

A competency framework and core clinical skills for neonatal nurses in Scotland

The Scottish Neonatal Nurses' Group convened a project team to establish specific competencies and skills for each of four levels of neonatal nursing practice. The work of the project team is described in this article and examples from the proposed competency framework and core clinical skills are given.

Claire Greig

BN, MSc, PhD, RGN, RM, ADM, MTD,
Neonatal Certificate
Senior Lecturer, Napier University,
Edinburgh, Scotland

Moira Gray

RGN, SCM, Neonatal Certificate, PgDip
Management, PgCert Education
Practice Development Facilitator, Wishaw
General Hospital, Wishaw, Scotland

Lynne Kerr

BSc, RGN, RM, Neonatal Certificate
Clinical Nurse Manager – Neonatal
(Lothian), Neonatal Unit, Simpson Centre for
Reproductive Health, Royal Infirmary of
Edinburgh, Edinburgh, Scotland

Alison Wright

MSc, BSc(Hons), RM, RGN, Neonatal Nursing
Certificate
Senior Nurse Neonatal Services, Neonatal
Unit, Ninewells Hospital, Dundee, Scotland

On behalf of the Scottish Neonatal Nurses' Group.

Keywords

neonatal nurse; competency; skills; career pathway; Knowledge and Skills Framework; recruitment; retention

Key points

- Greig, C., Gray, M., Kerr, L., Wright, A.** (2006) Developing a competency framework and core clinical skills for neonatal nurses in Scotland. *Infant* 2(4): 152-55.
1. A competency framework and core clinical skills that fit with potential career pathways may assist in the recruitment and retention of neonatal nurses.
 2. A project team of the Scottish Neonatal Nurses' Group developed a nationally recognised competency framework and defined core skills for all levels of neonatal nursing practice.
 3. The framework and skills offer guidance to neonatal nurses, clinical managers and educators.

Problems with neonatal nursing recruitment and retention are regularly discussed at meetings of the Scottish Neonatal Nurses' Group (SNNG), with influencing factors such as workload, staffing establishments, training and professional development often identified. SNNG members also express concerns about the effects on neonatal nursing practice with the reduction in junior doctors' hours^{1,2}, the working time directives³ and the different way in which consultant neonatologists are to work⁴.

In 2003, to clarify the situation, the SNNG undertook a survey to ascertain what problems, if any, were prevalent in Scottish neonatal units (NNUs) in respect of the apparent staffing problems. The results of this survey confirmed the concerns of SNNG members, concluding that factors contributing to staffing problems included:

- the changing roles and delivery of care within NNUs
- staffing establishments that were not planned for all levels of care within NNUs
- a lack of staff training and development opportunities
- nursing and midwifery grading
- a lack of clarity and standardisation of neonatal nursing career pathways and competencies at all levels⁵

Following local publication of the survey results in 2003, the Scottish Executive Health Department encouraged the SNNG to explore specific issues further and the SNNG convened a working group for this purpose. The group's report in 2004 presented a definition of neonatal nurse staffing and career pathways, including generic job descriptions and recommendations for a way forward for neonatal nurses and midwives in Scotland^{6,7}.

TABLE 1 illustrates selected sections from the Neonatal Nurse Career Structure⁶.

Two of the recommendations defined in the report on neonatal nurse staffing and career pathways⁶ proposed the development of competencies and skills for all levels of neonatal nursing practice. In late 2004, the SNNG agreed to undertake a further project to fulfil these two recommendations and an award from the General Nursing Council for Scotland (Education) fund supported this work.

An overview of the project, including the remit, methods, aims and objectives are presented in this article. The competency framework and the core clinical skills that were developed will be summarised along with implications for neonatal nursing practice.

The project team and methods

Moira Gray, SNNG chairperson, led the team and the other members were volunteers from the SNNG Council and co-opted SNNG members to ensure there was appropriate representation from proficient and expert level neonatal nurses, e.g. Specialist Practitioners and Advanced Neonatal Nurse Practitioners. Meetings were held on five occasions over a period of six months and were augmented by e-mail contact allowing speedy communication of minutes and the developing work. This medium also facilitated continued participation by direct feedback to the group, from members unable to attend some meetings.

Sub-groups of team members were charged with specific tasks and met separately to undertake this work, reporting back to the main project team. Full and frank discussions facilitated the development of the competencies and the core clinical skills.

