

**NWLPN Competencies for Professionals working on a Special Care Unit
or to provide Special Care within an Local Neonatal Unit or Neonatal
Intensive Care Unit**

**NWLPN Education, Training and Workforce Group
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Introduction

The North West London Perinatal Network (NWLPN) has developed generic basic standards and competencies detailing the knowledge, skills and behaviours expected of professionals working either in a Special Care Unit (SCU) or to provide special care within a Local Neonatal Unit (LNU) or Neonatal Intensive Care Unit (NICU). The standards help to focus on desired outcomes and staff will be able to develop personal developmental plans and map their progress through training. Our aim was to develop a concise, easily useable document to contribute towards appraisal and assessment and to enable trainers to ensure that their trainees are developing in the right areas.

This document may be used in a variety of ways:

- Use by educational supervisors in their first meeting with new nurses or doctors to map out areas that they need to develop, and discuss ways in which to do so.
- Different competencies may be felt as more important to one hospital than another (*e.g. one hospital may wish their doctors to set up iv infusions whereas another may not*): thus the document should be used with a degree of flexibility with this in mind at personal development meetings.
- This document is separate and complimentary to the RCPCH and RCN framework of competencies, and for medical and nursing members of the team, these two documents should be used in conjunction. It does not replace existing Royal College competency documents.
- This document contains more detail on neonatal competencies than exists in the current RCPCH framework.
- This basic curriculum could be used for new therapists joining the neonatal team to help demonstrate what competencies are needed on a neonatal unit.

We suggest that :

- This document could be sent out with induction paperwork for new starters and brought to the Personal Learning Plan Meeting to set learning objectives.
- The document is “portable” for professionals moving between hospitals, especially within the NWLPN, which is especially important as the competencies are generic.
- For professionals with access to an E-Portfolio, the document may also be uploaded.

The assessment column contains some suggestions as to how assessments of the competencies could be done, but these would be left up to individual units. The supervisor or appropriate person within the department will perform assessments. The assessment and level of achievement agreed would be based on the individual's learning outcomes and level of learning.

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Standard	Competency	Assessment
1. Equipment and Monitoring	Participates in preparation and maintenance of neonatal equipment	Multisource feedback
	Setting up of cot space for admission into SCBU	Direct Observation of Procedure assessment
	Checks and demonstrates use of emergency bedside equipment – e.g. neopuff / ambubag – sets pressures and relief valve, suction, resuscitation bag	Direct Observation of Procedure assessment
	Checks resuscitation trolley and is familiar with all equipment	Direct Observation of Procedure assessment
	Checks and demonstrates safe use of the resuscitaire	Direct Observation of Procedure assessment
	Can demonstrate the safe use, set alarm settings according to Unit Policy, and understanding of the following equipment: Apnoea monitor Cardiorater Pulse oximeter Incubators Resuscitaire Non invasive blood pressure monitoring Oxygen analyser Phototherapy units – lights and/or bilibed/blanket Suction Blood sugar monitor Overhead heaters Heated mattresses Infusion pumps CPAP Transport Incubator	Direct Observation of Procedure assessment
	Be able to perform recordings of temperature, heart rate by being able to apply cardiac monitoring leads, non-invasive blood pressure monitoring, saturation monitoring and glucose monitoring	Direct Observation of Procedure assessment
	Performs safe administration of oxygen via nasal cannula and is able to correctly calibrate oxygen analyser	Direct Observation of Procedure assessment
	Safe practical skills in inserting a naso gastric tube, testing it and feeding a baby	Direct Observation of Procedure assessment
	Administers phototherapy safely according to policy including how to assess the neonate during the procedure	Direct Observation of Procedure assessment
	Be able to appropriately use positioning equipment e.g. nests, boundary rolls, gel pillows	Direct Observation of Procedure assessment

2. Documentation and Charts	<p>Understands the documentation and charting required for:</p> <ul style="list-style-type: none"> • Temperature, heart rate, respiratory rate and BP • apnoea and bradycardia charts • Fluid and feed charts • Admission paperwork • Discharge paperwork • Withdrawal chart • Serum bilirubin / phototherapy charting • Nursing care and daily plan • Medical notes • Safe prescribing and administration of drugs and IV fluids • Breast feeding • Developmental care 	Multisource feedback ? MCQ
	Provides accurate, legible and relevant record keeping and report-writing	Assessment of notes
	Being able to use growth charts and recognize normal weight gain, poor growth and excessive weight gain	Multisource feedback ? MCQ Direct Observation of Procedure assessment
3. The Well Baby	Be able to recognise normality in a term and preterm infant (respiratory, cardiovascular, neurological / reflexes, gastric and renal systems, skin, eyes)	? MCQ Multisource feedback
	Understanding of normal range of parameters in infants (temperature, heart rate, respiratory rate, saturations, glucose)	? MCQ Multisource feedback
	Demonstrates an understanding and action to be taken in the care of a neonate with dry skin, spots, rash including an awareness of the difference between a normal and an abnormal skin rash	Multisource feedback
4. The Unwell Baby	Be able to perform effective basic life support	Simulations Newborn Life Support Provider Status
	Being able to call for help when infant's parameters fall outside the normal range	Multisource feedback

