



## EDUCATION ISSUES

# A global view of competency in neonatal care



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Available online 30 May 2013

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**Abstract** Neonatal Care is one specialty within nursing as a whole where the repertoire of skills and knowledge for practice is broad. Competence in skills, an important component of today's nursing agenda, must extend to any post-basic specialty a nurse opts to work within. To become 'qualified in specialty' (QIS) is an aim of nurses who work within the neonatal area of practice following qualification, a term that pertains to the competencies required to learn to progress in their career in a chosen field. To be deemed clinically competent should apply to all neonatal nurses across the world caring for neonates and their families in any setting. This paper focuses on a global perspective in relation to what competency means in neonatal care. The neonatal discipline is discussed as one example within nursing to raise issues for further discussion on an international level.

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## Introduction

Specialised nursing requires knowledge and competency in skills that have not yet been developed in full by newly qualified nurses. Neonatal care is one specialty that qualified nurses can choose to work and specialise in, where the acquisition of a broad range of skills and knowledge is essential for the safe and effective care of the neonate and family (Hancock, 2003). Competence is deemed to be of utmost important in order to be 'qualified in

specialty' (QIS) in the neonatal nursing field following post-registration nurse training. Neonates and their families have a right to receive competent care and the public has a right to expect neonatal nurses to demonstrate professional competence (WSNA, 2010). Moreover, to ensure equitable practice and assessment, agreed standards are necessary. Within the United Kingdom (UK), a previous lack of such agreement in relation to competency standards for neonatal nurses has meant there has not been, until recently, a standardised approach to defining QIS. This has made it difficult to ascertain whether consistent education has been delivered to and received by all within this field (Turrill, 2011).

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However, a recent and much needed core syllabus for clinical competency in QIS that matches key knowledge to essential skills has been published that gives educators a valuable opportunity to standardise education for QIS practice (BAPM/NNA/SNNG, 2012). Internationally, as well as various definitions of competence, there are generic and neonatal specific competency frameworks. This paper therefore presents a global view of competency drawing together some selected specific frameworks and definitions and considers neonatal competency within a global perspective.

## What is competence in nursing?

Many definitions of competency exist. Within the UK, the Nursing and Midwifery Council (NMC, 2010) use this term to describe skills and abilities to practice safely and effectively without the need for supervision. The National Occupational Standards from the *Skills for Health* (2011) also focus on skills but also see the importance of knowledge and understanding necessary to undertake a task or role to a nationally recognized standard of competency. The term therefore involves both skills and knowledge in order to work effectively. Brady and Smith (2011) take this even further and state that competence includes training, critical analysis and learning with the application of that learning into practice, the ultimate aim of any nurse education. Similarly, in the United States, the National Council of State Boards of Nursing (NCSBN, 2005) along with the American Nurses Credentialing Center (ANCC, 2012) refer to the ability of the nurse to integrate knowledge, skills, judgement and personal attributes to practice safely and ethically in a designated role and setting in accordance with their scope of professional practice. The Australian College of Neonatal Nurses (ACNN, 2010) believes that competence also incorporates decision-making both clinical and ethical along with critical thinking and importantly recognises cultural awareness, an element of utmost importance in line with global relevance. Sloand et al. (2004) speak of the necessity to include 'cultural competency' within nursing education curricula, a term they believe is ethically correct showing a keen understanding of diversity among people across the world. Finally, the World Health Organisation *Global Standards for Education in Nursing and Midwifery* (2009) present a broad composite statement describing competency as a set of skills which reflect knowledge and attitudes having both psychosocial and psychomotor elements.

Several competency frameworks also exist. In the UK, the *Skills for Health* (2011) offers a

framework for training and development with clear goals for structured learning with defined outcomes, all mapped against and indicatively linked with NHS Knowledge and Skills Framework (KSF) Dimensions (DoH, 2004) to provide a fair and objective framework on which to base review and development for all staff. Within nursing, many countries have clear national standards that provide a set of competency standards to cover pre-registration training for nursing and midwifery (NMC, 2010; Canadian Nurses Association, (CNA) 2010; United States Credentialing Centre, (ANCC) 2012). This is placed into context by Arcand and Neumann (2005) who state 'establishing a thorough and effective competency assessment program is essential to meeting standards of regulatory bodies and providing quality care. (p S34)'. Similarly, the WHO (2009) *Global Standards for the initial education of profession nurses and midwives* base their framework on establishing competencies to provide a basis for curriculum development. Here, an important link is highlighted between guidance for competency within the nursing profession and the development of an education syllabus that is aligned with this.

Overall, it is clear that competence is multifaceted. As NNRU (2009) states, there is no agreed consensus of a definition and this extends internationally. Standardisation in line with statutory requirements within pre-registration education though is a key thread though all said countries' programmes. However, this has not been the case for post-registration nurse training since the disbanding of the English National Board in 2001 which is why debate around this topic is welcome for future educational practice.

## Competency in neonatal nursing

In line with this, the discussion turns to 'competencies' in the post-basic specialty of *neonatal care*. The overall aim is for a neonatal nurse to demonstrate competency in all dependency levels (Department of Health (DoH), 2009; British Association of Perinatal Medicine (BAPM), 2010) to be deemed QIS with respect to knowledge, skills and attitudes. As the ACNN (2010) state; 'if neonatal nurses are to be prepared as professionals for the healthcare needs of the future as well as today's reality', then an agreed competency standard in this specialty is necessary. This is perhaps best conceptualised within a comprehensive evidence based set of competencies in the form of the aforementioned UK framework (BAPM/NNA/SNNG, 2012) which serves as a guide to the range of

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