Remit

Using the work of Benner⁸, the SNNG had defined the four levels of neonatal

Levels	Description
1	New entrant Novice and advanced beginner
2	Neonatal nurse (Qualified in specialty) Competent
The neonatal nurse may remain at this level, maintaining competence, or choose to develop further	
3	Experienced neonatal nurse Proficient
The neonatal nurse may remain at this level, maintaining competence, or choose to develop further	
4	Specific expert roles in neonatal nursing Expert

TABLE 1 Selected sections from the neonatal nurse career structure⁶.

nursing practice as

- Level 1 = new entrant/novice
- Level 2 = competent/qualified in specialty (QIS)
- Level 3 = proficient
- Level 4 = expert⁶

The original aim and objectives of the project were related to the development of competencies and skills for proficient and expert neonatal nursing practice. The rationale for only considering these two levels was that core competencies for neonatal nurses/midwives at Level 2/competent/QIS level had already been developed in 2002 by a group of neonatal nurses/midwives, managers and educators, including SNNC members, under the auspices of the National Board for Scotland (now National Health Service Education for Scotland (NES))⁹. However, once competencies for proficient and expert levels began to be devised, it was clear that the existing level 2/competent/QIS competencies did not fit well into the proposed framework. Also, it became evident that there were no defined competencies for the initial entrant/novice to neonatal nursing. Therefore to produce an inclusive framework to underpin the generic neonatal nurse job descriptions, the project team decided to develop competencies for the new entrant/novice as well as for the proficient and expert levels and adapt the existing level 2/competent/QIS competencies so that they could be incorporated into the final framework.

Therefore, after amendment, the project's aim was:

- to fulfil two recommendations related to competencies and core skills for neonatal nurses at each level of practice. From this aim, two objectives were

confirmed as:

1. to develop specific competencies for each level of neonatal nursing practice, incorporating those already developed for level 2/competent/QIS level.
2. to standardise core clinical skills for neonatal nurses at each level of practice, including expert roles, incorporating those already developed at level 2/competent/QIS level.

The competency framework

The competency framework developed was based on the career structure proposed by the SNNC⁶ (TABLE 1). The structure provides a pathway from the point of registration through different levels where a practitioner may choose to advance their career or remain at a specific point. The pathway also demonstrates the educational opportunities that are available/required to meet the needs of neonatal nurses and the employing organisation. The original pathway had to be slightly amended in order to guide the work in relation to the competency framework due to changes and proposed changes in Nursing and Midwifery Council (NMC) policy¹⁰.

The competencies were derived with guidance from the National Health Service (NHS) Knowledge and Skills Framework (KSF)¹¹ core dimensions under the following headings:

- communication and interpersonal relationships
- personal, professional and people development
- health, safety and security
- service development
- quality
- equality, diversity and rights
- responsibility for patient care

The detailed competencies included under each of the above headings overlap with several of the specific dimensions of the KSF. The specific dimensions are included as subheadings of each competency. Mapping of the proposed competencies against those of the KSF was also undertaken.

For each of the seven competency headings a full competency statement was created to describe the nature of the competency. The project team then defined the elements that comprise the competency and the required tools to facilitate achievement of the competency. To complete the framework, the project team defined specific competencies within each of the seven competency headings for each of the four different levels of neonatal nursing practice. An example of one competency statement is included in FIGURE 1.

Core clinical skills for neonatal nurses

To achieve the competencies expected for each of the four levels of neonatal nursing practice, the neonatal nurse must develop specific skills. The skills required are diverse, may be transferable across several competencies, and will change over time, therefore the project team chose to restrict the clarification of core clinical skills in the project to those specifically related to patient care within the competency 'responsibility for patient care' and incorporate those previously developed for level 2/competent/QIS⁹. To place the core clinical skills in context of all four levels of neonatal nursing practice, skill development was described as follows.

At level 1, the new entrant gains skills through a structured orientation programme, with the new entrant working under a preceptor's supervision and direction.

At level 2, the neonatal nurse is achieving and consolidating neonatal knowledge and skills and is described as 'qualified in specialty'. The competencies and skills expected at level 2, may be achieved either through work-based learning or through an accredited programme delivered by a Higher Educational Institution (HEI).

