



**UNIVERSITY OF  
PLYMOUTH**  
Faculty of Health and  
Human Sciences

## **University of Plymouth**

**Faculty of Health and Human Sciences**

**School of Nursing and Midwifery**

## **Pathway Specification**

**BSc /BSc (Hons) Professional Development  
in Neonatal Care**

**Graduate Certificate/Diploma Professional Development  
in Neonatal Care**

**Date of approval:  
Date of implementation:  
Year of first award:**

**December 2016  
September 2017  
2018**

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Updated following Minor change for implementation 2018-19



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**1. Pathway Title:** BSc /BSc (Hons) Professional Development in Neonatal Care

**Final award titles:**

BSc /BSc (Hons) Professional Development in Neonatal Care

Graduate Certificate/Diploma Professional Development in Neonatal Care

**UCAS code** N/A

**JACS code:** B700

**2. Awarding Institution:** University of Plymouth

**Teaching institution(s):** University of Plymouth

**3. Accrediting body(ies)** N/A

**4. Distinctive Features of the Pathway and the Student Experience**

The BSc /BSc (Hons) Professional Development in Neonatal Care pathway is aimed at a wide range of healthcare professionals who are at various stages of their careers and professional development. Composed of intermediate and outcome awards designed to match a range of career aspirations. The awards are flexibly designed to enable participants to ‘step on and step off’ over a 5 year period in response to service need and professional circumstances. The programme offer an innovative approach to gaining specialist and advanced knowledge “tailor built” for the neonatal practitioner with assignments designed to translate knowledge and skills to the practice environment. Derriford Hospital Neonatal Intensive Care Unit [NICU] is the Network Neonatal Unit (NNU) for the Peninsula. It is a 17-cot unit with a further 16 special care cots on the adjacent Transitional Care Ward (TCW). Since gaining NICU status yearly admissions have increased to approximately 400 per annum.

Derriford NICU has taken over the responsibility for all babies born below 27 weeks gestation in the South West Peninsula, and the more mature infants with multi organ complexity requiring specialists’ treatments. This has impacted on the number of intensive and high dependency cot days, which have shown a marked increase over the last 3 years. The Neonatal Toolkit for high quality neonatal services, including staff developmental pathways, was set out in 2009 to make lifelong differences to premature and sick newborn babies and their families. Within the recommendations is the delivery of specialist care by Advanced

Neonatal Nurse Practitioners (ANNP's), senior charge nurses, nurses qualified in speciality (QIS) and junior staff nurses, alongside a designated medical team. This BSc (Hons) Professional Development in Neonatal Care pathway offers the neonatal practitioner the opportunity to meet the QIS competencies and can develop in several areas, one of which is critical care, where they develop clinical skills with the potential to progress to an ANNP role once secondment and completion of a recognised ANNP masters training pathway.

The BSc / BSc (Hons) Professional Development in Neonatal Care pathway is:

- Designed for students who want to progress in their career through gaining a graduate academic qualification.
- Meets qualified in speciality (QIS) competency criteria.
- Offers a large number of options that meet professional and organisational needs to enhance practice and service delivery within an academic framework.

The Graduate Certificate / Graduate Diploma are:

Designed for students who are already qualified at Honours degree level, either recently qualified and / or recently appointed to a new clinical specialist area that may need to develop their skills and underpinning knowledge in order to practice safely and competently.

### **Distinctive features**

The distinctive features of these pathways are:

#### Core

- Targeted at the career development needs of health care professionals;
- Flexible and responsive to employers needs and service delivery;
- A student centred programme that enables choice and values prior experiential learning and experience
- Students can select clinical modules that enhance their specific work role;

#### Pathway Specific

- Meets qualified in speciality (QIS) competency criteria
- Feature active engagement with stakeholders as key contributors
- Enables students to 'step on and step off' (within a time frame)
- Offers a named specialist pathway the neonatal nurse can use to enhance career opportunities

## **5. Relevant QAA Subject Benchmark Group(s)**

The Programme is informed by the Quality Assurance Agency (QAA) Framework for Higher Education Qualifications (FHEQ) in England, Wales and Northern Ireland for level 6 study (QAA for Higher Education 2008).

## **6. Pathway Structure**

The BSc (Hons) Professional Development Level 6 Pathway in Neonatal Care is based in the School of Nursing & Midwifery. This pathway is open to those practitioners registered with the Nursing and Midwifery Council with experience of working within neonatal care.

This named pathway BSc/BSc (Hons) Professional Development in Neonatal Care offer the healthcare professional a specific named award to enhance their career opportunities and learning within this specialist field. These core modules give the student a broad range of academic and practice related skills on which to build future studies. These core modules are run at the university and taught by university staff and some are run under our academic partnership scheme taught by specialist neonatal practitioners.

<p align="center"><b>BSc Professional Development in Neonatal Care</b></p>	<p align="center"><b>BSc (Hons) Professional Development in Neonatal Care</b></p>
<p align="center"><b>Core Modules</b></p> <p align="center"><b>HEAD360</b> <b>Understanding Evidence to Inform Clinical Decision Making</b> 20 credit core module</p> <p align="center"><b>HEAC396</b> <b>Contemporary Issues in the Care of the Newborn</b> 20 credit core module</p> <p align="center"><b>HEAC397</b> <b>Intensive Care for the Neonate</b> 40 Credit core module</p>	<p align="center"><b>Core Modules</b></p> <p align="center"><b>HEAD360</b> <b>Understanding Evidence to Inform Clinical Decision Making</b> 20 credit core module</p> <p align="center"><b>HEAC396</b> <b>Contemporary Issues in the Care of the Newborn</b> 20 credit core module</p> <p align="center"><b>HEAC397</b> <b>Intensive Care for the Neonate</b> 40 Credit core module</p> <p align="center"><b>HEAD361 Independent Study</b> 40 credit core module</p>
<p align="center"><b>Graduate Certificate Professional Development in Neonatal Care</b></p>	<p align="center"><b>Graduate Diploma Professional Development in Neonatal Care</b></p>
<p align="center"><b>60 Credits</b></p> <p align="center"><b>from Pathway Specific Module Choice see 13.3</b></p>	<p align="center"><b>120 Credits</b></p> <p align="center"><b>from Pathway Specific Module Choice see 13.3</b></p>



The School of Nursing & Midwifery has worked with local healthcare providers in Academic Partnership (AP) to develop very specific work related modules accredited by the faculty at level 6 run in one or more care settings, delivered by the health care provider. APs have expanded over the years, including development of new modules to suit local workforce needs as required. All AP courses are integrated into the Professional Development Programme and presented at the Professional Development Academic Board. These AP modules highlight the strong relationships we have with healthcare providers, all quality assurance processes are followed and overseen by our Academic Partnership Lead.

Qualification	Breakdown of Credits
Ordinary Degrees (non-honours)	80 at Level 6
Honours Degrees	120 at Level 6
Graduate Certificate	60 at Level 6
Graduate Diploma	120 at Level 6 (includes 60 Certificate credits)

## 7. Pathway Aims

This pathway has been designed to develop and utilise appropriate skills whilst promoting an environment conducive to the provision of high quality care for newborn infants requiring additional care and their families.

The pathway aims to facilitate students to:

1. Produce challenging and critical thinking practitioners with a range of transferable skills who can effectively contribute to service enhancement in the neonatal setting.
2. Prepare effective practitioners whose interventions will be underpinned by the best available evidence, contemporary knowledge and high-level clinical decision making skills.
3. Develop the student's confidence, competence and emotional resilience to consistently exercise personal responsibility and professional accountability for decision making and the provision of high quality, safe, care.
4. Promote commitment to the concept of life-long learning and thereby foster ongoing personal and professional development.