	<p>Being able to recognise a sick infant, call for help appropriately and act within own level of expertise:</p> <ul style="list-style-type: none"> • Respiratory distress • Cardiovascular problems (e.g. colour change, poor perfusion) • Neurological (e.g. abnormal / absent reflexes, abnormal movements) • Neuromuscular - (e.g. abnormal tone or muscle weakness) • Immune (e.g. signs of infection) • Gastric (e.g.; persistent vomiting, bilious / green vomiting, failure to pass meconium) • Renal (e.g. failure to pass urine) • Skin – appearance of rash such as Candida albicans, umbilical flare • Presence of jaundice • Abnormal blood values – e.g. blood sugar, SBR • Abnormal vital signs • Family care (e.g. concerns with child protection / safe-guarding) 	<p>Simulations Newborn Life Support Provider Status Multisource feedback</p>
	Recognition of common disorders in infants	? MCQ Multisource feedback
5. Fluid, electrolyte and nutrition and elimination management	Be able to perform a reliable assessment of fluid status and initiate appropriate fluid management	Direct Observation of Procedure assessment Multisource feedback
	Basic knowledge of fluid balance, able to calculate input and output in mls/kg/hr over 24hr period	Direct Observation of Procedure assessment
	Calculate an accurate 24 hour fluid balance	Direct Observation of Procedure assessment
	Calculate the fluid requirement for a neonate, in relation to both hourly and daily quantities	Direct Observation of Procedure assessment
	Safely makes up / prepares expressed breast milk feeds according to policy, including correct procedure for storing, freezing, defrosting, labelling and timing of use	Direct Observation of Procedure assessment
	Being able to help with expressing and facilitating lactation	Summative assessment Reflective notes
	Understand the importance of breast feeding	Summative assessment Reflective notes
	Being able to support a mother with breast feeding	Direct Observation of Procedure assessment Parental feedback
	Recognise common breast feeding problems and refer appropriately	Multisource feedback Direct Observation of Procedure assessment Parental feedback
	Be able to advise and assist a mother about appropriate complementary feeding - bottle, special formulas, cup, and tube: explaining the reasons	Multisource feedback Direct Observation of Procedure assessment Parental feedback

	Understand the role of nutritional support team: specialist nurses, lactation consultants, dieticians, psychologists, pharmacists, speech and language therapists in managing feeding and nutrition in paediatrics	Multisource feedback Portfolio
	Know about the principles and methods of dietary supplementation	Multisource feedback Portfolio
	Be able to weigh a baby accurately	Direct Observation of Procedure assessment
6. Skills required for those stabilising sick infants prior to transfer	Know when and how infants are transferred for specialist levels of intensive care	? MCQ
	Understand the principles of, and initiate and maintain mechanical ventilation and resuscitation	Direct Observation of Procedure assessment
	Usually be able to obtain appropriate venous and arterial access	Direct Observation of Procedure assessment
	Be able to recognize the life-threatening nature of some situations and be able to recognize where additional support is required	Reflective notes
7. Patient care and supporting parents in parentcraft	Advise families on how to interact and deliver care to their neonate making them aware of current evidence and health & safety issues	Direct Observation of Procedure assessment
	Demonstrates an ability to provide appropriate parent education during hospital stay and prior to discharge. To include... <ul style="list-style-type: none"> • Nappy Care • Top and Tail • Bathing • Skin care (care of dry skin, what to do if their baby has spots / rash) • Nail care • Eye care • Cord care • Sleeping / crying behaviour • Advice on room temperature, clothing inside and outdoors, awareness of temperature, passive smoking • Observing for jaundice • Observing for signs of illness • Advice on recent Sudden infant Death prevention guidelines • How to position the baby 	Direct Observation of Procedure assessment