The neonatal nurse may choose to remain at level 2 assuming personal responsibility for continuing professional development, and teaching and supervising learners in the skills in which the level 2 neonatal nurse is competent. Alternatively,

Competency Statement related to Personal, Professional and People Development

The neonatal nurse will assume responsibility for her professional development, demonstrating a commitment to lifelong learning and activities that enhance knowledge, skills, values and attitudes required for safe and effective neonatal nursing practice

Elements

- Practice at all times within current legislation, professional rules, codes and guidelines
- Provide ongoing evidence of competence through maintenance of a personal professional portfolio
- Develop self and others
- Contribute to practice development through active participation in clinical working groups
- Contribute to the development of the philosophy of shared governance within the neonatal team
- Facilitate and actively participate in clinical support activities and orientation of colleagues and learners

Tools

- Formal learning
- On-the-job training opportunities
- E-learning
- Access to specific training and awards
- Networking

Competencies for the four levels of neonatal nursing practice

Level 1	Level 2	Level 3	Level 4
<ul style="list-style-type: none"> ■ Contribute to own personal development ■ Be aware of limitations of skills, scope of professional practice in neonatal nursing, exercise accountability and seek advice and support accordingly ■ Demonstrate a commitment to continuous professional development and actively participate in the appraisal process ■ Actively participate in teaching programmes and facilitate learning of students and juniors 	<ul style="list-style-type: none"> ■ Develop own knowledge and skills and provide information to others to help their development ■ Recognise the limitations of self and others, seek advice and provide support accordingly ■ Facilitate teaching programmes to meet the needs of self and others ■ Identify skills/knowledge deficits and formulate a plan of action as part of continuous professional development 	<ul style="list-style-type: none"> ■ Develop own knowledge, skills and practice and contribute to the development of others ■ Act as a resource of specialist knowledge and clinical practice ■ Foster an environment that encourages staff development, supporting and counselling staff as necessary ■ Develop, deliver and evaluate staff development programmes that support the achievement of clinical skills, leadership and best practice in neonatal nursing 	<ul style="list-style-type: none"> ■ Demonstrate knowledge of public policies and participate in professional activities that relate to the advancement of neonatal nursing practice ■ Develop and evaluate own and others' knowledge and practice across professional and organisational boundaries ■ Identify and deliver strategies to ensure the provision of education and development programmes to meet the needs of the neonatal service ■ Support the development of a culture in which professionals learn together

FIGURE 1 Example of one competency statement, including elements, tools and variation across levels of neonatal nursing practice¹³.

additional experience/ education may be undertaken to develop the skills required to achieve the competencies of level 3 practice.

Proficient neonatal nurses functioning at level 3 are experienced and may act independently within a multidisciplinary/ multi-agency context, with some having a more defined role. Neonatal nurses at level 3 are eligible to undertake formal education leading to an academic degree that supports their higher level functioning in the neonatal unit.

Working at level 3, the neonatal nurse will assess health, health-related and nursing needs of babies, parents, families and other carers by identifying and initiating appropriate steps for effective care for individuals and groups. At level 3 the neonatal nurse will work independently to assess, plan, implement and evaluate nursing care of babies requiring all levels of neonatal nursing. In collaboration with medical staff, the level 3 neonatal nurse will assess, plan, implement and evaluate the overall management of babies requiring all levels of neonatal care. The level 3 neonatal nurse will assess and manage critical and clinical events to ensure safe and effective care, summoning

appropriate assistance as necessary and will also facilitate learning by others in the neonatal unit.

Neonatal nurses may choose to further develop their knowledge, skills and competence to level 4, the expert neonatal nurse, who is able to function in an independent role. Roles at this level may include the following:

- Neonatal Manager – providing service management for a defined area
- Neonatal Practice Development Facilitator/Researcher – promoting best practice, including undertaking clinical research
- Advanced Neonatal Nurse Practitioner – providing total care for a caseload of babies, achieved through an accredited educational programme and work within a designated Advanced Neonatal Nurse Practitioner role
- Neonatal Nurse Consultant – championing strategic policy development

The core clinical skills defined during the project pertain only to those neonatal nurses with a direct clinical role, acknowledging that some level 4 nurses do not have such a role.

