i:** Apply knowledge of organizational practices and complex systems to improve healthcare delivery.	**NNP 7.1.1:** Manage the transition of healthcare needs—including consultation and referral respecting diversity, equity, and inclusivity—for patients from birth at any gestation to age 2, as they transition between acute, convalescing, and primary care.
7.2: Incorporate consideration of cost-effectiveness of care.	**NP 7.2:** Incorporate consideration of cost-effectiveness of care.	**NP 7.2m:** Demonstrate fiduciary stewardship in the delivery of quality care.	
7.3: Optimize system effectiveness through application of innovation and evidence-based practice.	**NP 7.3:** Optimize system effectiveness through application of innovation and evidence-based practice.		

Competency (AACN, 2021)	**NP Role Core Competencies** (NONPF, 2022)	**NP Role Core Subcompetencies** (NONPF, 2022)	**NNP Competencies** (NANN/NANNP, 2022)
DOMAIN 8: Informatics and Healthcare Technologies "Information and communication technologies and informatics processes are used to provide care, gather data, form information to drive decision making, and support professionals as they expand knowledge and wisdom for practice. Informatics processes and technologies are used to manage and improve the delivery of safe, high-quality, and efficient healthcare services in accordance with best practice and professional and regulatory standards" (AACN, 2021, p. 46).			
8.1: Describe the various information and communication technology tools used in the care of patients, communities, and populations.	**NP 8.1:** Appraise the available information and communication technologies used in the care of patients, communities, and populations.	**NP 8.1l:** Evaluate technologies and communication platforms in the care of patients.	**NNP 8.1.1:** Assess the health literacy and technological access of families and facilitate communication methods to meet their needs.
8.2: Use information and communication technology to gather data, create information, and generate knowledge.	**8.2:** Use information and communication technologies to gather data, create information, and generate knowledge.	**NP 8.2k:** Analyze data to impact care delivery at the person, population, or systems level.	
		NP 8.2l: Use technology systems to generate, analyze, and interpret data on variables for the evaluation of health care.	
		NP 8.2m: Select appropriate technology and communication tools to promote engagement and share credible information that is congruent with patient needs, values, and learning styles.	

Competency (AACN, 2021)	**NP Role Core Competencies** (NONPF, 2022)	**NP Role Core Subcompetencies** (NONPF, 2022)	**NNP Competencies** (NANN/NANNP, 2022)
8.3: Use information and communication technologies and informatics processes to deliver safe nursing care to diverse populations in a variety of settings.	**NP 8.3:** Use information and communication technologies and informatics processes to deliver safe care to diverse populations in a variety of settings.		
8.4: Use information and communication technology to support documentation of care and communication among providers, patients, and all system levels.	**NP 8.4:** Use information and communication technology to support documentation of care and communication among providers, patients, and all system levels.	**NP 8.4h:** Assess patients' and caregivers' learning and communication needs to address gaps in access, knowledge, and information literacy. **NP 8.4i:** Evaluate the design and implementation of clinical information systems within the contexts of quality care, accountability, ethics, and cost-effectiveness.	

Competency (AACN, 2021)	**NP Role Core Competencies** (NONPF, 2022)	**NP Role Core Subcompetencies** (NONPF, 2022)	**NNP Competencies** (NANN/NANNP, 2022)
8.5: Use information and communication technologies in accordance with ethical, legal, professional, and regulatory standards and workplace policies in the delivery of care.	**NP 8.5:** Use information and communication technologies in accordance with ethical, legal, professional, and regulatory standards and workplace policies in the delivery of care.	**NP 8.5m:** Use information technology safely, legally, and ethically to manage data to ensure quality care and organizational accountability to promote interprofessional communication.	