## **8. Pathway Intended Learning Outcomes**

The Intended Learning Outcomes for BSc (Hons) Professional Development reflect the Level 6 Qualification Descriptors provided by the Quality Assurance Agency (QAA) Framework for Higher Education Qualifications (FHEQ)

Knowledge and understanding (subject specific)

Cognitive/intellectual skills (generic)

Key transferrable skills

Subject specific practical skills

Employment related skills

This enables 'others' to judge the value of this qualification through improved understanding of the level of intellectual and conceptual activity demonstrated by our graduates. It defines their capability in respect of their knowledge and the associated transferable skills that enhance employability. It also provides a reference point for other level 6 qualifications across the Higher Education sector.

### **8.1. Knowledge and understanding**

On successful completion graduates should have developed:

- An enhanced and systematic understanding of neonatal practice
- Demonstrate an enhanced appreciation of uncertainty, ambiguity and the limits of their knowledge.
- Apply the additional methods and techniques that they have learned to review, consolidate, extend and apply their knowledge.
- Demonstrate a heightened and detailed awareness of personal responsibility and professional codes of conduct.
- Comprehensive and detailed knowledge of neonatal practice.
- Systematically apply their additional knowledge to initiate developments in within neonatal practice.

These will be achieved through teaching and learning strategies that include:

Lectures, seminars, workshops, self-directed study, and use of communication and information technologies.

Assessment methods include:

Achievement of practice competences, , Case based discussion, Case study reports, Procedure-based assessments, Research critique

## **8.2. Cognitive and intellectual skills**

On successful completion graduates should have developed the ability to:

- Conceptual understanding to devise and sustain complex arguments and or solve problems.
- Critically comment on aspects of current evidence within neonatal practice
- Critically evaluate arguments, assumptions, abstract concepts and data appropriate to neonatal practice.
- Confidently and flexibly apply critically evaluated evidence to their practice.
- Awareness of and engagement with advanced scholarship within neonatal practice.

These will be achieved through teaching and learning strategies that include:

Group discussion, seminars, group and individual tutorials, on-line study tasks, e-technologies including narrated PowerPoint presentations

Assessment methods include:

Essay, critical literature review, oral presentation, case study, critical reflections on practice.

## **8.3. Key and transferable skills**

On successful completion graduates should have developed the ability to:

- Interact effectively within a team/learning/ professional group.
- Confidently apply own evidence informed judgement; can challenge, reflect and constructively use feedback.
- Systematically communicate information, ideas, problems and solutions to a range of fellow professionals in their specific field of practice.
- Effectively manages their own learning and utilises resources appropriate to their discipline/ practice.

These will be achieved through teaching and learning strategies that include:

Small group presentations, active participation in group discussions, problem based case studies, e-technologies including use of a managed

learning environment to host a variety of study materials and synchronous and asynchronous discussions.

Assessment methods include:

Achievement of practice competences, Case based discussion, Case study reports

#### **8.4. Employment related skills**

On successful completion graduates should have developed:

- Exercises initiative, personal responsibility and team leadership.
- Can relate theory to practice appropriate to chosen disciplines.
- Critically aware of and contributes to local, national and professional policy agendas.

These will be achieved through teaching and learning strategies that include:

A wide range of student centred learning approaches, directed student and student led study with analysis and application to the service setting throughout modules.

Assessment methods include:

A variety that are used throughout the programme incorporating assessment of transferable skills. These may include: examinations, tests undertaken in team-based learning, essays including case studies and reflection, including both oral and practical skills assessment, presentations.

#### **8.5. Practical/Professional skills**

On successful completion graduates should have developed:

- Critically defines and understands the limits of their competence.
- Able to act autonomously, within agreed guidelines, frameworks and protocols and to contribute to their development.
- Effective in complex and unpredictable contexts. Able to problem solve by selecting from a range of techniques.

These will be achieved through teaching and learning strategies that include:

Practical skills that will be taught in simulated environment and on placement settings

Assessment methods include:

A variety that are used throughout the programme incorporating assessment of transferable and practical skills. These may include: examinations, tests undertaken in team-based learning, essays including case studies and reflection, including both oral and practical skills assessment, presentations.

## **9. Admissions Criteria, including APCL, APEL and DAS arrangements**

### **9.1 Entry requirements**

The student will need to be a:

Registered Health Professional with the Nursing and Midwifery Council plus experience of working within neonatal care.

Applicants for whom English is not their first language must have evidence of a minimum overall International English Language Testing System (IELTS) of 6.5 average with a minimum of 5.5 in each category.

For entry to the Graduate Certificate and Graduate Diploma award pathways, the student must already hold an honours degree in a health or health related subject.

Employment in a health care environment in which Newborns with additional needs are admitted. Students are selected through their personal development plans (PDP) in negotiation with their employer or self-funding.

A student, who successfully completes an additional 60 honours level 6 credits, can achieve the award of Graduate Certificate. If the student selects modules from specialist areas, there is an opportunity to gain a named Graduate Certificate.

A student, who successfully completes 120 honours level credits, can achieve the award of Graduate Diploma. If the student selects modules from specialist areas, there is an opportunity to gain a named Graduate Diploma.

All students wishing to undertake a programme with clinical skills modules need to be working in an environment where they can meet the module learning outcomes.

## 9.2 Equality of Opportunity

The University aims to ensure that all applicants receive fair treatment. In line with its Strategic Plan, the University has strategies to promote equality of opportunity, widen participation and encourage access.

Further information on equality for students can be found at:

<https://www.plymouth.ac.uk/your-university/about-us/university-structure/service-areas/equality-diversity-and-inclusion/equality-objectives>

We welcome and support students with disabilities, and we endeavour to meet specific needs. The Disability ASSIST Service, based on the Plymouth Campus, supports disabled students across the University. Further information about the advice and support before, during and after application can be found at:

<https://www.plymouth.ac.uk/student-life/services/learning-gateway/disability-and-dyslexia>

## 9.3 Accreditation of Prior (Experiential/Certificated) Learning Information - AP(E)L

AP(C)L (Accreditation of Prior Certificated Learning) and APEL (Accreditation of Prior Experiential Learning) refers to the process by which previous formal certificated learning and informal non-certificated learning may be awarded academic recognition. This recognition is in the form of academic credit awarded against module learning outcomes within accredited Further and Higher Education programmes.

### Types of AP(E)L Claim

AP(C)L - Accreditation of Prior Certificated Learning by:-

- Verification of formal qualifications, including courses on the Faculty of Health and Human Sciences tariff and any professional certificates completed.

APEL - Accreditation of prior experiential learning:-

- Verification of experiential learning.

AP(E)L

- A combination of formal qualification and experiential learning.

## **The AP(E)L Process**

<https://www.plymouth.ac.uk/your-university/about-us/university-structure/faculties/health-human-sciences/accreditation-of-prior-learning>

Accreditation of Prior (Certificated) Learning AP(C)L and Accreditation of Prior (Experiential) Learning AP(E)L refer to the process by which previous formal certificated learning and informal non-certificated learning can be awarded credits. These credits can be used towards modules within the sphere of further and higher education.

The process of making an AP(E)L claim is structured and systematic, detailed information can be obtained from [professionaldevelopmentunit@plymouth.ac.uk](mailto:professionaldevelopmentunit@plymouth.ac.uk)

### **10. Titles and criteria for Final Awards**

BSc /BSc (Hons) Professional Development in Neonatal Care  
Graduate Certificate/Diploma Professional Development in Neonatal Care

### **11. Exceptions to Regulations**

Only two attempts permitted for O/ISCE assessments that are related to clinical practice.

