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Foundations in Neonatal Care: a multidisciplinary approach to training a neonatal workforce

This article discusses an innovative curriculum development that provides an inclusive approach to training a multidisciplinary neonatal workforce (eg nurses, midwives, allied health professionals, registered nurse associates). A critical evaluation will discuss the process of modifying an accredited neonatal course to develop the new Foundations in Neonatal Care module to ensure that staff are adequately prepared to care for babies with complex needs and their families.

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Key points

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- It is important for healthcare professionals to work in teams in a mutually supportive way.
- The Foundations in Neonatal Care course ensures the necessary skills are obtained for the multidisciplinary provision of care to babies and their families.
- 3. Capturing the student voice ensured the module modifications resulted in a fit-for-purpose course developed to ensure high quality care in this highly specialised clinical area.

Background

review of neonatal services in England Was undertaken in 2001 and published as a consultation document by the Department of Health in April 20031 and subsequently, neonatal networks were established across England in 2005. To address locally specific deficits, the then Staffordshire, Shropshire and Black Country Operational Delivery Network (ODN) developed a foundation programme for newly qualified nurses, initially comprising four students. This programme expanded and grew, obtained academic accreditation, first from Wolverhampton University and then Keele University, Staffordshire, where the course remains today. The course assessment consisted of a clinical competency booklet and two written assignments, yielding 30 credits at either Level 6 or Level 7. It was flexible in nature, with courses being run to meet local demand and not on a fixed schedule, and delivered over 22 weeks by directly taught study days.

The Southern West Midlands (SWM) ODN took different educational routes, and while both networks collaborated on educational events over the years, it was not until they merged in 2019 to form the West Midlands Neonatal ODN (now West Midlands Perinatal ODN, WMPODN), that the opportunities to potentially expand the foundation course became apparent.

SWM employed lead allied health professionals (AHPs) in three disciplines

and they expanded the offered teaching to the now West Midlands ODN, including the existing foundation course. It became apparent, before publications of national reports,^{2,3} that expansion of AHP roles within neonatal units would require specialist post-graduate training for AHPs planning to work in specialty. Working in collaboration with the network lead AHPs, conversations were had internally to determine the feasibility of adapting the existing foundation course to potentially accommodate this identified AHP need.

It also became apparent that gaps in specialty training for an increasing number of registered nurse associates (RNAs) were becoming prevalent. As the module is offered at both Level 6 and Level 7, it was deemed to be an appropriate route for RNAs, both in terms of increasing knowledge in neonates, and also as an opportunity to demonstrate academic achievement relevant for those seeking pathway to registration.

High quality education has been at the forefront of both West Midlands networks' workstreams, with both appointing lead education staff as a priority since inception. Key to the success of the course has been the close working relationship between the ODN and Keele University. At the time of writing, the course remains the only accredited Foundations in Neonatal Care course in England. This is seen to be an innovative and responsive development within our region. Additionally, a move to predominantly online delivery, initially

necessitated by COVID 19, has resulted in module uptake from the wider WMPODN footprint, and not limited to those close to the university site.

Redesigning the course

Over the last few years, we have witnessed many innovations and challenges within our neonatal workforce. It is imperative that the regional neonatal networks and higher education institutions, which currently provide accreditation for the foundation programme, respond to such concerns, and ensure the education provision across our region remains responsive and fit for purpose.

Stakeholder feedback, gained from an unpublished internal training needs analysis document, had suggested that a shorter, more focused course, built on solid principles of clinical competency but supported by the academic robustness the university requires, was needed. This offered an ideal opportunity to redesign the course to include AHPs and RNAs.

It was proposed that changes needed to be implemented to the previously accredited Foundations in Neonatal Nursing module to realign the curriculum and better meet the workforce needs. The issues, upon reflection and discussion with our clinical partners, were multifactorial.

Firstly, there was a need to address the specific educational requirements of RNAs within neonatal care. To date there is no post-registration qualification tailored to meet their educational needs within specialty. It was brought to our attention that this subgroup of the neonatal workforce did not have specific knowledge regarding neonates and might benefit from undertaking a foundation module in neonates. There are also national drivers towards appropriate utilisation of AHPs within specialty. To date, there are no postregistration qualifications tailored to meet their educational needs at foundation level. and little at advanced levels. These professionals, while highly specialised within their professional disciplines, did not often have specific knowledge regarding neonates and would also benefit from undertaking a foundation module in

Secondly, it was acknowledged that the length of the course was potentially causing issues with the release of staff to attend the theoretical component of the programme. There are many challenges with staffing levels across our local region,



A practical session on newborn life support.

which have resulted in difficulties in the continued support of post-registration neonatal education. Added human factors, such as stress experienced by staff in the neonatal unit, have further added to the challenges of robust clinical education.4 Previous student evaluative data alluded to the belief that the significant academic weighting of the programme was potentially a source of significant stress. It was therefore proposed that we reduced the credits attached to the module. This would allow us to reduce both the theory hours as well as the academic submissions required. Nonetheless, it was vital that the module team ensured that the rigorous academic standard of assessment was not compromised through this process of reduction.