Competency (AACN, 2021)	**NP Role Core Competencies** (NONPF, 2022)	**NP Role Core Subcompetencies** (NONPF, 2022)	**NNP Competencies** (NANN/NANNP, 2022)
DOMAIN 9: Professionalism "Formation and cultivation of a sustainable professional identity, including accountability, perspective, collaborative disposition, and comportment, that reflects nursing's characteristics and values" (AACN, 2021, p. 49).			
9.1: Demonstrate an ethical comportment in one's practice reflective of nursing's mission to society.	**NP 9.1:** Demonstrate an ethical comportment in one's practice reflective of nursing's mission to society.	**NP 9.1l:** Demonstrate the ability to apply ethical principles in complex healthcare situations.	**NNP 9.1.1:** Construct care strategies to deliver ethical care management that is culturally sensitive, inclusive, and free of personal biases.
		NP 9.1m: Develop strategies to prevent one's own personal biases from interfering with delivery of quality care.	**NNP 9.1.2:** Describe areas in which implicit bias might impact care of families and children.
		NP 9.1n: Actively seeks opportunities for continuous improvement in professional practice.	
9.2: Employ participatory approach to nursing care.	**NP 9.2:** Employ participatory approach to NP care.	**NP 9.2m:** Demonstrate an NP professional identity.	**NNP 9.2.1:** Demonstrate competent and safe practice to the full scope of the NNP role, including management of patients at birth, born at any gestation, and to age 2.

Competency (AACN, 2021)	**NP Role Core Competencies** (NONPF, 2022)	**NP Role Core Subcompetencies** (NONPF, 2022)	**NNP Competencies** (NANN/NANNP, 2022)
		NP 9.2n: Demonstrate accountability to practice within the regulatory standard and scope of educational preparation.	
9.3: Demonstrate accountability to the individual, society, and the profession.	**NP 9.3:** Demonstrate accountability to the individual, society, and profession.	**NP 9.3p:** Participate in professional organizations to advance the NP profession and improve health.	**NNP 9.3.1:** Contribute to findings that can be utilized to improve NNP and patient specific outcomes in the care of children from birth at any gestation to age 2.
		NP 9.3q: Reflect on past experiences to guide present and future practice.	
9.4: Comply with relevant laws, policies, and regulations.	**NP 9.4:** Comply with relevant laws, policies, and regulations.	**NP 9.4i:** Advocate for policies that support population-focus NPs to practice at the full extent of their education.	
		NP 9.4j: Articulate the regulatory process that guides NP practice at the national and individual state level.	
		P 9.4k: Analyze laws, policies, and regulations to describe scope of practice in future population focus.	

Competency (AACN, 2021)	**NP Role Core Competencies** (NONPF, 2022)	**NP Role Core Subcompetencies** (NONPF, 2022)	**NNP Competencies** (NANN/NANNP, 2022)
9.5: Demonstrate the professional identity of nursing.	**NP 9.5:** Demonstrate the professional identity of nursing.	**NP 9.5j:** Articulate NPs' unique professional identity to other interprofessional team members and the public.	**NNP 9.5.1:** Differentiate to families and the community of interest the role of the NNP as compared to other members of the interdisciplinary team.
		NP 9.5k: Demonstrate the ability to effectively educate and mentor peers, students, [and] members of the interprofessional healthcare team.	
9.6: Integrate diversity, equity, and inclusion as core to one's professional identity.	**NP 9.6:** Integrate diversity, equity, and inclusion as core to one's professional identity.		

Competency (AACN, 2021)	**NP Role Core Competencies** (NONPF, 2022)	**NP Role Core Subcompetencies** (NONPF, 2022)	**NNP Competencies** (NANN/NANNP, 2022)
DOMAIN 10: Personal, Professional and Leadership Development: "Participation in activities and self-reflection that foster personal health, resilience, and well-being; contribute to lifelong learning; and support the acquisition of nursing expertise and the assertion of leadership" (AACN, 2021, p. 53).			
10.1: Demonstrate a commitment to personal health and well-being.	**NP 10.1:** Demonstrate a commitment to personal health and well-being.	**NP 10.1e:** Create an environment that promotes self-care, health, and well-being.	
		NP 10.1f: Support whole-person health and holistic well-being of self.	
10.2: Demonstrate a spirit of inquiry that fosters flexibility and professional maturity.	**NP 10.2:** Demonstrate professional maturity.	**NP 10.2k:** Demonstrate responsibility to practice in the NP population focus area defined by one's education, certification, and license.	**NNP 10.2.1:** Demonstrate critical advanced-practice thinking and decision-making ability beyond the scope of the RN and within the scope of the NNP. **NNP 10.2.2:** Engage in self-reflection and respond to professional feedback regarding one's growth in the NNP role along the novice to expert continuum.
		NP 10.2l: Employ empathy to communicate effectively.	
		NP 10.2m: Conduct oneself in a professional manner.	