### **12. Transitional Arrangements**

This programme will commence from 2017 intake. Students on existing programmes will be able to continue under the new named programme and exit with the new named award if they have completed the core modules. Guidance will be provided by the Programme Lead and the Professional Development Unit, tailored to meet the individual needs of the student, their career aspirations and, to ensure alignment to the requirements of the programme and the relevant choice of exit award.

## **13. Appendices**

**13.1** Modules Mapped to Pathway Aims and Intended Learning Outcomes

**13.2** Assessment mapping of modules in the BSc (Hons) Professional Development in Neonatal Care

**13.3** Pathway Specific Module Choices

**13.4** Module Assessments mapped to skills and associated performance criteria identified by the QIS core syllabus (2012)



### 13.1a Modules Mapped to Pathway Aims and Intended Learning Outcomes for BSc and BSc (Hons)

Programme Intended Learning Outcomes	Module	Award
<b>Knowledge and Understanding</b>		
An enhanced and systematic understanding of the students area of study, part of which is informed by the defined aspect of the students chosen practice/discipline of Neonatal Care	HEAD360 Understanding Evidence to Inform Clinical Decision Making	BSc, BSc (Hons)
	HEAC396 Contemporary Issues in the Care of the Newborn	BSc, BSc (Hons)
	HEAC397 Intensive Care for the Neonate	BSc, BSc (Hons)
	HEAD361 Independent Study	BSc (Hons)
Demonstrate on enhanced appreciation of uncertainty, ambiguity and the limits of their knowledge	HEAD360 Understanding Evidence to Inform Clinical Decision Making	BSc, BSc (Hons)
	HEAC396 Contemporary Issues in the Care of the Newborn	BSc, BSc (Hons)
	HEAC397 Intensive Care for the Neonate	BSc, BSc (Hons)
	HEAD361 Independent Study	BSc (Hons)
Apply the additional methods and techniques that they have learned to review, consolidate, extend and apply their knowledge.	HEAD360 Understanding Evidence to Inform Clinical Decision Making	BSc, BSc (Hons)
	HEAC396 Contemporary Issues in the Care of the Newborn	BSc, BSc (Hons)

	HEAC397 Intensive Care for the Neonate	BSc, BSc (Hons)
	HEAD361 Independent Study	BSc (Hons)
Demonstrate a heightened and detailed awareness of personal responsibility and professional codes of conduct.	HEAD360 Understanding Evidence to Inform Clinical Decision Making	BSc, BSc (Hons)
	HEAC396 Contemporary Issues in the Care of the Newborn	BSc, BSc (Hons)
	HEAC397 Intensive Care for the Neonate	BSc, BSc (Hons)
	HEAD361 Independent Study	BSc (Hons)
Comprehensive and detailed knowledge of their specialist Neonatal Care area.	HEAD360 Understanding Evidence to Inform Clinical Decision Making	BSc, BSc (Hons)
	HEAC396 Contemporary Issues in the Care of the Newborn	BSc, BSc (Hons)
	HEAC397 Intensive Care for the Neonate	BSc, BSc (Hons)
	HEAD361 Independent Study	BSc (Hons)
<b>Cognitive/Intellectual Skills</b>		
Conceptual understanding to devise and sustain complex arguments and or solve problems.	HEAD360 Understanding Evidence to Inform Clinical Decision Making	BSc, BSc (Hons)
		BSc, BSc (Hons)

	HEAC396 Contemporary Issues in the Care of the Newborn  HEAC397 Intensive Care for the Neonate  HEAD361 Independent Study	BSc, BSc (Hons)  BSc (Hons)
Critically comment on aspects of current evidence appropriate to their Neonatal Care area of specific practice.	HEAD360 Understanding Evidence to Inform Clinical Decision Making  HEAC396 Contemporary Issues in the Care of the Newborn  HEAD361 Independent Study	BSc, BSc (Hons)  BSc, BSc (Hons)  BSc (Hons)
Critically evaluate arguments, assumptions, abstract concepts and data appropriate to their area of specific Neonatal Care practice	HEAD360 Understanding Evidence to Inform Clinical Decision Making  HEAC396 Contemporary Issues in the Care of the Newborn  HEAC397 Intensive Care for the Neonate  HEAD361 Independent Study	BSc, BSc (Hons)  BSc, BSc (Hons)  BSc, BSc (Hons)  BSc (Hons)
Confidently and flexibly apply critically evaluated evidence to their Neonatal Care practice.	HEAD360 Understanding Evidence to Inform Clinical Decision Making	BSc, BSc (Hons)

	HEAC396 Contemporary Issues in the Care of the Newborn	BSc, BSc (Hons)
	HEAC397 Intensive Care for the Neonate	BSc, BSc (Hons)
	HEAD361 Independent Study	BSc (Hons)
Awareness of and engagement with advanced scholarship within their chosen discipline of Neonatal Care.	HEAD360 Understanding Evidence to Inform Clinical Decision Making	BSc, BSc (Hons)
	HEAC396 Contemporary Issues in the Care of the Newborn	BSc, BSc (Hons)
	HEAD361 Independent Study	BSc (Hons)
<b>Key/Transferable Skills (generic)</b>		
Interact effectively within a team/leaning/professional group.	HEAD360 Understanding Evidence to Inform Clinical Decision Making	BSc, BSc (Hons)
	HEAC396 Contemporary Issues in the	BSc, BSc (Hons)
	HEAC397 Intensive Care for the Neonate Care of the Newborn	BSc, BSc (Hons)
Confidently apply own evidence informed judgement; can challenge, reflect and constructively use feedback.	HEAD360 Understanding Evidence to Inform Clinical Decision Making	BSc, BSc (Hons)
	HEAC396 Contemporary Issues in the Care of the Newborn	BSc, BSc (Hons)

	HEAC397 Intensive Care for the Neonate	BSc, BSc (Hons)
	HEAD361 Independent Study	BSc (Hons)
Systematically communicate information, ideas, problems and solutions to a range of fellow professionals in their specific field of Neonatal Care practice.	HEAD360 Understanding Evidence to Inform Clinical Decision Making	BSc, BSc (Hons)
	HEAC396 Contemporary Issues in the Care of the Newborn	BSc, BSc (Hons)
	HEAC397 Intensive Care for the Neonate	BSc, BSc (Hons)
Effectively manages their own learning and utilises resources appropriate to their discipline/ practice of Neonatal Care	HEAD360 Understanding Evidence to Inform Clinical Decision Making	BSc, BSc (Hons)
	HEAD361 Independent Study	BSc (Hons)
<b>Employment-related Skills</b>		
Exercises initiative, personal responsibility and team leadership	HEAD360 Understanding Evidence to Inform Clinical Decision Making	BSc, BSc (Hons)
Can relate theory to practice appropriate to chosen Neonatal Care disciplines.	HEAD360 Understanding Evidence to Inform Clinical Decision Making	BSc, BSc (Hons)
	HEAC396 Contemporary Issues in the Care of the Newborn	BSc, BSc (Hons)
	HEAC397 Intensive Care for the Neonate	BSc, BSc (Hons)
	HEAD361 Independent Study	BSc (Hons)