	<p>Provide an optimal environment in the light of current evidence, in relation to:</p> <p><u>Temperature</u> – explains how to prevent heat loss</p> <p>Achieve and maintain a neutral thermal environment</p> <p>Sets up and prepares an incubator for use</p> <p>Explains when to use an open or closed incubator and safe transfer into a cot/bassinette</p> <p><u>Environmental care</u> – is aware and able to explain the importance of managing excess noise, light and handling demonstrating ways to reduce these and prevent neonatal stress</p> <p><u>Positioning</u> – is able to provide supportive positioning for a neonate</p>	Direct Observation of Procedure assessment
8. Family Centred Care	Can explain and demonstrate how to interact appropriately with a neonate including supporting a parent with this	Direct Observation of Procedure assessment
	Can explain the benefits of Developmental care and provide this to neonates in special care	Direct Observation of Procedure assessment
	Can explain the reasons and benefits of positive touch when appropriate	Direct Observation of Procedure assessment
	Demonstrates how to recognise and alleviate pain and stress in the neonate utilising current evidence	Direct Observation of Procedure assessment
	Can facilitate and support parents in skin-to-skin contact and is able to explain the benefits of skin-to skin care	Direct Observation of Procedure assessment
9. Performing investigations	Obtains blood from a heel prick correctly	Direct Observation of Procedure assessment
	Performs blood spot screening according to national guidelines and records accurately	Direct Observation of Procedure assessment
	Performs and explains urinalysis	Direct Observation of Procedure assessment
	Explains what jaundice is and demonstrates the correct procedure for bilirubin monitoring including charting	Direct Observation of Procedure assessment
	Accurately takes a sample for blood sugar analysis, interpret results and understand the inherent weakness/ risks of “stix glucose tests”	Direct Observation of Procedure assessment
	Explains when and how to obtain specimens of urine and stool using the correct procedure	Direct Observation of Procedure assessment
10. Patient Safety	Identify potential risks in the workplace and take appropriate action to minimise risk	Portfolio Reflective notes
	Identifies and minimises risks to the neonate and explains the correct procedure for reporting a critical incident	Multisource feedback
	To recognize the importance of, and demonstrate the ability to perform hand hygiene, universal precautions and aseptic non touch technique (ANNT)	Multisource feedback Direct Observation of Procedure assessment

	To recognize the importance of and demonstrate the ability to perform the safe discarding of waste and sharps within the department	Multisource feedback Direct Observation of Procedure assessment
	To recognize the importance and demonstrate the practice of infection control including barrier nursing and the principles of aseptic technique in practice	Multisource feedback Direct Observation of Procedure assessment
	To be aware of safety issues for patients and staff in relation to investigations of bodily fluids and radiation	Multisource feedback Summative assessment Direct Observation of Procedure assessment
	Understand and follow the local guidelines for the prevention and management of needle stick injuries	Multisource feedback Summative assessment
11. Understanding of the roles and responsibilities of each professional group working on the neonatal	Understand duties and responsibilities to support and enable parents to be effective in caring for their babies on discharge	Multisource feedback
	Understand the limitations of own competence and know where and when to ask for help, support or supervision	Multisource feedback
12. Handover and Confidentiality	Recognition of behavioural, emotional and psychosocial impact of having a baby on a neonatal unit in parent	Multisource feedback
	Admission of baby into the neonatal unit identifying problems, planning and prioritizing care	Direct Observation of Procedure assessment Assessment of notes
	Able to describe reasons for admission into neonatal unit	Multisource feedback
	Able to describe clinical course of baby since admission and succinctly hand over management and any clinical problems or psychosocial problems	Multisource feedback
	Gives appropriate, clear and accurate hand-over maintaining confidentiality at all times	Multisource feedback
13. Safeguarding and Domestic Violence	Understanding of issues surrounding domestic violence, safeguarding of babies, children and young people and being able to contribute to management – Level 3	Completion of Safeguarding Training
14. Discharge Planning	Anticipate the need to plan and participate in programmes of care to support future health and well-being including retinopathy screening, hearing screening, vaccination and discharge planning	Multisource feedback
	Know about follow up programs for infants at risk	Multisource feedback
	Understand the role of community teams upon discharge and the need for referral	Multisource feedback
	Can explain the various methods of screening in the neonate – E.g. Blood spot screening, swabs / infection screening, examination of the normal newborn	Multisource feedback

