



**25th Annual NIDCAP Trainers Meeting
October 25-28, 2014**

**Parador de Segovia
Segovia, Spain**

***Integration of the Nursery Assessment Manual into NIDCAP
Training:***

An Interactive Workshop

**Monday, October 27, 2014
14:00-16:30**



Integration of the Nursery Assessment Manual into NIDCAP Training
An Interactive Workshop
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WORKSHOP INSTRUCTIONS

1. Please bring the attached Workshop Handout with you to the 25th Annual NIDCAP Trainers Meeting.

2. In the beginning of the workshop, a slide and video vignette will be shown to you to assist you in rating the four scale items from the Nursery Assessment Manual. Please watch carefully, as they will only be shown once. Each vignette is about 7 minutes in length.

3. Please review the attached Workshop Handout: Page

Workshop Outline. 2

**You have been pre-assigned to a Small Group (Appendix A).
Your Group Leader will support you through the Small
Group Exercise (see below). 5**

**Your Small Group has been provided with a Integration
Exercise (Appendix B). 8**

**Four scale items, from the Nursery Assessment Manual have been
pre-selected for your Small Group to read, reflect upon and rate
(Appendix C). 9**

**The Nursery Assessment's score sheet & the 5-point rating scale
have been provided (Appendix D). 22**

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Moderator
R. Hedlund

Workshop Outline

I. “*Changing the Nursery through the Integration of the NIDCAP Nursery Certification Program (NNCP) into all Aspects of NIDCAP Training*” H, Als
15 Minutes

II. Introduction to the Small Group Assignment R. Hedlund
Review:

A. Pathway to the Nursery (Slide Presentation) 15 Minutes
B. Skin-Skin Contact (Video Vignette)

III. Meet in Pre-Assigned Small Groups

Small Group Integration Exercise: 1 Hour, 55 Minutes

**Reflect, Discuss & Score Four Pre-Selected
Nursery Assessment Scales Items:**

- A. Access to the Nursery from Outside the Hospital**
- B. Overall Appearance (of the Nursery)**
- C. Infant Holding**
- D. Parent Participation in Care**

Please fill out the Workshop Evaluation Form 5 Minutes

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Appendices

- A. Pre-Assigned Small Groups**
- B. Small Group Integration Exercise**
- C. Pre-selected Scale Items**
 - 1. Access to Nursery from Outside of Hospital**
 - 2. Overall Appearance (of the Nursery)**
 - 3. Infant Holding**
 - 4. Parent Participation in Care**
- D. Nursery Assessment Manual: Score Sheet
& Five-Point Rating Scale**

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Appendix A

Pre-Assigned Small Groups

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Pre-Assigned Small Groups

Group 1: gretchen Lawhon

1. Fabrizio Ferrari	9. Saida Kamenza
2. Stefano Palombaro	10. Asiya Sanihin
3. Gianluigi Ierardi	11. Samantha Butler
4. Federica Sabbioni	12. Mujer Jim
5. Inga Warren	13. Unnie Tomren
6. Ingrid Hanks Drielsma	14. Carol-Anne Middleton
7. Joy Browne	
8. Bonnie Moyer	

Group 2: Gloria McAnulty

1. Birgit Holzhueter	9.. Silke Mader
2. Rebekka Bauer	10. Heidelise Als
3. Ina Huebner	11. Sandra Kosta
4. Natalie Broghammer	12. Agneta Kleberg
5. Hattinger-Jürgenssen Erna	13 Ann-Sofi Ingman
6. Silvia Woerndle	14 Carina Branvik
7. Dorothy Vittner	
8. Jean Powlesland	

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Group 3: Deborah Buehler

1. Jim Helm	9. Susan Vaughan
2. Kaye Spence	10 Kathleen O. Riordan
3. Joke Wielenga, RN, PhD	11. Anne Buckley
4. Nikk Conneman	12. Polly St John, RN
5. Tamara Lelli	13. Andrea Nykipilo
6. Cinzia Mazzi	14. Elsa Silva
7. Natascia Bertoncelli	15. Jeffery Alberts
8. Mary Cullinane	

Group 4: Karen Smith

1. Linda Lacina	9. Hanaa Abdellateef
2. Bernard Guillois	10. Joan Mc Ginnis
3. Margherita Nicocia	11. Kholood Shabita
4. Manuela Mosca	12. Björn Westrup
5. Marni Panas	13. Gillian Kennedy
6. Gadah Abed el Hai	14. Natascia Simeone
7. Abraham	15. Gina Ancora
8. Marla Wood	