Critically aware of and contributes to local, national and professional policy agendas	HEAD360 Understanding Evidence to Inform Clinical Decision Making	BSc, BSc (Hons)
<b>Practical/Professional Skills</b>		
Critically defines and understands the limits of their competence.	HEAD360 Understanding Evidence to Inform Clinical Decision Making	BSc, BSc (Hons)
Able to act autonomously, within agreed guidelines, frameworks and protocols and to contribute to their development	HEAD360 Understanding Evidence to Inform Clinical Decision Making HEAC396 Contemporary Issues in the Care of the Newborn HEAC397 Intensive Care for the Neonate HEAD361 Independent Study	BSc, BSc (Hons) BSc, BSc (Hons) BSc, BSc (Hons) BSc (Hons)
Effective in complex and unpredictable contexts. Able to problem solve by selecting from a range of techniques.	HEAD360 Understanding Evidence to Inform Clinical Decision Making HEAC397 Intensive Care for the Neonate HEAD361 Independent Study	BSc, BSc (Hons) BSc, BSc (Hons)

**13.1b Modules Mapped to Pathway Aims and Intended Learning Outcomes for Graduate Certificate and Graduate Diploma for students who have previously achieved BSc 80 credits/BSc Hons Degree 120 credits**

<b>Programme Intended Learning Outcomes</b>	<b>Module</b>	<b>Award</b>
<b>Knowledge and Understanding</b>		
An enhanced and systematic understanding of the students area of study, part of which is informed by the defined aspect of the students chosen practice/discipline of Neonatal Care	Pathway Specific See 13.3	Grad Cert, Grad Dip
Demonstrate an enhanced appreciation of uncertainty, ambiguity and the limits of their knowledge	Pathway Specific See 13.3	Grad Cert, Grad Dip
Apply the additional methods and techniques that they have learned to review, consolidate, extend and apply their knowledge.	Pathway Specific See 13.3	Grad Cert, Grad Dip
Demonstrate a heightened and detailed awareness of personal responsibility and professional codes of conduct.	Pathway Specific See 13.3	Grad Cert, Grad Dip
Comprehensive and detailed knowledge of their specialist Neonatal Care area.	Pathway Specific See 13.3	Grad Cert, Grad Dip

<b>Cognitive/Intellectual Skills</b>		
Conceptual understanding to devise and sustain complex arguments and or solve problems.	Pathway Specific See 13.3	Grad Cert, Grad Dip
Critically evaluate arguments, assumptions, abstract concepts and data appropriate to their area of specific Neonatal Care practice	Pathway Specific See 13.3	Grad Cert, Grad Dip
Confidently and flexibly apply critically evaluated evidence to their Neonatal Care practice.	Pathway Specific See 13.3	Grad Cert, Grad Dip
<b>Key/Transferable Skills (generic)</b>		
Confidently apply own evidence informed judgement; can challenge, reflect and constructively use feedback.	Pathway Specific See 13.3	Grad Cert, Grad Dip
<b>Employment-related Skills</b>		
Can relate theory to practice appropriate to chosen Neonatal Care disciplines.	Pathway Specific See 13.3	Grad Cert, Grad Dip
<b>Practical/Professional Skills</b>		
Able to act autonomously, within agreed guidelines, frameworks and protocols and to contribute to their development	Pathway Specific See 13.3	Grad Cert, Grad Dip
Effective in complex and unpredictable contexts. Able to problem solve by selecting from a range of techniques.	Pathway Specific See 13.3	Grad Cert, Grad Dip



### 13.2 Assessment mapping of modules in the BSc (Hons) Professional Development in Neonatal Care

<b>Core Module</b>	<b>Credit</b>	<b>Formative Assessment</b>	<b>Summative</b>
Using Evidence to Inform Clinical Decision Making	20	Highly directed study to undertake reading and specific activities designed to provide formative feedback throughout the module	Essay that requires students to examine an aspect of care through a critical review of relevant research-based evidence; and to use their professional knowledge to discuss how the results from the research reviewed might contribute to the clinical effectiveness agenda in their workplace
Contemporary Issues in the Care of the Newborn	20	Short informal presentation by student to peers and tutor/s regarding the case study and its associated care issues. Formative feedback on assignment from the course tutor/s and for peer learning.	An evaluative care study focusing on the needs of a newborn baby and their family  Portfolio of clinical experience (content as specified within portfolio) and learning contracts evidencing achievement of competence.  Achievement of specified clinical competencies at skill level C or above
Intensive Care for the Neonate	40	Formative feedback from module teachers and mentors through group and individual tutorials	A reflective account analysing a practice situation, incorporating relevant ethical and legal issues, and critique outlining how recommendations from the critical incident analysis would be applied to practice to facilitate service improvement.

			<p>Portfolio of clinical experience (content as specified within portfolio), clinical log, learning contracts and reflection evidencing achievement of competence</p> <p>Achievement of specified clinical competencies at skill level C or above</p>
Independent Study	40	Action learning sets – with peer and tutor feedback	Essay, to address the learning outcomes.

### **13.3 Pathway Specific Module Choices for Neonatal Care Graduate Certificate/Diploma**

HEAC396	Contemporary Issues in the Care of the Newborn
HEAC397	Intensive Care for the Neonate
HEAD362	Clinical Decision Making in Healthcare Practice
HEAD363	Ethical and legal issues in healthcare practice
HEAD364	Practice Based Learning
HEAD365	Contemporary Issues in Health and Social Care
HEAD366	Integrated Advancing Practice in Context
HEAD367	The Fundamentals of Health Assessment
HEAD355	Leadership and Innovation
HEAB251	Supporting People in Loss, Grief and Bereavement
HEAC334	Management of Infection Prevention
HEAD339	Tissue Viability: Core Knowledge for Practice
HEAD375	Holistic Neonatal Assessment and Clinical Management

### 13.4 Module Assessments mapped to skills and associated performance criteria identified by the QIS core syllabus (2012)

The purpose of this next mapping is to demonstrate how the Partnership modules HEAC396 Contemporary Issues in the care of the Newborn and HEAC397 Intensive Care for the Neonate meet the standards set out in the recent publication 'Matching knowledge and skills For Qualified In Speciality (QIS) Neonatal nurses: A core syllabus for clinical competency (2012).

#### Mapping Approach

Each of the 6 skills and their associated performance criteria identified by the QIS core syllabus (2012) is mapped to the various modes of assessment utilised within the modules. Thus demonstrating the range of methods and opportunities for demonstration of skill attainment.

Each of the 6 skills related knowledge criteria have been mapped to the module in which the theoretical and practice knowledge is delivered.

#### Key for ranking assessment of performance criteria within mapping matrices

**1** – Performance criteria **will** be assessed summatively and/or formatively via the methods indicated

**2** – Performance criteria **may** be assessed summatively and/or formatively via the methods indicated due to individual student choice or exposure to differing group work/scenario learning activities.

\* - Performance criteria or theoretical and practice knowledge relates to indicated modules.