All neonatal nurses must conduct themselves in a professional manner in

respect of confidentiality, empathy, information-giving and liaising with other staff. Effective communication with parents/carers/staff and other colleagues is essential for all levels of neonatal nursing practice through active listening, acknowledging, responding, explaining, questioning, negotiating, analysing and facilitating. At all levels, neonatal nurses should be aware of how to contact relevant colleagues when required and understand the barriers and boundaries to effective communication.

Planning, assessment and evaluation are essential parts of all care and the decisions taken at all levels. Accurate record keeping and documentation are a fundamental part of all nursing and midwifery practice and are important tools in promoting high quality care. Records and documents must be legible, accurate, concise and contemporaneous, and comply with the NMC standards¹². At all levels, the neonatal nurse must be able to initiate and maintain accurate care plans and document the outcomes of nursing and other interventions.

At all levels, neonatal nurses work in partnership with parents, families and carers. Neonatal nurses are in a unique

Level of neonatal nursing practice	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Examples of core skills	<ul style="list-style-type: none"> Recognise normal respiratory/ cardiovascular function Report deviations from normal 	<ul style="list-style-type: none"> Intervene to restore/ maintain homeostasis according to local guidelines 	<ul style="list-style-type: none"> Interpret trends and evaluate management, including blood gas analysis 	<ul style="list-style-type: none"> Define normal limits Instigate appropriate investigations and management
	<ul style="list-style-type: none"> Observe resuscitation of the baby Initiate basic life support measures Recognise need for and request assistance 	<ul style="list-style-type: none"> Perform basic life support Recognise need for and request assistance Assist with advanced resuscitation and stabilisation 	<ul style="list-style-type: none"> Team lead in basic life support situation and stabilisation (In some situations perform the role of an advanced resuscitator) 	<ul style="list-style-type: none"> Perform and lead advanced resuscitation

TABLE 2 Illustrative examples of selected core clinical skills under the competency of 'Responsibility for patient care': Respiratory and cardiovascular management¹³. *N.B. The specifications in each level are in addition to those of the level below.*

position to act as an advocate for the baby and can play a vital role in child protection.

Following on from previous categorisation of skills⁹, the project team devised the core clinical skills under the following headings:

- fluid, electrolyte, nutrition and elimination management
- neurological and pain management
- respiratory and cardiovascular management
- skin and hygiene management
- thermal control management
- bereavement management
- investigations and procedures
- equipment

The neonatal nurse must have the knowledge and ability to rationalise the strategy chosen in the application of all clinical skills. An example of core clinical skills is given in **TABLE 2**.

Implications for practice

The results of the project can be used by different professionals to the benefit of neonatal nurses and their practice. The competency framework offers NNU clinical managers a description of the competencies expected for the different levels of neonatal nursing practice and may assist in the processes of developing specific job descriptions and performance appraisal.

The existing level 2 competencies already guided HEI credit bearing modules/ courses in Scotland allowing novice neonatal nurses to progress to a QIS status. The full competency framework may now guide HEIs in the development of educational opportunities for neonatal nurses who want to progress to level 3 and 4.

Neonatal nurses may use the core clinical skills in relation to the competency

'responsibility for patient care' to reflect on and assess their own practice. This process may also assist them in defining their personal professional development needs.

Both the competency framework and the core clinical skills may proactively guide those responsible for continuing professional development, either in neonatal units, the NHS or HEIs to provide for the needs of neonatal nurses for skill and competency development to be achieved.

Conclusion

The competency framework and core clinical skills developed by the SNNG project team are an example of the cooperation and collaboration of clinical, managerial and neonatal nurse educator staff from across Scotland.

Competencies for the novice, proficient and expert levels were devised and those already developed for level 2 were amended. A similar process was completed for the formulation of the core clinical skills that underpin the competency 'responsibility for patient care'. These skills have transferability to several of the other competencies.

The project team wanted to ensure that as wide an audience as possible was able to access the competency framework and core clinical skills. Therefore the final project report¹³, with additional funding from Chiesi®, was internally published and distributed to, amongst others, Scottish NNU clinical managers and staff, Scottish neonatologists, Directors of Nursing, professional organisations and trade unions, and to individuals in the Scottish Executive Health Department.

Allowing sufficient time for implementation, the use made of the report should be audited – another project

for the SNNG as this organisation continues to work for the benefit of Scottish neonatal nurses.

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