Group 5: Rodd Hedlund

1. Monique Oude Reimer	9. Dalia Silberstein
2. Esther Van der Heijden	10. Eva Jørgensen
3. Yvonne Kant-de Wit	11. Hanne Aagaard
4. Mary O'Connor	12. Fatima Clemente
5. Mandy Daly	13. Fernanda Sampaio de Carvalho
6. Janny Hoeeg	14. Sandra Lazzari
7. Emily Johnson	
8. Debra Paul	

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Group 6: Jacques Sizun

1. Celine Prout	8. Veronique Pierrat no duerme
2. Morgane Dubourg	9. Dominique Haumont
3. Sylvie Minguy	10. Inge Van Herreweghe
4. Sandra Lescure	11. Julie Servais
5. Laura Fazilleau	12. Delphine Druart
6. Pierre Kuhn	13. Nathalie Torfs
7. Nathalie Ratynski	14. Ann Marchand

Group 7: Gracielo Basso & Melissa Johnson

1. Nuria Rodriguez	17. Esther Cabañes
2. Maria Moreno	18. Esther Herrador
3. M^a Jose Troyano	19. M^a Eugenia Bodas
4. Veronica Violant PhD	20. Noelia Ureta
5. Fatima Camba	21. M^a Teresa Moral
6. Estrella Gargallo	22. Beatriz Bellón
7. Josep Perapoch	23. María López
8. Marcela Castellanos	24. Laura Cabrejas
9. Ninoska Cancino	25. Concha de Alba
10. Yasmina Afonso	26. Thais Agut
11. Juliana Acuña	27. Nathalie Charpak
12. Carmen Pallas	28. M^a Concepción Céspedes
13. Purificacion Sierra	29. Angela Gregoraci
14. Florencia Gándara	
15. Marido de Melissa	
16. Ayn Cavicchi	

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Appendix B

Small Group Integration Exercise

Integration of the Nursery Assessment Manual into NIDCAP Training: An Interactive Workshop

Small Group Integration Exercise

Follow the instructions below. See **Appendix C for pre-selected scale items; and **Appendix D** for the Nursery Assessment's Score Sheet and the Five-Point Rating Scale.**

1. Reflect upon and discuss the slide presentation: Pathway to the Nursery to address:

I.A.1. Access to Nursery from Outside of Hospital

Score I.A.1. based on the evidence discerned from this slide presentation.

2. Reflect upon and discuss the slide presentation: Pathway to the Nursery to address:

I.B.1. Overall Appearance

Score I.B.1. based on the evidence discerned from this slide presentation.

3. Reflect upon and discuss the video vignette: Skin-to-Skin Contact to address:

II.A.1. Infant Holding

Score II.A.1. based on the evidence presented in the video vignette.

4. Reflect upon and discuss the video vignette: Skin-to-Skin Contact to address:

III.A.4. Parent Participation in Care

Score III.A.4 based on the evidence presented in the video vignette.

As you read, discuss and score the four pre-selected scale items above, please reflect upon the “*Guiding Questions*” provided below:

Guiding Questions:

1. *What are the implications of the observed vignette and the ensuing group discussion for your work as Trainer?*
2. *What are the implications of the observed vignette and the ensuing discussion for your guidance as Trainer of the NIDCAP Professionals in Training?*
3. *What are the implications of the observed vignette and the ensuing discussion for your guidance as Trainer of the Nursery Leadership Team and the goal formulation for the nursery's change process?*

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If time permits, after completing points 1-4 above, please:

Reflect upon the nursery's strengths and challenges as discerned by the scores that were given for each scale item in each of the four categories of the Nursery Assessment Manual;

Determine next steps for this nursery based upon the evidence provided and the scores attained.