<b>Skill 1.</b>											
<b>FLUID, ELECTROLYTE, NUTRITION AND ELIMINATION MANAGEMENT</b>											
<b>Neonatal Nurse QIS – performance criteria</b>	<b>HEAC397</b>	<b>HEAC396</b>	<b>Competency</b>	<b>Clinical Log</b>	<b>Learning Objectives</b>	<b>Reflection</b>	<b>Presentation</b>	<b>Summative Assignment</b>	<b>Group Work</b>	<b>Scenario</b>	<b>Facilitated Learning</b>
Recognise abnormal gastrointestinal and urinary tract function, abnormal bilirubin elimination, acting on deviations	*	*	1	1	2	2	2	2	1	2	1
Assist and support the mother to breastfeed	*	*	1	1	2	2	2	2	1	2	1
Inform and advise on storage of breast milk, breast feeding, hand and mechanical expression and supplementary methods of feeding	*	*	1	1	2	2	2	2	1		1
Inform and advise carers on all aspects of other enteral feeding methods	*	*	1	1	2	2	2	2	1	2	1
Assess enteral feeding needs, devise plan and evaluate effectiveness	*	*	1	1	2	2	2	2	1	2	1
Monitor the need for nutritional supplements	*	*	1	1	2	2	2	2	1		1
Refer to specialist neonatal nutrition advisor (eg dietician, speech and language therapist)	*	*	1	1	2	2	2	2	1		1
Set up, maintain and discontinue intravenous /intra-arterial therapy.		*	1	1	2	2		2	1	2	1
Maintain central lines		*	1	1	2	2		2	2	2	1
Intervene appropriately to reduce/avoid deviations/ complications	*	*	1	1	2	2	2	2	2	2	1
Measure & interpret intake and output, assessing hydration status	*	*	1	1	2	2	2	2	1	2	1
Calculate requirements according to clinical condition and guidelines	*	*	1	1	2	2	2	2	1	2	1
Monitor growth through measurement of weight and head circumference.	*	*	1	1	2	2	2	2		2	1
Identify deviations from expected growth and refer as required	*	*	1	1	2	2	2	2	2	2	1
Interpret results of blood glucose measurement	*	*	1	1	2	2	2	2	2	2	1
Implement interventions for blood glucose regulation according to locally agreed protocols	*	*	1	1	2	2	2	2	2	2	1
Monitor and measure serum bilirubin levels	*	*	1	1	2	2	2	2	1	2	1
Initiate phototherapy according to NICE jaundice guidelines	*	*	1	1	2	2	2	2	2		1
Care for the baby requiring phototherapy	*	*	1	1	2	2	2	2	2	2	1
Care for the baby receiving exchange and partial exchange transfusion		*	1	1	2	2		2	2	2	1

### Key for ranking assessment of performance criteria

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**Knowledge 1.**

**FLUID, ELECTROLYTE, NUTRITION AND ELIMINATION MANAGEMENT**

**Anatomy and physiology (structure, function & process Normal newborn or convalescing infant:**

Anatomy, physiology & functioning of gastrointestinal system to include:  
Transition to extrauterine nutrition:

Newborn gut structure & function  
Development of suck, breathe and swallow reflexes  
Newborn control of blood glucose  
Expected growth patterns

Glucose use and homeostasis  
Storage of nutrients e.g. glycogen, subcutaneous fat

Risk factors for hypoglycaemia  
Bilirubin metabolism; physiological jaundice

Anatomy, physiology & functioning of renal system to include:  
Renal function: Role in: water homeostasis; reabsorption of electrolytes; excretion; acid-base balance

Sensible and insensible water losses in the newborn

HEAC397	HEAC396	Practice knowledge	HEAC397	HEAC396
		Process of nutritional adaptation to extra-uterine life in healthy term newborn.	*	
*		Recognition & assessment of normal feeding reflexes.	*	
*		Feeding strategies & expectations – Breast feeding principles (BFI); artificial feeding	*	
*		Positive and negative aspects of both strategies	*	
*		Safe preparation, storage and delivery of artificial milk	*	
*		Normal blood glucose value range, recognition of signs of low blood glucose	*	
*		Normal values for bilirubin at birth and subsequently	*	
*		Relevance of cord bloods in mother who is Rhesus negative or where other blood group incompatibilities are known	*	
*		Significance of visible jaundice <24hours of age	*	
*		Expectations for progressive/reducing jaundice	*	
*		Fluid requirements	*	*
		Normal elimination patterns e.g. time to first voiding/passage of meconium	*	
		Monitoring and measurement of growth.	*	
		Relevance of urinary pH/specific gravity		*
		Relevance of glycosuria/leucocytes/haematuria/proteinuria		*
		Expected urine output		*

**Knowledge 1.**

**FLUID, ELECTROLYTE, NUTRITION AND ELIMINATION MANAGEMENT**

**Anatomy and physiology (structure, function & process)**

**Altered anatomy and physiology (IUGR, underdevelopment, associated conditions eg infant of diabetic mother, infant with chronic lung disease)**

Characteristics of Intrauterine growth restriction (IUGR), associated risk factors and conditions, compromise to physiology and function, outcomes.

Factors affecting postnatal growth

Maternal conditions affecting fetal/infant nutritional state eg Insulin

Dependant Diabetes Mellitus, placental insufficiency, multiple pregnancy

Recognised fetal risk factors for gut compromise eg fetal assessment parameters

Risk associated with increased Trans-epidermal water loss (TEWL)

Causes and consequences of hypo and hypernatraemia

Mechanisms of altered glucose metabolism and identification of 'at risk' groups

Causes and consequences of hypo and hyperglycaemia

Gastro-oesophageal reflux – causes & outcomes

Risk factors likely to increase level of physiological jaundice

	<b>HEAC397</b>	<b>HEAC396</b>	<b>Practice knowledge</b>	<b>HEAC397</b>	<b>HEAC396</b>
	*		Expected growth patterns & monitoring and measurement strategies.	*	
	*		Caloric (energy) requirements	*	*
			Deviations in growth	*	*
	*		Assessment of reflexes in prematurity with reference to infant feeding ability	*	
	*		Principles of breast feeding preterm infants – expression and storage of milk	*	
	*		Differences for IUGR/ LBW & preterm feeding patterns	*	
		*	Feeding strategies for breast feeding/artificial feeding	*	*
			Positive and negative aspects of oral /nasal enteral feeding	*	
	*	*	Components and use of different types of artificial milks ie term/preterm/predigested; supplementation and milk fortifiers	*	
	*	*	Calculation of fluid requirements; monitoring of fluid balance; estimation of insensible losses; use of diuretic therapy	*	*
	*		Expected urine output – causes of oliguria/polyuria		*
			Skin integrity and management strategies for reducing TEWL	*	
	*		Infant of diabetic mother – monitoring/ feeding	*	
	*		Blood glucose monitoring - normal & expected blood glucose values	*	
	*		Pre-emptive feeding regimes patterns	*	
			Management of hypoglycaemia; Increasing volumes or concentrations of fluids	*	
			Medicines management specific to hypoglycaemia – use of glucagon	*	
			Gastro-oesophageal reflux – management strategies (feeding, positioning & medications)	*	
			Use of phototherapy – mechanism/ application/ expectations & impact on other systems	*	

**Knowledge 1.**

**FLUID, ELECTROLYTE, NUTRITION AND ELIMINATION MANAGEMENT  
Anatomy and physiology (structure, function & process)  
Pathophysiology**

For all conditions:

Risks, causes, affect of pathology on functional ability of all systems, long and short term outcomes.

Congenital anomalies:

Structural & functional gastrointestinal tract pathologies: eg cleft lip and palate, trache-oesophageal fistula, atresias, abdominal wall defects, malrotation, Hirshprung’s disease

Acquired gut pathologies due to extreme prematurity: eg Necrotising enterocolitis, short gut syndrome

Term infants with birth depression: eg Acute renal failure – Acute Tubular Necrosis, central nervous system control of feeding

Consequences and outcomes of chronic under nutrition.

Causes and consequences of pathological jaundice.