Competency (AACN, 2021)	**NP Role Core Competencies** (NONPF, 2022)	**NP Role Core Subcompetencies** (NONPF, 2022)	**NNP Competencies** (NANN/NANNP, 2022)
		NP 10.2n: Uphold standards of the NP profession.	
10.3: Develop capacity for leadership.	**NP 10.3:** Develop capacity for leadership.	**NP 10.3r:** Articulate the complex leadership role of the NP.	
		NP 10.3s: Execute leadership skills in the translation of new knowledge to improve outcomes.	
		NP 10.3t: Provide leadership on teams, and in different team roles, across a variety of practice settings.	
		NP 10.3u: Mentor peers.	
		NP 10.3v: Engage in advocacy efforts to address health disparities, social justice, and equity to improve healthcare outcomes.	

Note. Table adapted with permission from *The Essentials: Core Competencies for Professional Nursing Education* by American Association of Colleges of Nursing, 2021 (Competency column) and from *Nurse Practitioner Role Core Competencies* by National Organization of Nurse Practitioner Faculties, 2022 (NP Role Core Competencies and NP Role Core Subcompetencies columns). The NNP Competencies column content was developed by NANNP for this publication and is available in Appendix A. AACN's Domains, which were reprinted with permission in this table, are also available in Appendix D. Further detail is available through the Concepts in Appendix D, which are also reprinted with permission from AACN.

APPENDICES

Appendix A: 2023 NNP Competencies List

Knowledge for Nursing Practice

NNP 1.1: Articulate the unique perspective of neonatal advanced practice and its contribution to the collaborative care of ill and convalescing children from birth at any gestation to age 2, including episodic/acute and primary care.

NNP 1.3: Demonstrate critical thinking and diagnostic reasoning skills using knowledge of embryology, neonatal physiology and pathophysiology, assessment, pharmacology, and developmental milestones in the provision of health care to children from birth at any gestation to age 2.

Person-Centered Care

NNP 2.1.1: Design communication strategies that recognize privacy and confidentiality while balancing the needs of the child in relation to family dynamics.

NNP 2.1.2: Identify individualized patient needs informed by specific family concerns including barriers that may be related to social determinants of health, equity, diversity, and inclusion.

NNP 2.3.1: Document a thorough history including medical, obstetrical, and interim history.

NNP 2.3.2: Demonstrate physical examination in a concise, systematic approach, employing developmentally appropriate care based on clinical condition and gestational age.

NNP 2.3.3: Construct plans for screening utilizing evidence-based guidelines specific for gestational age/postconceptual age.

NNP 2.3.4: Develop comprehensive problem list relevant to obstetric and interim history.

NNP: 2.3.5: Recognize behavioral cues and developmental milestones expected from birth at any gestational age to age 2.

NNP 2.4.1: Identify and perform appropriate diagnostic procedures and interventions for common diagnoses for neonates and children to age 2.

NNP 2.4.2: Analyze laboratory and radiological findings using neonatal/pediatric-specific reference values.

NNP 2.5.1: Construct plan of care incorporating fetal development, embryology, and current postconceptual age.

NNP 2.5.2: Identify appropriate pharmacological therapy for gestational/postconceptual age and condition.

NNP 2.5.3: Describe legal standards for prescriptive authority locally and nationally.

NNP 2.5.4: Compare and contrast tools for pain assessment inclusive of gestational age, pathophysiology, and development.

NNP 2.5.5: Formulate plans of care, inclusive of pain management, using pharmacological and nonpharmacological strategies.

NNP 2.5.6: Intervene according to established standards of care to resuscitate and stabilize compromised newborns, infants, and toddlers.

NNP 2.5.7: Develop a plan of care that incorporates appropriate growth, development, and anticipatory guidance for children born at any gestation to age 2.

NNP 2.8.1: Utilize trauma-informed care when working with neonates and children to age 2 and their families.

NNP 2.8.2: Assess family and caregiver dynamics in development of immediate and long-term plans of care.