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Appendix C

Pre-selected Scale Items:

- 1. Access to Nursery from Outside of Hospital**
- 2. Overall Appearance (of the Nursery)**
- 3. Infant Holding**
- 4. Parent Participation in Care**

Integration of the Nursery Assessment Manual into NIDCAP Training: An Interactive Workshop

1. Access to Nursery from Outside of Hospital

Integration of the Nursery Assessment Manual into NIDCAP Training: An Interactive Workshop

I. Physical Environment of the Hospital and Nursery

A. Accessibility of the Nursery from Outside of and from Within the Hospital

1. Access to Nursery from Outside of Hospital

(1) Access to the nursery from outside the hospital may be challenging. Public transportation to the hospital may be located several blocks or more away. The parking garage is difficult to locate; has few available spaces; and parking is very expensive. Identification of the hospital entrance is confusing; the entrance area is stark and/or dark; or overly starkly illuminated. Once inside the hospital numerous bare malodorous hallways with peeling paint, graffiti, haphazardly posted flyers and notices, lead in different directions. The few legible direction signs display technical abbreviations, and some appear outdated. Identification of the direction to the nursery is obscure. Once at the entrance of the nursery, rules for visitation spell out many prohibitions, and the entrance doors to the nursery are locked. Within the nursery, bare hallways are lined with notes taped to the walls, extra equipment, supplies, and used or discarded furniture.

(2) Access to the nursery from outside the hospital is quite difficult. Public transportation may be available within one or two blocks of the hospital. The parking garage may be congested some of the times. There may be some financial subsidy for parent's parking. The hospital lobby may have an information desk with a computer or person; signs in the region's primary language direct visitors to the different areas of the hospital, including the nursery. Hallways throughout the hospital may appear clean and clinical. The entrance to the nursery may require nursery staff to open the locked door. The entryway may be clinical with notices on the walls describing rules and expectations for visitors. Some extra equipment and supplies may line the corridors of the nursery hallways. The paths that lead to family spaces and to the infants' bed spaces may be somewhat confusing.

(3) Access to the nursery from outside the hospital is straightforward and welcoming. Some hospital-sponsored subsidy for public transportation and taxi fares is available for nursery family members upon application. Public transportation services are available within a block of the hospital. Parking rates are discounted for nursery families and the parking garage has a number of designated family parking spaces. The hospital entrance lobby has a reception desk staffed by a knowledgeable person, who greets families, supports them in securely storing coats, boots, and umbrellas and provides verbal explanations of the path to the nursery. Family members receive an attractive identification badge that identifies them as nursery families. Hallways are aesthetically designed and decorated and directions clearly marked in the region's two most prevalent languages likely to be used by the patient population. The path through the hospital is straightforward and readily followed. A well-marked wall plate opens the door leading to the nursery. Inside, a receptionist greets the family and directs them to their infant's caregiver. The nursery hallways are painted in warm soft colors and decorated with a thoughtfully chosen newborn infant appropriate theme. All signs are welcoming and tasteful. Families' paths to their infants are free of nursery supplies and equipment. The infant's nurse greets and welcomes the family.

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(4) Access to the nursery from outside the hospital is inviting and the nursery is easy to find. Public transportation access is close to the front door of the hospital and fares are reduced for nursery families. Free valet parking is available to nursery families at the hospital entrance. The parking garage has a number of well-marked reserved spaces for nursery families; parking is free of charge throughout the infant's hospitalization. Hospital attendants assist persons who come to the hospital. A coat, boot, umbrella etc. check facility may be available in the entryway. Receptionists guide families to the nursery. Family members receive an attractive identification badge that identifies them as nursery families. The hospital path to the nursery is clearly marked, aesthetic, and easy to follow. Families use their identification badge to open the door into the nursery electronically; upon entrance a receptionist and a relaxing family lounge welcome them. The receptionist supports them to securely store any coats, boots, umbrellas, etc., and offers them a light snack, juice, tea, coffee or water. The washing area is comfortable, ergonomically well designed, and welcoming. The hallways leading to the family care spaces are attractively painted in warm soft colors and thoughtful artwork. The infant's nurse, informed by the receptionist of the family's arrival, greets the family.

(5) Access to the nursery from outside of the hospital is very inviting and the nursery is easy to find. Public transportation services are available to and from the entrance of the hospital. Free transit passes and/or taxi vouchers are available to all family members for the duration of the infant's hospitalization as well as for follow-up visits after discharge. Free valet parking is available 24 hours a day and seven days a week. Parking, with easy to locate reserved family parking spaces nearest to a door leading to the nursery, is free of charge for families throughout the infant's hospitalization and for all follow-up visits. Full assistance to the nursery is available. Knowledgeable, thoughtful receptionists within the entrance lobby of the hospital welcome families, direct them, and arrange for personal escorts as indicated. All pathways throughout the hospital and into the nursery are easy to follow with welcoming, well-designed tasteful signs in the region's languages. Near the nursery, relaxation and health services and facilities may be available (e.g., meditation, prayer, yoga, spa, massage, exercise and rest) for families and nursery staff. The family members' attractive identification badge serves to open the doors to the nursery. A greeter at the nursery entrance, familiar with each nursery family, receives and welcomes them. A concierge provides assistance with outerwear, bags, and doors; checks on nutritional needs of the family; and ensures that food and drink is available. The hand washing area is comfortable, ergonomically well designed, and welcoming. The greeter escorts the family to their infant. The infant's nurse, informed of the family's arrival, warmly greets the family. Each family's area within the nursery includes comfortable furniture for relaxation and sleep, a bathroom, and space for storage.

