



NIDCAP Federation International
nidcap *changing the future for infants in intensive care*

NFI Quality Assurance Training Policy
QAT #001

NIDCAP Professional

Eligibility

Persons eligible to apply for NIDCAP Training are professionals, who are associated with or on staff of a Newborn Intensive Care and/or Special Care Nursery, are approved for training by their respective supervisors as well as the medical and nursing directors of the nursery, and are supported in their training to become active facilitators of the implementation of individualized developmentally supportive and family centered care in the respective setting.

Exceptions to these eligibility criteria are carefully evaluated in terms of goals and appropriateness as well as likely success of training. The decision to accept an individual who presents an exception is ultimately that of the Director of the NIDCAP Training Center that would provide such training.

Application Process

A nursery's leadership team or its representative contacts a NIDCAP Training Center with a preliminary letter of intent describing the nursery and the goals of the training. Upon availability of the Training Center and its guidance to the applicant, the nursery submits its site assessment, a 3 - 5 year financial and time plan as well as the self assessments of the trainees jointly agreed upon in collaboration of the applicant and the training center.

Requirements for Certification of a NIDCAP Professional

1. Training Requirements

The following components must be completed successfully, i.e. to the satisfaction of the certifying NIDCAP Trainer:

1.1. Introductory Training

1.1.1. Didactic Introduction

Lecture

Workshop

1.1.2. Direct Observation Training

Direct Observation in the NICU

Discussion and Write-up of Observation and Assessment of the Environment, the Infant's Behavior and the Care Received

1.1.3. Feedback, Consultation and Guidance

Discussion of Independent Observational Study

Reflective Guidance, Timeline Development, and Evaluation

1.2. Independent Observational Study

- 1.2.1. Observation of a 24-hour course of three infants: High intensive Care, Intermediate, Close to discharge.
- 1.2.2. Observation before, during, and after caregiving interactions of at least 5 preterm infants at each of the following levels of care: ICU, Intermediate, Pre-discharge. Preparation of summary Journal Pages and of detailed Reports of the developmental observations, including the infants' histories, a medical and a behavioral summary for each observation, the infants' current goals, the recommendations for environment and care, Template Ratings (Profile of the Nursery Environment and Care), and Reflective Process Notes.
- 1.2.3. Observation before, during, and after caregiving interactions, and reports as above on the observations of at least five well full-term infants.
- 1.2.4. Optional observation before, during, and after caregiving interactions of three infants in the Trainee's own care when cared for by someone else; writing as above of developmental observations and recommendations, subsequent implementation of recommended caregiving modifications when the Trainee provides the observed child's care; re-observation of the success of recommendations.
- 1.2.5. Preparation of one or more full 'write-ups', i.e. reports with detailed history and all pertinent documentation including reflective notes, for submission to the trainer for feedback.

1.3. Guidance and Assessment of Competence Development

1.4. One or more on-site workdays of trainer and trainee

1.5. Advanced Practicum

- 1.5.1. Following an infant and family and supporting the care team of an infant born at or before 28 weeks with weekly observations from admission to discharge and transition home, with formal reports and support to the caregiving team and the family. A minimum of five observations are required; the last observation must be in the infant's home.
- 1.5.2. Collection of evaluations from the key care team members (nurses, neonatologists, therapists) and the infant's family about the usefulness and effectiveness of the developmental support provided and the Advanced Practicum reports and discussions.
- 1.5.3. Submission of Advanced Practicum with all documentation including reflective notes to the NIDCAP Trainer for critical review and evaluation.

1.6. Reliability

The environment is observed by the Trainer and the Trainee from hospital entrance to the infant's bedside, followed by observation of the infant before, during, and after a caregiving interaction. Trainer and trainee make independent written observations, goal specifications, and recommendations for modification of care. Trainer and Trainee compare and discuss their respective observations and recommendations. The Trainer judges the Trainee's written product in terms of:

- a. Completeness of observation

- b. Astuteness of understanding
- c. Articulation of the infant's strengths, difficulties, and goals in view of the infant's history
- d. Articulation of the dynamic process of the infant's current developmental issues and steps in the co-regulatory context of the infant's family and the NICU setting
- e. Conceptual astuteness, pedagogic supportiveness, and effectiveness in formulation of the recommendations offered for consideration
- f. Accuracy of assessment of environment and care.

NIDCAP Certification confirms that the NIDCAP trainee has completed all six of the above, required NIDCAP training components, at a level judged to be of sufficient quality by the NIDCAP Trainer.

2. Processes

The processes involved in NIDCAP Professional development and certification consist of on-site contact work and long-distance work.

2.1. On-Site Contact

On-Site Contact of the NIDCAP Trainer and the Trainee at the Site of the NIDCAP Trainee's Center is required on average four to five times, each contact session typically four to five days in duration, and as follows:

- 2.1.1. NIDCAP Site Consultation
- 2.1.2. Introductory NIDCAP Training
- 2.1.3. NIDCAP Workday
- 2.1.4. Final NIDCAP Reliability.

2.2. Long Distance Work

Long Distance work involves the work of the Trainer with the Trainee, with the following components:

- 2.2.1. Trainer's review and feedback to the Trainee regarding the Trainee's self assessment and the site's assessments
- 2.2.2. Critical evaluation of the NIDCAP Trainee's reports and Advanced Practicum.

3. Quality Control

Quality control consists of continued correspondence, review and intermittent face-to-face contact and work and reflection sessions as indicated in order to assure progress and growth in the provision of high quality training.

4. Costs

The Trainee and/or his or her Nursery or Center is responsible for the payment and reimbursement of the NIDCAP Trainer. Payment is expected as per a negotiated agreement between the respective parties. Minimum expectation is typically at the level of the Trainer's current daily fee structure.

Site development and consultation to the site of the Trainee is a required part of the training process, and must be included in the initial cost projections for training.

* Addendum Regarding NIDCAP Trainees in Level-2 Nurseries

1. NIDCAP Observations

All NIDCAP Professionals-in-Training, i.e. NIDCAP trainees, regardless of the level of care delivered by their home base nursery, must arrange for the observation of at least five infants in the intensive care phase. For professionals, whose home base nursery is a Level-2 Nursery (Intermediate Care; Step-Down Unit; etc) this may require the setting up of a special relationship with a Level-3 Nursery (Newborn Intensive Care Unit - NICU) in their area. The optimal site would be the NICU from where the Level-2 Nursery receives the highest number of infants.

2. Advanced Practicum

NIDCAP Professionals-in-Training, whose home base nursery is a Level-2 Nursery (Intermediate Care; Step-Down Unit; etc), should make every attempt to begin their Advanced Practicum in a Level-3 NICU (Intensive Care Nursery), optimally in the NICU from where the majority of infants are transferred. It is in the best interest of the NIDCAP trainee and of developmental care implementation to forge a strong relationship with such a Level-3 NICU, in order to assure continuity of care for all infants and families transferred to the community Level-2 nursery.

In cases, where this creates a difficult inter-institutional situation, which jeopardizes the trainee's learning experience, the trainee may select an in-born infant born at or before about 30 - 32 weeks, or an infant, who was transferred to the Level-2 nursery within about a week from birth. The decision and arrangements around the selection of infant and family for the Advanced Practicum should always be made in interaction with the NIDCAP Trainer, who holds responsibility for the trainee's quality of training and will have insight into the circumstances that pertain to specific trainee situations.

Note: All trainees must fulfill the Advanced Practicum requirement of a minimum of five observations, the last of which must be a home observation.