NNP 2.8.3: Initiate consultations and referrals for social and medical needs.

NNP 2.8.4: Distinguish and document available community resources to assist families and caregivers.

NNP 2.9.1: Coordinate successful transitions of care between inpatient and outpatient care with complete documentation and communication.

Population Health

NNP 3.1.1: Appraise public and private resources which impact disease prevention, care management, and outcomes of children born at any gestation.

NNP 3.3.1: Incorporate ethical, legal, and social factors (including social determinants of health, equity, and inclusion) that contribute to infant morbidity and mortality in all spheres of care when appraising health policy.

NNP 3.4.1: Analyze community and family resources within the context of complex systems when planning care for children born at any gestation to age 2.

Scholarship for the Nursing Discipline

NNP 4.1.1: Apply knowledge of basic research principles to the care of children from birth at any gestation to age 2.

NNP 4.1.2: Describe the barriers associated with research in the vulnerable maternal/child population.

NNP 4.3.1: Integrate legal and ethical principles into the health care of children from birth at any gestation to age 2.

Quality and Safety
NNP 5.1.1: Utilize evidence-based guidelines and standards to develop care strategies for the child from birth at any gestation to age 2.

NNP 5.2.1: Engage in the collection of neonatal-specific quality measures and discuss the impact of quality improvement projects in implementing best practice to support safety.

Interprofessional Partnerships
NNP 6.2.1: Execute the roles of leader, patient and family advocate, educator, consultant, and care coordinator within the neonatal interprofessional healthcare team.

NNP 6.4.1: Involve the child's family and support system, as defined by the family, as vital members of the healthcare team.

Systems-Based Practice
NNP 7.1.1: Manage the transition of healthcare needs—including consultation and referral respecting diversity, equity, and inclusivity—for patients from birth at any gestation to age 2, as they transition between acute, convalescing, and primary care.

Informatics and Healthcare Technologies
NNP 8.1.1: Assess the health literacy and technological access of families and facilitate communication methods to meet their needs.

Professionalism
NNP 9.1.1: Construct care strategies to deliver ethical care management that is culturally sensitive, inclusive, and free of personal biases.

NNP 9.1.2: Describe areas in which implicit bias might impact care of families and children.

NNP 9.2.1: Demonstrate competent and safe practice to the full scope of the NNP role, including management of patients at birth, born at any gestation and to age 2.

NNP 9.3.1: Contribute to findings that can be utilized to improve NNP and patient specific outcomes in the care of children from birth at any gestation to age 2.

NNP 9.5.1: Differentiate to families and the community of interest the role of the NNP as compared to other members of the interdisciplinary team.

Personal, Professional and Leadership Development
NNP 10.2.1: Demonstrate critical advanced-practice thinking and decision-making ability beyond the scope of the RN and within the scope of the NNP.

NNP 10.2.2: Engage in self-reflection and respond to professional feedback regarding one’s growth in the NNP role along the novice to expert continuum.

Appendix B: Suggested Responsibilities and Activities

Suggested Student Responsibilities

- Discuss specific clinical objectives, schedules, and general guidelines with the preceptor and faculty prior to the clinical rotation.
- Adhere to the standards and scope of professional practice.
- Communicate with the preceptor and faculty on clinical progress and learning needs.
- Demonstrate independent learning, diagnostic reasoning skills, and the use of available resources.
- Maintain and submit a log of clinical skills and activities.
- Complete self-evaluations and evaluations of the preceptor and clinical site as required.

Suggested Preceptor Responsibilities

- Meet with the student prior to the beginning of the clinical experience to discuss clinical objectives, schedules, guidelines, and unit standardized procedures and protocols. The preceptor should inform the student of any institutional orientation requirements.
- Assign an initial caseload of patients. Expansion of the caseload will depend on the evaluation of the student's readiness, knowledge, and skill level.
- Permit the student to perform all the required management activities for assigned patients under appropriate supervision. See Suggested Student Activities below.
- Provide direct supervision when the student is involved in patient care and review and provide feedback on the student's documentation.
- Meet with the student on an ongoing basis to discuss specific learning objectives and experiences.
- Communicate with faculty throughout the preceptorship to provide feedback on student progression and any deficits.
- Contact the program director or appropriate faculty member in a timely fashion with concerns or questions regarding the preceptor's ability to fulfill responsibilities or the student's performance.
- Provide written evaluation of the student's clinical performance during and at the end of the preceptorship.