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2. Overall Appearance (of the Nursery)

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I. Physical Environment of the Hospital and Nursery

B. Physical Environment of the Nursery

1. Overall Appearance (of the Nursery)

- (1) The nursery has a clinical appearance; walls and floors are plain and institutional; windows are bare or have institutional blinds only; fluorescent lighting is prevalent.
- (2) The nursery is clinical in appearance, some attempt is made to make the nursery appear home-like, yet it is minimal: there may be an occasional picture or wall-hanging; there may be a patterned curtain; or an occasional personal item at a bed space; or a chair with a soft cushion.
- (3) The nursery has a moderately home-like appearance, while some aspects appear clinical: walls may be soft in color; some lighting may be indirect; the hallway leading to the nursery room may have pictures and home-like decor; there may be some individualization of the bed space, and an occasional home-like chair; overall, the area appears nevertheless quite clinical.
- (4) The nursery has a definite home-like appearance: Comfortable chairs are available to the parents; walls may have home-like wallpaper, borders, and pictures; curtains on the windows are home-like in decor; and lighting is indirect. Individualization of bed spaces is evident; a reclining bed-chair or parent-bed is available at each bedside; and the path to the infant from entrance to bed space is friendly and welcoming.
- (5) The nursery has a definite home-like appearance in terms of furniture, color schemes and lighting. Furthermore, floors may be carpeted; home-like lamps with dimmer switches provide individualized lighting for each bed space; attractive plants are appealingly arranged and are well-tended; individualization of bed space is consistently evident; and furniture at the infant's bed space is comfortable for the parents and professional caregivers' restful caring and nurturing of the infant (reclining, two-parent bed-chair or bed; outgoing telephone lines; side tables or cupboards for personal items).

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3. Infant Holding

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II. Philosophy and Implementation of Care: Infant

A. Resources for Infant Support

1. Infant Holding

(1) Infants may receive inanimate supports, blankets, snuggle-ups, nests, etc. for sleep and wakeful periods. Medical procedures mainly occur in the infant's bed. Parents visit their infants after caregiving procedures and may hold their infant swaddled. Holding decisions are made by the staff on a case-by-case basis.

(2) Infants intermittently are given a finger or inanimate object to hold onto or suck, and may receive hand swaddling containments. Holding and caregiving facilitation decisions are made by the staff on a case-by-case basis.

(3) Parents may hold their infants skin-to-skin between caregiving procedures, mainly at the parents' insistence. Some staff members may facilitate skin-to-skin holding for some infants and parents. The infant must be placed into the incubator or bed for medical procedures. At times, two nursery caregivers may support an infant and each other during difficult medical and caregiving procedures. Holding and caregiving facilitation decisions are included in an overall nursery practice statement.

(4) Parents may hold their infants skin-to-skin based on the infant's cues and desires, and the parent's wishes. Most staff members facilitate and encourage skin-to-skin holding. Parents are treated as active and equal members of the caregiving team and are encouraged to support their infants during, following, and in-between medical and caregiving interactions. Staff readily follows nursery guidelines for skin-to-skin holding by the parent, as well as hand containment and cradling by parents and staff. These are considered the standard of care.

(5) Parents consistently and for prolonged periods, often 24 hours, hold their infants skin-to-skin based on the infant's cues and desires, and the parents' wishes. All nursery staff members facilitate such holding and care. Parents are supported in their skin-to-skin holding and caregiving with comfortable recliners, nourishment, privacy, and protection from extraneous nursery activities; they receive the staff's continuous thoughtful support. Parents are treated as active and equal members of the caregiving team and are actively encouraged to participate in medical and caregiving procedures by holding their infant skin-to-skin, or by supporting their infant with hand swaddling and cradling. Nursery policy and practice guidelines for skin-to-skin holding and hand swaddling are promoted as integral components of all nursery care.

