



**Council of International Neonatal Nurses, Inc. (COINN) Position Statement on  
Pre-Service Orientation of Registered Nurses and Midwives to Neonatal Units**

**POSITION:**

The Council of International Neonatal Nurses, Inc. (COINN) recommends that nurse/midwife orientation include a standardized orientation process which can be tailored to meet the individual nurse/midwife's needs. The standardized orientation includes: didactic learning, neonatal skills, case discussions and scenarios, simulation with debriefing. These are considered to be essential to meet the neonatal nurse /midwifery competency standards required to care for small and sick newborns. The orientation period should be individualized dependent on the knowledge and experience of the orientee but requires a minimum of a standardized 12-week orientation process. Ideally a dedicated experienced neonatal nurse should be assigned as a preceptor to each orientee.

**BACKGROUND:**

Worldwide there has been a lack of a standardized neonatal nurse orientation programs (Bischoff, 2017). Nurses and midwives that are assigned to work in neonatal units do not always receive their learning in a structured way which can impact on the professionals' long-term ability to care for the high-risk babies (Bischoff, 2017). This also leaves the nurse/midwife in a vulnerable position where they are at higher risk of failure. It is well documented that staff who have not received adequate training or education, increases neonatal mortality (Jehan et al., 2009). The World Health Organization (WHO) responded to the neonatal mortality by stating that there should be an expansion of quality service for the small or sick newborn which includes strengthening the neonatal nursing workforce (WHO, 2020 a, b). The aim was to ensure that the neonatal team are competent in caring for these infants to attain the maximum outcomes for all newborn globally. It is important to note that to become competent in care, the new orientee needs to learn the unique skills necessary to provide quality care.

The neonatal unit is a complex place to work and differs from other hospital environments. Due to the specialist nature of the patients consequently it takes time to develop the knowledge, skills and clinical reasoning required to manage these patients safely. One of the primary roles of a preceptor is to ensure the small and vulnerable newborn and family are cared for in a safe and nurturing environment which also nurtures the novice nurse/midwife.

New orientees require experienced, knowledgeable preceptors that are willing to teach and understand the unique needs of adult learners from diverse backgrounds. To allow all preceptor nurses/ midwives to successfully preceptor new orientee/students, facilitation of allocated time by the administration of the hospital is essential.

The preceptor bridges the gap between the didactic learning and patient care to link theory with practice. Preceptors should be experienced in neonatal care and willing to help the new orientee/student adjust to the complexity of the neonatal environment. The preceptor is essential in helping a novice nurse/midwife move towards competency. To ensure that the novice nurse/midwife moves toward becoming competent, the preceptor team should comprise of a small group of professionals that excel in clinical and communication skills (Schmitt & Schiffman, 2019). The process of orientation affects the nurses' whole career and it is important that they have a positive learning experience.

The role of the neonatal nurse preceptor is important. A well-trained preceptor will help the new neonatal nurse/student develop knowledge in nursing process, use of specialized equipment, prioritization of the care needs, and develop strong communication skills with families and professionals. An experienced neonatal preceptor will use different learning modalities to help the neonatal nurse/midwife obtain the knowledge/education and skills they need and will employ different modalities including feedback and discussion of assessment, questioning situations, reflection and role play (Powers et al., 2020).

To ensure a healthy workforce, it is essential that experienced neonatal clinical preceptors become an integral part of the educational system of universities and hospital. Experienced neonatal faculty/administration must work alongside the preceptor to ensure the orientee/student are meeting their goals to address range of NICU patients (from the sickest to those who only require some special care input). When the triad of neonatal faculty, preceptor and orientee work together there will be successful transition from orientee/student to practicing neonatal nurse. This transition in practice ensures that the orientee/student obtains proficiency and moves from novice to competent neonatal nurse who can then prioritize neonatal needs.

#### **RECOMMENDATIONS:**

COINN recommends that the orientation for all nurses/midwives starting in neonatal units be individualized for each unit. The following areas are however, suggested for any orientation program and important to consider where possible:

- Antenatal risk factors affecting the neonate
- Embryology and genetics
- Specific and common neonatal disease conditions
- Nutritional requirements based on gestational age
- Individualized family-centered developmental care including neuroprotection/environmental requirements and importance of Kangaroo Mother Care (KMC)
- Safety and quality improvement strategies
- Neonatal research that provides evidence to support neonatal nursing interventions

- Understanding of the skills required for neonatal nursing leadership, unit management for staff/service
- Leadership by neonatal nurse faculty, administration and preceptors for the nurse/midwifery orientee/students (Schmitt & Schiffman, 2019)
- Neonatal nurse managers/administration should provide structure; set expectations for the unit; and are responsible for managing human and financial resources, ensuring patient and staff satisfaction, maintaining a safe environment, ensuring standards and quality of care, and aligning unit goals with hospital strategic plans (AWHONN 2021, Agency for Healthcare Research and Quality, 2012)
- Nurse preceptors and educators should ensure that the new orientee/student is integrated into the neonatal workforce and has the competency to perform as a competent neonatal nurse but is not the expert in the field (AWHONN, 2021), according to the agreed COINN neonatal nursing competencies at the appropriate level (Jones, 2019).
- Neonatal administrators, neonatal faculty, and other neonatal nurse leaders should develop hybrid training programs (clinical and classroom based combined with online) to enhance the orientee's/student's ability to deliver safe evidence-based family-centered care
- Hospital administrators or executive management team should provide adequate funding and resources to promote safe staffing ratios that support the needs of the orientation process
- National nursing organizations and universities should provide support for the orientee and students by providing statements and resources for the orientation needs of the orientee/student
- Regulatory bodies such as The Joint Commission/Ministry of Health/Nursing Councils focus on compliance with evidence-based practice, standards of practice, and regulatory requirements. Minimal standards required for the provision of care, treatment, and services should be published and shared with everyone involved in neonatal care.

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