	Describes the current immunisation schedule policy including the reasons for it, when it is commenced and the procedure (Hand held records, BCG etc)	Multisource feedback
	The importance of knowing the neurological status of the infant prior to discharge and those different neurological assessments are available and can be used.	Reflective notes
	Participates in organising a discharge from special care / transitional care in collaboration with the multi-disciplinary team	Multisource feedback
15. Long term care/ Palliative Care	Awareness of the complex needs of the long term patient	Multisource feedback
	Awareness of the appropriate assessments and screening necessary for the long term patient e.g. NIPE guidelines for 6-8 weeks corrected age	Multisource feedback
	Participate in palliative care for neonates leading to a pain-free, dignified ending to life	Reflective notes / Multisource feedback
	Provide support, advice and care for families of neonates who are receiving terminal care	Reflective notes / Multisource feedback
16. Communication	Effective communication and interpersonal skills with colleagues and families	Multisource feedback
	Begin to develop skills in how to deal with difficult communication situations	Completion of Conflict Resolution Training Multisource feedback Simulation training
17. Relationships with families	Consider all aspects of a baby's well being with regards to the family including biological, psychological and social factors	Multisource feedback
	Advocacy with regards to the best interests of the patient; to ensure appropriate care for patients	Multisource feedback
	Empathy and sensitivity and skills in engaging families – Including recognition of parental anxiety, giving explanations to parents appropriately so promoting effective partnership	Multisource feedback Parental feedback
	Understanding of listening skills and basic skills in giving information and advice to families	Multisource feedback Parental feedback
	Know about agencies both statutory and voluntary that can provide support to children and their families in coping with	Multisource feedback
	Demonstrates an awareness of varying cultural backgrounds and the ability to access a range of resources for health advocacy	Multisource feedback
	Demonstrates respect and anti-discriminatory behaviour & maintains privacy and dignity at all times	Multisource feedback
	Demonstrate a knowledge of family centred care	? MCQ
	Support the family with providing developmental care	Multisource feedback
	Basics of palliative care and bereavement	Multisource feedback

18. Working with Colleagues	Working effectively with colleagues in a range of roles in paediatric practice	Multisource feedback
	Effective time management skills and able to prioritise tasks	Multisource feedback
	Effective handover, referral and discharge procedures	Multisource feedback
	Recognise the needs for timely senior support in serious clinical situations and be effective in requesting this	Multisource feedback
19. Teaching, training, assessing and appraising	A positive approach to receiving mentoring and educational supervision. Actively participate in appraisal	Multisource feedback Portfolio
	A commitment to the principles and practice of effective teaching and learning in clinical contexts	Multisource feedback Portfolio
	Show a commitment to their continuing professional development and respond positively to requests for enquiries or critical incident reports and to outcomes of reviews, assessments and appraisals of their performance	Multisource feedback Portfolio
20. Probity	Ethical personal and professional practice in providing safe clinical care	Multisource feedback
	Reliability and responsibility in ensuring accessibility to colleagues, patients and families	Multisource feedback
	An understanding of the importance of self-awareness and a responsible approach to personal health, stress and well-being	Multisource feedback
21. Network	Knowing the different levels of unit within the network and understanding what care occurs in which unit	MCQ?
	Understand that care occurs according to parental postcode and that the baby needs to be transferred back to his local hospital when well enough to do so. Be able to explain this to the parents	Parental feedback Multisource feedback
	Awareness of NWLPN Guidelines and Leaflets	Multisource feedback
22. Research	Have a basic understanding of and be supportive towards research projects occurring both in own hospital and in network e.g. collecting specimens	Multisource feedback
	Knowledge of contacts for research projects for parental questions	Multisource feedback

Useful Resources

Toolkit for High Quality Neonatal Services. Department for Health 2009

RCPCH Curriculum for Paediatric Training: General Paediatrics: Level 1,2 and 3 training. September 2010

RCN Competencies: Competence, Education and Careers in Neonatal Nursing: RCN Guidance. 2011

Matching knowledge and skills for Qualified in Speciality (QIS) Neonatal Nurses: a core syllabus for clinical competency (draft) BAPM Consultation Response to RCN Competencies document. 2012

A Competency Framework and Evidenced Based Practice Guidance for the Physiotherapist working in the Neonatal Intensive Care and Special Care Unit in the United Kingdom. Paediatric Chartered Physiotherapists Neonatal Group. May 2011

Scottish Neonatal Nurse Group: A Career and Development Framework for Nurses in Scotland. Summer 2010

Band 4 Nursery Nurse Competencies. St Mary's Hospital, Imperial College Hospital NHS Trust. Sr Hazel Manzano. February 2011

Basic Foundation in Neonatal Nursing Competency Document. Modernising Neonatal Services, Orientation and Development Programme. January 2002.

Information and Portfolio of Practice for Neonatal Care Education Project: Neonatal Nurses, Healthcare Assistants and Allied Professions (non-nursing). City University London 2010

The Career and Educational Framework to support careers in Neonatal Nursing in the United Kingdom, RCN Working Group, October 2009