Infants at risk of pathological jaundice

Haemolytic disease – risk factors, causes and consequences

	HEAC397	HEAC396	Practice knowledge	HEAC397	HEAC396
			Immediate priorities for managing an infant with known pathology at birth.	*	*
	*	*	Risks & benefits associated with use of peripheral venous lines	*	*
	*		Principles, risks and benefits of safely managing central line access ieumbilical vein/arterial lines, percutaneous venous long lines and peripheral arterial lines		*
	*		Contraindications to enteral feeding	*	*
	*	*	Use of parenteral nutrition		*
	*	*	Constituents, administration, risks & benefits		*
	*	*	Nutritional status and expected growth patterns	*	*
	*		Use, benefits and regimes for trophic feeding		*
	*		Recognition and management of renal failure and fluid overload		*
	*		Situations leading to fluid restriction or liberation.		*
			Post surgical feeding regimes – potential growth implications		*
			Principles of exchange transfusion including systemic effects	*	



<b>Skill 2: RESPIRATORY AND CARDIOVASCULAR MANAGEMENT Neonatal Nurse QIS – performance criteria</b>	<b>HEAC397</b>	<b>HEAC396</b>	<b>Competency</b>	<b>Clinical Log</b>	<b>Learning Objectives</b>	<b>Reflection</b>	<b>Presentation</b>	<b>Summative Assignment</b>	<b>Group Work</b>	<b>Scenario</b>	<b>Facilitated Learning</b>
Recognise deviations from normal respiratory and cardiovascular function	*	*	1	1	2	2	2	2	1	2	1
Interpret trends in the results of blood gas analysis		*	1	1	2	2		2	1	2	1
Intervene to restore/maintain homeostasis	*	*	1	1	2	2	2	2	2	2	1
Recognise need for and request assistance in relation to basic life support		*	1	1	2	2		2	1	2	1
Perform basic life support		*	1	1	2	2		2		2	1
Assist with advanced resuscitation and stabilisation		*	1	1	2	2		2	1	2	1
Initiate oxygen therapy via head box, nasal cannulae and facially	*		1	1	2	2	2	2		2	1
Initiate respiratory support via the use of nasal continuous positive airways pressure (CPAP) or high-flow oxygen systems		*	1	1	2	2		2	1	2	1
Safely care for the baby with a supported airway		*	1	1	2	2		2		2	1
Safely care for the baby requiring all methods of mechanical ventilation and respiratory support		*	1	1	2	2		2	1	2	1
Assess the need for suction of respiratory secretions		*	1	1	2	2		2	1	2	1
Use safe and effective oral and nasal suction techniques		*	1	1	2	2		2	1	2	1
Use safe and effective endotracheal tube/tracheostomy suction techniques		*	1	1	2	2		2		2	1
Perform chest physiotherapy techniques utilising an agreed plan of care		*	1	1	2	2		2		2	1
Recognise the need for intubation/extubation		*	1	1	2	2		2	1	2	1
Assist with elective / emergency intubation		*	1	1	2	2		2	1	2	1
Perform extubation		*	1	1	2	2		2		2	1
Assist with the insertion/removal of chest drain		*	1	1	2	2		2		2	1
Provide care for baby with chest drain in situ		*	1	1	2	2		2		2	1

### Key for ranking assessment of performance criteria

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**Knowledge 2:**

**RESPIRATORY AND CARDIOVASCULAR MANAGEMENT  
Anatomy and physiology (structure, function & process)  
Normal newborn and convalescing infant**

Anatomy, physiology & functioning of cardio- respiratory system to include:

The fetal circulation & structures

Cardio-respiratory adaptation to extra-uterine life

Requirements for successful respiration:

Structural development: Lungs, alveoli, airways, pulmonary circulation, respiratory pump

Control of breathing, normal breathing patterns

Gas transport, gaseous exchange

Ventilation perfusion balance

Energy to breathe

Normal newborn cardiac function, cardiac output, Blood Pressure(BP)

**HEAC397  
HEAC396**

**Practice knowledge**

Normal newborn parameters for Heart Rate, BP, Respiratory Rate, perfusion

Normal newborn breathing patterns

Relevance of deviations from normal

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**Knowledge 2:**

**RESPIRATORY AND CARDIOVASCULAR MANAGEMENT  
Anatomy and physiology (structure, function & process) Altered  
anatomy and physiology**

Reduced development of cardio-respiratory system due to prematurity:  
Underdeveloped anatomy (respiratory structures and control mechanisms)  
Failure to adapt from fetal circulation (causes eg Pulmonary Vascular  
Resistance, low O<sub>2</sub>, lung fluid) Role and function of alveolar surfactant; factors  
affecting surfactant production

Transient Tachypnoea of the Newborn

Adapted breathing patterns  
Factors affecting O<sub>2</sub> uptake and delivery to tissues – the oxyhaemoglobin  
dissociation curve; relationship between oxygen saturation

Auto regulation of blood pressure: normal values

Introduction to blood gas analysis: language, definitions & values

	<b>Practice knowledge</b>		
	<b>HEAC397</b>	<b>HEAC396</b>	
	*	Assessment of cardio-respiratory function	* *
	*	Assessment of perfusion & responses to under perfusion	* *
	*	Significance of Toe/ Core perfusion monitoring	* *
*	*	Monitoring and management of infants having apnoea, bradycardia and desaturations	*
*		Principles of basic and advanced life support; priorities for management of collapse	*
*	*	Available options for giving supplemental oxygen therapy / increased respiratory support	* *
*	*	Strategies available for monitoring effectiveness of therapeutic interventions	* *
*	*	Risks, benefits of intervention & expected changes to measured parameters	*
*	*	Accepted values for SaO <sub>2</sub> /transcutaneous monitoring at varying gestations	* *
		Invasive vs. non invasive BP monitoring	*
		Relevance of positioning of infants to optimise respiratory function and interventions	*

**Knowledge 2.**

**RESPIRATORY AND CARDIOVASCULAR MANAGEMENT  
Anatomy and physiology (structure, function & process)  
Pathophysiology**

For all conditions:

Risks, causes, affect of pathology on functional ability of all systems, long and short term outcomes.

Pathology of conditions leading to specific or overwhelming compromise in cardio-respiratory function: eg Patent Ductous Arteriosus; Meconium Aspiration Syndrome; Persistent Pulmonary Hypertension of the Newborn; Respiratory Distress Syndrome; Neonatal asphyxia: structural cardiac defects  
Effect on oxygen delivery to tissues & removal of waste products of respiration.

Deranged blood gases, causes and impact on function of other systems

HEAC397 HEAC396	<b>Practice knowledge</b>	HEAC397 HEAC396
*	Assessment and monitoring of cardiorespiratory status, expected parameters	*
*	Principles involved in intubation/extubation.	*
*	Management of infant with Endo-tracheal tube in situ; relevance of positioning & patency of tube,	*
*	Principles of care of an infant with a tracheostomy	*
*	Risks and benefits, associated with suctioning of respiratory secretions including changes to haemodynamics and cerebral blood flow.	*
*	Positioning of infants to optimise respiratory therapies	*
*	Principles underpinning mechanical ventilation/ respiratory support techniques,	*
*	Measures taken to determine effectiveness	*
*	Understanding of how respiratory support responds to specific pathology	*
*	Understanding relevance of altered blood gas analysis	*
*	Management of infants with chest drains in situ – support of drains and tubing / positioning of infant / potential complications	*
*	Priorities for managing infants during cardiovascular collapse.	*