The clinical competency document

A pivotal aspect of this curriculum development was to ensure that the clinical competency document meets the needs of all disciplines. We were fortunate to be able to utilise the well-established AHP team within our neonatal network. A working party was generated to critically review the document. It was felt that only slight modification was required to enable discipline-specific competencies to be achieved. There are 66 competencies in total within the document; three of the competencies are specific for Nursing and Midwifery Council (NMC) registrants (nurses, midwives and nurse associates) only, due to the skills falling outside of some professional expectations. The AHPs would only need to achieve 63 of the

competencies to be awarded a pass grade for this assessment. A further seven competencies have been identified as requiring differing expectations, dependent on clinical role. These have been highlighted in light grey within the main competency document and further information is within an appendix at the end of the document to guide the student and the assessor as to what these expectations are. Therefore, in response to our critical reflection and in conjunction with essential feedback from clinical partners, three module revisions were proposed to the foundation level neonatal training via Keele University:

- 1. Applicant entry criteria were altered from accepting only nurses or midwives working within a neonatal unit, to now include RNAs and AHPs. Proof of a professional registration is required with either the NMC or the Health and Care Professions Council (HCPC).
- In response to this, the module underwent re-branding with a name change from Foundations in Neonatal Nursing to Foundations in Neonatal Care.
- Taught component and academic requirements were reduced to meet the clinical workforce demands and previous evaluative data from alumni.

An evaluation

The relaunched Foundations in Neonatal Care module commenced its first iteration in October 2021. Following the completion of the relaunched module, a survey of AHPs and RNAs who had participated was undertaken. It is acknowledged that students may have felt compelled to participate in the questionnaire and to only disclose positive elements of the evaluation because the project team comprised the programme and module leads. This concern was minimised by distributing the questionnaire once the course was fully complete; the questionnaire also allowed for anonymised responses.

While the survey pool was small, over 50% of participants responded (five respondents). We were keen to capture feedback quickly to ensure any necessary modifications could be made in a timely manner for subsequent iterations. The module is primarily aimed at staff new in specialty, but it is acknowledged that many RNAs and AHPs have been involved in neonatal care provision for longer periods of time. The main reasons for students

undertaking the module were listed as wanting to progress professional development and academic achievement. **FIGURE 1** captures some of the comments that the students made in the qualitative feedback.

Conclusion and recommendations

Following this curriculum modification and innovation, the Foundations in Neonatal Care course ensures the necessary skill set is achieved for the provision of care to babies and their families. The developments are seen to be responsive to our clinical partners' concerns, which will support the continued viability of the course. In reducing the taught component of the programme, the university and network can now facilitate a twice-yearly intake. This will meet clinical requirements to capture new starters within six months of gaining employment on a neonatal unit.

To date, four AHPs and six RNAs have successfully completed the module. The number of students now accessing the course has expanded significantly, with over 60 neonatal staff of mixed disciplines since the relaunch in October 2021. Stakeholder buy-in has increased, with staff from most hospitals within the WMPODN now accessing the module.

There have been recent national maternity reports that have addressed the criticality of multidisciplinary education.5 Identification of the importance of avoiding separation of different clinical disciplines when the important longerterm goal is ensuring healthcare professionals can work in teams in a mutually supportive way, is crucial for our future healthcare system. A more longstanding difficulty is the separation of early training into different clinical disciplines, when

"Many of the delegates came from different backgrounds and were all at different points in their career development which at times made for interesting discussions"

"I enjoyed the course and really valued the learning opportunities. It was good to network and understand practices in other units across the network"

"I valued gaining the understanding of neonatal unit and nursing roles in readiness to move to a unit-based post. It was useful to network and understand practice at other units across the network"

"I think it would be a good idea to include some universal therapeutic competencies to support nurses to take back ideas to their own units where there may be no AHP provision"

"It was interesting to consider the future role of AHPs on neonatal units... what AHPs can bring and how they can be actively involved in babies' care"

FIGURE 1 Some of the comments that the students made following completion of the first Foundations in Neonatal Care module.

there is necessity for staff to be able to work together further down the line.6 This is an important issue that needs to be addressed across our pre-registration curriculums for all members of the

multidisciplinary team. It is an aspect that all higher education institutions have a responsibility to address as we continue to ensure our education is fit for purpose in training our future NHS workforce.

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