Suggested Student Learning Activities:

- Participate in the resuscitation and stabilization of neonates in the delivery room.
- Admit patients to the nursery, obtaining perinatal and neonatal history, performing physical examinations, developing the differential diagnosis, and proposing the initial management plan.
- Provide ongoing management of infants in collaboration with the preceptor and revise the management plan based on the evaluation of the infant's progress.
- Perform diagnostic tests and procedures as dictated by the status and needs of the patient.
- Respond to emergency situations to stabilize an infant.

- Document infant's' clinical status, plan of care, and response to therapy in their medical records.
- Evaluate the need for consultations and request them.
- Facilitate an understanding of infant's' current and future healthcare needs and provide support to parents and staff.
- Develop discharge plans.
- Participate in postdischarge primary-care management
- Participate in high-risk newborn transport if this service is available and if the hospital permits student participation.
- Provide staff development by participating in educational programs.

Appendix C: 2021 AACN Domains

In *The Essentials: Core Competencies for Professional Nursing Education* (2021), the American Association of Colleges of Nursing (AACN) detailed 10 domains that act as the "descriptive framework for the practice of nursing" (AACN, 2021, p. 10). They are reprinted here with AACN's permission.

Domain 1: Knowledge for Nursing Practice
Descriptor: Integration, translation, and application of established and evolving disciplinary nursing knowledge and ways of knowing, as well as knowledge from other disciplines, including a foundation in liberal arts and natural and social sciences. This distinguishes the practice of professional nursing and forms the basis for clinical judgment and innovation in nursing practice.

Domain 2: Person-Centered Care
Descriptor: Person-centered care focuses on the individual within multiple complicated contexts, including family and/or important others. Person-centered care is holistic, individualized, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate. Person-centered care builds on a scientific body of knowledge that guides nursing practice regardless of specialty or functional area.

Domain 3: Population Health
Descriptor: Population health spans the healthcare delivery continuum from public health prevention to disease management of populations and describes collaborative activities with both traditional and non-traditional partnerships from affected communities, public health, industry, academia, health care, local government entities, and others for the improvement of equitable population health outcomes.

Domain 4: Scholarship for Nursing Practice
Descriptor: The generation, synthesis, translation, application, and dissemination of nursing knowledge to improve health and transform health care.

Domain 5: Quality and Safety
Descriptor: Employment of established and emerging principles of safety and improvement science. Quality and safety, as core values of nursing practice, enhance quality and minimize risk of harm to patients and providers through both system effectiveness and individual performance.

Domain 6: Interprofessional Partnerships
Descriptor: Intentional collaboration across professions and with care team members, patients, families, communities, and other stakeholders to optimize care, enhance the healthcare experience, and strengthen outcomes.

Domain 7: Systems-Based Practice
Descriptor: Responding to and leading within complex systems of health care. Nurses effectively and proactively coordinate resources to provide safe, quality, equitable care to diverse populations.

Domain 8: Information and Healthcare Technologies
Descriptor: Information and communication technologies and informatics processes are used to provide care, gather data, form information to drive decision making, and support professionals as they expand knowledge and wisdom for practice. Informatics processes and technologies are used to manage and improve the delivery of safe, high-quality, and efficient healthcare services in accordance with best practice and professional and regulatory standards.

Domain 9: Professionalism
Descriptor: Formation and cultivation of a sustainable professional nursing identity, accountability, perspective, collaborative disposition, and comportment that reflects nursing's characteristics and values.

Domain 10: Personal, Professional, and Leadership Development
Descriptor: Participation in activities and self-reflection that foster personal health, resilience, and well-being, lifelong learning, and support the acquisition of nursing expertise and assertion of leadership.

Appendix D: 2021 AACN CONCEPTS

AACN also created featured concepts for *The Essentials: Core Competencies for Professional Nursing Education*. They "are not of 'lesser importance' than a domain. Each of these concepts serves as a core component of knowledge, facts, and skills across multiple situations and contexts within nursing practice," according to AACN (2021, p. 12). The featured concepts are reprinted here with AACN's permission.