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4. Parent Participation in Care

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III. Philosophy and Implementation of Care: Family

A. Philosophy of the Nursery

4. Parent Participation in Care

(1) Professional caregivers perform all caregiving from the infants' admissions on through hospital discharge. Parents' access to the nursery is limited by the nursery's visitation policy, which may exclude parents during times of medical rounds and performance of medical procedures, as well as nursing shift changes and report times. Parents may visit their infants at the bedside while professional caregivers are interacting with and caring for their infants. Before discharge, parents may be instructed on how to care for their infants once at home.

(2) Professional caregivers perform most of the caregiving, from the infants' admissions on through hospital discharge. Parents may visit their infants for much of the day and night. Parents of stable infants may participate in caregiving, including such activities as diaper change and bottle and breastfeeding.

(3) The nursery has an open visitation policy for parents. Some professional caregivers may invite parents to participate in caregiving, from birth/admission through hospital discharge. Parents are an integral part of their infants' lives in the nursery and are welcome to be at their infants' bed space at all times. Siblings, if healthy, are invited to be at an infant's bedside during certain times. In the course of an infant's hospitalization, parents' are expected to become increasingly involved and competent in their infants' care, from holding their infants skin-to-skin to changing diapers and feeding their infants. By the end of the hospital stay, parents perform all caregiving interactions with their infants. Prior to discharge, parents may stay with their infants alone in a separate parent room within or close to the nursery to gain security in caring for their infants.

(4) Professional caregivers support parents to be the primary caregivers of their infants from birth/admission through hospital discharge. Family-centered, individualized developmentally supportive care is an integral part of the nursery's policy and expectation. The area around the infant is considered the family's bed space, and parents and siblings are welcome to be there at all times. Parents are guided in how to interpret and understand their infants' responses to caregiving interactions, procedures and the nursery environment. Parents are supported in their role as co-regulators of their infants during sleep and wakeful times as well as during procedures that may cause discomfort and pain.

(5) Parents are the primary caregivers of their infants from birth/admission through hospital discharge. Family-centered, individualized developmentally supportive care is consistently implemented for all families in the nursery. Professional caregivers perform medical and technical tasks in collaboration with parent facilitations of infant stability, relaxation, and comfort. The nursery's leadership team provides ongoing support, guidance, and training

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for the professional caregivers to effectively and consistently provide family-centered, individualized, developmentally supportive care. As appropriate, in the course of their infants' hospitalization, parents increasingly perform caregiving procedures (e.g., bathing, temperature taking, and diaper changing). Each infant's bed space is considered the family's area. Siblings are welcome at any time as long as they are healthy; they may stay overnight. Parents are expected to live in the nursery with their infants' throughout the infants' hospitalization.

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Appendix D

**Nursery Assessment Manual: Score Sheet
& Five-Point Rating Scale**

Nursery Assessment Manual: Score Sheet

In your pre-assigned Small Group, please rate each of the category items (**in red**) below. Simply check the box under the number you think best represents the rating score for each item. The five-point rating scale may be found on the next page.

I. Physical Environment of the Hospital and Nursery

	1	2	3	4	5	N/A
A. Accessibility of the Nursery from Outside of and from Within the Hospital						
1. Access to Nursery from Outside of Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Physical Environment of the Nursery

1. Overall Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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II. Philosophy and Implementation of Care: Infant

A. Resources for Infant Support

1. Infant Holding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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III. Philosophy and Implementation of Care: Family

A. Philosophy of the Nursery

4. Parent Participation in Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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NNCP Nursery Assessment Manual

Five-Point Rating Scale

The five-point rating scales of the NNCP Nursery Assessment Manual assess a nursery's philosophy and implementation of care in reference to the NIDCAP model. Each of the five score points on the Nursery Assessment Manual ratings represents a level or degree of NIDCAP implementation as follows:

1 = Traditional, conventional care;

2 = The beginning or a minimal degree or level of NIDCAP implementation;

3 = An inconsistent, variable or moderate degree or level of NIDCAP implementation;

4 = A consistent well-integrated level or degree of NIDCAP implementation;

5 = A highly attuned, distinguished level or degree of NIDCAP implementation; or

(NA) "Not applicable," is scored when an aspect of care does not apply to a specific nursery system.