<b>Skill 3:</b>  <b>NEUROLOGICAL, PAIN AND STRESS MANAGEMENT</b>  <b>Neonatal Nurse QIS – performance criteria</b>	<b>HEAC397</b>	<b>HEAC396</b>	<b>Competency</b>	<b>Clinical Log</b>	<b>Learning Objectives</b>	<b>Reflection</b>	<b>Presentation</b>	<b>Summative Assignment</b>	<b>Group Work</b>	<b>Scenario</b>	<b>Facilitated Learning</b>
Recognise expected reflexes and behaviour of babies of differing gestational ages	*	*	1	1	2	2	2	2	1		1
Recognise deviations from expected reflexes and behaviours associated with neurological deficits and report results	*	*	1	1	2	2	2	2	1	2	1
Recognise physiological and behavioural differences between stress, distress, discomfort, pain, convulsions and drug withdrawal	*	*	1	1	2	2	2	2	1	2	1
Utilise a validated, gestational age relevant pain assessment tool	*	*	1	1	2	2	2	2	1	2	1
Interpret outcomes of pain assessment	*	*	1	1	2	2	2	2	1	2	1
Alleviate baby's discomfort, pain and stress using pharmacological and non-pharmacological methods	*	*	1	1	2	2	2	2	1	2	1
Implement strategies that minimise noxious and painful experiences	*	*	1	1	2	2	2	2	1	1	1
Interpret outcomes of assessment of neonatal abstinence syndrome (NAS)	*	*	1	1	2	2	2	2	1		1
Implement strategies that minimise the adverse effects of NAS	*	*	1	1	2	2	2	2	1		1
Provide support and guidance for staff/carers involved in care associated with maternal drug dependency and NAS	*	*	1	1	2	2	2	2	1		1
Initiate referrals related to ongoing need and support in relation to NAS	*	*	1	1	2	2	2	2	1		1
Assess the neonatal environment in relation to neurodevelopment	*	*	1	1	2	2	2	2	1		1
Implement strategies that minimise the adverse impact of the neonatal environment on neurodevelopment.	*	*	1	1	2	2	2	2	1		1
Implement strategies that promote positive musculo-skeletal development	*	*	1	1	2	2	2	2	1		1
Adapt strategies to meet the needs of specific babies	*	*	1	1	2	2	2	2	1		1

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### Knowledge 3: NEUROLOGICAL, PAIN & STRESS MANAGEMENT

#### Anatomy and physiology (structure, function & process) Normal newborn and convalescing infant

Anatomy, physiology & functioning of central and peripheral system:  
 Macroscopic structure and function of the CNS:  
 Functional areas of cerebral hemispheres; motor and sensory function;  
 memory, language and cognition.  
 Role and function of CSF;  
 Motor functional development (PNS); development of hearing and vision  
 Role and development of germinal matrix; cerebral blood flow  
 Development of reflexes  
 Development of pain pathways, sensation and processing pain; pain  
 perception; pain modulation  
 Normal physiological and behavioural response to pain  
 Acute and chronic stress, causes & responses

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#### Practice knowledge

Expected behaviour patterns for healthy term baby;  
 \* Expected reflexes and response of healthy term baby;  
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 Overt signs of pain and distress  
 \* Strategies to promote comfort and sleep

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**Knowledge3 : NEUROLOGICAL, PAIN & STRESS MANAGEMENT**

**Anatomy and physiology (structure, function & process)  
Pathophysiology**

Causes and risk factors associated with brain injury  
 Outcomes of brain injury and impact on behaviour, motor, sensory and cognitive function (to include structural neural tube defects)  
 Hypoxic-ischaemic encephalopathy (HIE); acute profound asphyxia, prolonged partial asphyxia; Grading of HIE

Principles of therapeutic cooling  
 Impact on other body systems (eg hypoglycaemia, immunity, respiratory compromise, feeding difficulties)  
 Impact of drug misuse including alcohol and tobacco on behaviour;  
 Impact of drug withdrawal on other body systems (eg tone, activity, irritability, feeding, breathing patterns, temperature regulation);

Ante-natal and long term impact of NAS on growth and development;  
 Peri-Ventricular Leucomalacia; loss of white matter, development of cystic areas  
 Grades of Intra-Ventricular Haemorrhage; ventricular dilatation; development of hydrocephalus; parenchymal lesions

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**Practice knowledge**

- \* Signs of hypoxic ischaemic encephalopathy: expected behaviour, posture & tone, reflexes, irritability, seizures
- \* Use of anti convulsive agents
- \* Cerebral function monitoring
- \* Priorities for active and passive cooling – criteria(\*this experience may not be available to all)
- \* Expectations of ability in relation to:  
 Respiration; feeding; reflex responses; head growth
- \* Expected signs & symptoms of withdrawal of different drugs
- \* Assessment tool for Neonatal Abstinence Syndrome (NAS)
- \* Non-pharmacological strategies to reduce stress and discomfort in baby suffering from NAS;
- \* Pharmacological management of drug withdrawal;
- \* Specific feeding strategies linked to NAS  
 Support mechanisms available within and outside the hospital setting for families affected by drug misuse.  
 Management of infant with developing hydrocephalus e.g. baby undergoing lumbar puncture / ventricular tapping/ baby with shunt in situ  
 Understanding of prognosis and need for continued follow up for all babies 'at risk' of compromise s

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<b>Skill 4: SKIN, HYGIENE AND INFECTION PREVENTION MANAGEMENT Neonatal Nurse QIS – performance criteria</b>	<b>HEAC397</b>	<b>HEAC396</b>	<b>Competency</b>	<b>Clinical Log</b>	<b>Learning Objectives</b>	<b>Reflection</b>	<b>Presentation</b>	<b>Summative Assignment</b>	<b>Group Work</b>	<b>Scenario</b>	<b>Facilitated Learning</b>
Educate family/carers in correct hand hygiene techniques	*	*	1	1	2	2	2	2	1	2	1
Ensure compliance with infection prevention guidelines to include principles of barrier nursing	*	*	1	1	2	2	2	2	1		1
Assess skin integrity anticipating the baby at risk of iatrogenic skin damage		*	1	1	2	2	2	2	1	2	1
Utilise strategies to maintain hygiene and skin integrity, including stoma care	*	*	1	1	2	2	2	2	1		1
Implement strategies to minimise iatrogenic damage and potential injury		*	1	1	2	2	2	2	1	2	1
Recognise expected wound healing processes		*	1	1	2	2	2	2	1		1
Apply therapeutic dressings		*	1	1	2	2	2	2	1		1
Refer to specialists as required eg stoma care		*	1	1	2	2	2	2	1		1

<b>Skill 5: MANAGEMENT OF THERMOREGULATION Neonatal Nurse QIS – performance criteria</b>	<b>HEAC397</b>	<b>HEAC396</b>	<b>Competency</b>	<b>Clinical Log</b>	<b>Learning Objectives</b>	<b>Reflection</b>	<b>Presentation</b>	<b>Summative Assignment</b>	<b>Group Work</b>	<b>Scenario</b>	<b>Facilitated Learning</b>
Assess neonatal body temperature using appropriate method and site	*	*	1	1	2	2	2	2	1	2	1
Monitor central and peripheral temperature gap	*	*	1	1	2	2	2	2	1	2	1
Anticipate the baby at risk of temperature deviations	*	*	1	1	2	2	2	2	1	2	1
Intervene to prevent temperature deviations	*	*	1	1	2	2	2	2	1	2	1
Implement strategies to correct temperature deviations	*	*	1	1	2	2	2	2	1	2	1

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**Knowledge 4 & 5:**

**THERMOREGULATION, SKIN, HYGIENE AND INFECTION PREVENTION**

**Anatomy and physiology (structure, function & process)  
Normal newborn and convalescing infant**

Anatomy, physiology & functioning of the skin;  
 Structure of the skin  
 Role of the skin in infection prevention, thermoregulation, fluid balance  
 Thermoregulation  
 4 Methods of heat loss; routes eg skin, respiratory, TEWL

Internal and external heat gradients  
 Heat conservation  
 Heat production (Non Shivering Thermogenesis)  
 Immune response & infection:

Newborn immunity (Passive & active)  
 Risks associated with infection; congenital infections

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**Practice knowledge**

Management of the environment;  
 Normal thermoneutral environment  
 Methods of reducing heat loss  
 Prevention of thermal stress  
 Delivery room management  
 Prevention of overheating (in relation to Sudden Infant Death Syndrome and neurological outcome)  
 Temperature monitoring strategies  
 Infection prevention/control strategies  
 Identification of antenatal risk factors for sepsis  
 Routes of Transmission – eg vectors, nosocomial infection & transmission

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**Knowledge 4 & 5:  
THERMOREGULATION, SKIN, HYGIENE AND INFECTION  
PREVENTION**

**Anatomy and physiology (structure, function & process) Altered anatomy and physiology**

IUGR, prematurity, underdevelopment:

Thermoregulation:

Effects of low birthweight, differing gestational ages

Surface area:body wt ratio; subcutaneous fat stores; vasoconstriction; posture;  
Brown adipose tissue stores; energy & O2 in heat production; CNS response

Hypothermia – effects on other systems (glucose use & growth, oxygen use & respiratory compromise, energy triangle)

Hyperthermia - causes

Implications of skin immaturity

Factors which threaten skin integrity

Infection

Susceptibility to infection;

Increased susceptibility to infection in IUGR and prematurity

Physiological signs of infection

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**Practice knowledge**

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*	Strategies available to provide external heat source – eg Incubators vs radiant warmers/ servo control systems; advantages & disadvantages	*	*
*	Relevance of reducing TEWL & respiratory heat loss in maintaining thermoneutrality.	*	
*	Use of ambient humidification	*	*
*	Tools for measuring skin integrity		*
*	Planning care to minimise risk of skin damage or interventions when skin is breached eg extravasation injuries		*
*	Local and systemic signs of infection.	*	
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**Knowledge 4 & 5:  
THERMOREGULATION, SKIN, HYGIENE AND INFECTION  
PREVENTION**

**Anatomy and physiology (structure, function & process)  
Pathophysiology**

Pathophysiology

Consequences of cold stress & cold injury (eg peripheral & pulmonary vasoconstriction; hypoxia & acidosis; reduced cardiac output/cerebral blood flow; apnoea; renal function)

Sepsis – types & timing (early/late onset infection); risk factors; septic shock

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**Practice knowledge**

- \* Delivery room management of infants with increased susceptibility to heat loss and infants at risk of neurological injury
- \* Monitoring of infants at risk of thermal stress
- \* Monitoring and management of infant with suspected or proven septicaemia
- \* Principles of therapeutic hypothermia monitoring/ management of shivering/ rewarming

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<b>Skill 6: MANAGING AND SUPPORTING THE FAMILY Neonatal Nurse QIS – performance criteria</b>	<b>HEAC397</b>	<b>HEAC396</b>	<b>Competency</b>	<b>Clinical Log</b>	<b>Learning Objectives</b>	<b>Reflection</b>	<b>Summative Assignment</b>	<b>Presentation</b>	<b>Group Work</b>	<b>Scenario</b>	<b>Facilitated Learning</b>
Recognise the impact of the neonatal environment on family functioning	*	*	1	1	2	2	2	2	1	2	1
Recognise families' feelings of grief and loss	*	*	1	1	2	2	2	2	1	2	1
Assess the individual needs of the family	*	*	1	1	2	2	2	2	1	2	1
Identify the level of support needed by family members and agree the plan of care with the family and healthcare practitioners	*	*	1	1	2	2	2	2	1	2	1
Plan a strategy of integration of families' needs into care	*	*	1	1	2	2	2	2	1	2	1
Actively promote participation in care	*	*	1	1	2	2	2	2	1	2	1
Provide memory making for all families from admission	*	*	1	1	2	2	2	2	1	2	1
Involve and support families in decisions surrounding care	*	*	1	1	2	2	2	2	1	2	1
Support practices which promote families spending time with their baby according to their individual circumstances.	*	*	1	1	2	2	2	2	1	2	1
Recognise the needs of siblings, grandparents and the extended family network	*	*	1	1	2	2	2	2	1	2	1
Act as advocate for the baby and family	*	*	1	1	2	2	2	2	1	2	1
Work with the family and external agencies in relation to identified interventions required linked to Safeguarding of Children	*		1	1	2	2	2	2	1	2	1
Identify specific ongoing needs of the family	*	*	1	1	2	2	2	2	1	2	1
Establish health promotion and education for the family in preparation for discharge/transfer	*	*	1	1	2	2	2	2	1	2	1
Employ strategies that reduce the impact of stress on the family	*	*	1	1	2	2	2	2	1	2	1
Recognise and respect language, cultural and religious beliefs, and family composition	*	*	1	1	2	2	2	2	1	2	1
Provide support mechanisms for the family following an emergency/incident		*	1	1	2	2	2	2	1	2	1
Sensitively care for the family and baby with a life limiting condition with support and guidance from senior staff		*	1	1	2	2	2	2	1	2	1
Sensitively care for the dying baby and the parents with support and guidance from senior staff.		*	1	1	2	2	2	2	1	2	1
Plan in collaboration with the family the place of death of the baby		*	1	1	2	2	2	2	1	2	1
Seek support when the situation is outside the level of comfort and confidence		*	1	1	2	2	2	2	1	2	1
Sensitively care for the baby who has died and the bereaved parents in accordance with local and national bereavement protocols with support and guidance from senior staff		*	1	1	2	2	2	2	1	2	1
Initiate ongoing support for the family through formal and informal networks including local and national charitable and government organisations		*	1	1	2	2	2	2	1	2	1

- KEY 1** – Performance criteria **will** be assessed summatively and/or formatively via the methods indicated
- 2** – Performance criteria **may** be assessed summatively and/or formatively via the methods indicated due to individual student choice or exposure to differing group work/scenario learning activities.

**Knowledge : 6 MANAGING AND SUPPORTING THE FAMILY**

**Family dynamics and functioning**

Models and frameworks for family assessment

Family dynamics and family functioning

The impact of past life experiences

Vulnerability and threats to the family following admission

Altered dynamics and family functioning during the neonatal journey

Family nursing in neonatal care environments

Theories of attachment and loss

The experiences and feelings of families within neonatal care

The impact of the neonatal environment on the family

Signs and sources of stress

Family strengths and approaches to problem solving

Family coping mechanisms

Individual family communication strategies

**HEAC397**  
**HEAC396**

**Empowering the family**

**HEAC397**  
**HEAC396**

*	*	The role of the family in infant development	*	*
*	*	Strategies and interventions to support development of positive parent-infant relationships	*	*
*	*	Strategies to support family health	*	*
*	*	Strategies that respond to the long term impact of admission	*	*
*	*	The role of the extended family support network	*	*
*	*	Verbal and non-verbal communication strategies	*	*
*	*	Strategies to reduce the impact of stress on the family	*	*
*	*	The processes involved in decision making for families within neonatal care	*	*
*	*	The role of the nurse as advocate with the 'non-verbal' baby and the vulnerable family or the family in crisis	*	*
*	*	Priorities and planning in preparation for discharge	*	*
*	*	The long term impact of admission on the family	*	*
*	*	Strategies to reduce the long term impact of admission	*	*
*	*	Support systems within and outside the hospital environment	*	*
*	*	Support systems within and outside the hospital environment	*	*
*	*	Support systems within and outside the hospital environment	*	*

## **Palliative care**

Legal and ethical aspects of end of life care and withdrawal of active treatment

The role of the Hospice within palliative care

Palliative care pathways

The stages of bereavement and loss

The differing expectations of families during the care of their dying baby

The family's involvement in symptom control and management for the dying baby

Respecting cultural diversity relating to attitudes and behaviours surrounding death

Creating memories for all family members

Agencies supporting families following a bereavement

Agencies supporting families following diagnosis of life limiting conditions

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