Clinical Judgment

As one of the key attributes of professional nursing, clinical judgment refers to the process by which nurses make decisions based on nursing knowledge (evidence, theories, ways/patterns of knowing), other disciplinary knowledge, critical thinking, and clinical reasoning. This process is used to understand and interpret information in the delivery of care. Clinical decision making based on clinical judgment is directly related to care outcomes.

Communication

Communication, informed by nursing and other theories, is a central component in all areas of nursing practice. Communication is defined as an exchange of information, thoughts, and feelings through a variety of mechanisms. The definition encompasses the various ways people interact with each other, including verbal, written, behavioral, body language, touch, and emotion. Communication also includes intentionality, mutuality, partnerships, trust, and presence. Effective communication between nurses and individuals and between nurses and other health professionals is necessary for the delivery of high quality, individualized nursing care. With increasing frequency communication is delivered through technological modalities. Communication also is a core component of team-based, interprofessional care and closely interrelated with the concept Social Determinants of Health (described below).

Compassionate Care

As an essential principle of person-centered care, compassionate care refers to the way nurses relate to others as human beings and involves "noticing another person's vulnerability, experiencing an emotional reaction to this, and acting in some way with them in a way that is meaningful for people." Compassionate care is interrelated with other concepts such as caring, empathy, and respect and is also closely associated with patient satisfaction.

Diversity, Equity, and Inclusion

Collectively, diversity, equity, and inclusion (DEI) refers to a broad range of individual, population, and social constructs and is adapted in the Essentials as one of the most visible concepts. Although these are collectively considered a concept, differentiation of each conceptual element leads to enhanced understanding. Diversity references a broad range of individual, population, and social characteristics, including but not limited to age; sex; race; ethnicity; sexual orientation; gender identity; family structures; geographic locations; national origin; immigrants and refugees; language; any impairment that substantially limits a major life activity; religious beliefs; and

socioeconomic status. Inclusion represents environmental and organizational cultures in which faculty, students, staff, and administrators with diverse characteristics thrive. Inclusive environments require intentionality and embrace differences, not merely tolerate them. Everyone works to ensure the perspectives and experiences of others are invited, welcomed, acknowledged, and respected in inclusive environments. Equity is the ability to recognize the differences in the resources or knowledge needed to allow individuals to fully participate in society, including access to higher education, with the goal of overcoming obstacles to ensure fairness. To have equitable systems, all people should be treated fairly, unhampered by artificial barriers, stereotypes, or prejudices. Two related concepts that fit within DEI include structural racism and social justice.

Ethics

Core to professional nursing practice, ethics refers to principles that guide a person's behavior. Ethics is closely tied to moral philosophy involving the study of or examination of morality through a variety of different approaches. There are commonly accepted principles in bioethics that include autonomy, beneficence, non-maleficence, and justice. The study of ethics as it relates to nursing practice has led to the exploration of other relevant concepts, including moral distress, moral hazard, moral community, and moral or critical resilience.

Evidence-Based Practice

The delivery of optimal health care requires the integration of current evidence and clinical expertise with individual and family preferences. Evidence-based practice is problem-solving approach to the delivery of health care that integrates best evidence from studies and patient care data with clinician expertise and patient preferences and values. In addition, there is a need to consider those scientific studies that ask: whose perspectives are solicited, who creates the evidence, how is that evidence created, what questions remain unanswered, and what harm may be created. Answers to these questions are paramount to incorporating meaningful, culturally safe, evidence-based practice.

Health Policy

Health policy involves goal directed decision-making about health that is the result of an authorized public decision-making process. Nurses play critical roles in advocating for policy that impacts patients and the profession, especially when speaking with a united voice on issues that affect nursing practice and health outcomes. Nurses can have a profound influence on health policy by becoming engaged in the policy process on many levels, which includes interpreting, evaluating, and leading policy change.

Social Determinants of Health

Determinants of health, a broader term, include personal, social, economic, and environmental factors that impact health. Social determinants of health, a primary component of determinants of health "are the conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks."