NIDCAP Training Feedback Letter Example, H. Als

Trainer - Training Center NFI Logo
Letter Head

Date

Trainee(s) Name(s) with Titles
Trainee(s) Address

Re: Feedback, NIDCAP Training Days, Start and End Date of Training Visit;
Plans for Date(s) for next Training Visit

Dear Trainee(s) Name(s),

It was a great pleasure to work with you again. I learned a great deal and enjoyed our times together very much.

First, I want to give a brief summary of the NIDCAP Training in which we engaged and of the NICU's developments so far, and second, outline the next steps that we discussed together.

Training Accomplishments

A. NIDCAP Professional Certification

(Trainee's name) presented her excellent Advanced Practicum (AP), although we had to forego as a group to see the hard copy version together since the AP participant mother was so eager to have all materials that XXXX produced, not only the AP's version that was designated for her family. XXX gave us a good overview and showed the video that she had made of the infant and family she followed. Her AP as required contained five observations including a home visit observation which all followed the suggested format. She had collected several neonatologists' and nurses' as well as the family's evaluations, all of which were positive, especially the family's. She also did well in her final observation at the bedside with me. She astutely recognized the observed interaction's main story as well as the infant's own goals, understood the caregiver well, and made good recommendations and suggestions. Thus, she has become the first NFI certified NIDCAP Professional of your team. On the basis of this accomplishment she has moved from NFI Student Member to NFI Professional Member.
Congratulations to XXX on this great accomplishment! I shall send XXX's NFI NIDCAP Professional Certificate as soon as I have collected all pertinent signatures.

B. Advanced Practicum Status of the NIDCAP Professionals in Training

Each of you had sent me at least one additional report translated into English, with all the required background documentation materials before my visit. All reports showed significant improvement and growth on your part when compared with the prior reports that I had reviewed.

The two bed site observations that we performed in the NICU during my visit went well. We learned a great deal from each of the observations as they highlighted the persistent care challenges in the NICU. I was very encouraged when I saw that the first observation's mother held her infant in close to complete skin-to-skin holding (Kangaroo care); the mother wore a very thin body covering. The infant's very poor tone and pronounced head lag, apparently due to his lack of strength to hold his head up in the face of the pull of gravity, given the upright position of his mother's chest against which he rested, caused us great concern in the course of the observation.

NIDCAP Training Feedback Letter Example, H. Als

His mother sat in an upholstered, yet straight-back chair that interfered with her leaning back to provide a gentler incline for her infant's resting position. The infant's color was also very poor. He was very still and fed very little. He seemed exhausted. When we studied his history it became apparent that he was in congestive heart failure due to a persistent *patent ductus arteriosis* that had failed to close with medications. He is failing to grow. This posed a serious threat to his survival and wellbeing. We discussed the options involved with surgical repair, which would have to happen at another center and all that this entails; for more immediate support we suggested a more comfortable chair for the mother so that she may recline nearly fully and provide a more supportive surface for her son's body that will tax his strength and tone less. We also discussed supportive attention to the infant's head position at all times, as well as ways the mother may communicate with her attending nurse when the nurse has stepped to another infant's bedside. The direction of the mother's chair, which faced the window, i. e. away from the room, appeared to make it harder for her to signal her nurse for help. An additional point of discussion concerned the importance of consistently charting the growth percentiles of each infant in order to stay aware at all times of the potential drop in percentile band and initiate a comprehensive evaluation of the situation in order to prevent ideally and/or rehabilitate the situation in a timely manner.

The second observation involved an infant named XXX, who lay in his incubator and whom his nurse came to weigh. While this infant had a nest, it appeared that it failed to provide support for him. He clearly struggled in his nest and showed agitation and restlessness throughout most of the observation period; his nurse lifted him gently out of the incubator and placed him gently on the scale that she had prepared with a blanket for his support; again he made little use of the support. And upon being bedded back into the nest in the incubator gently he reactivated his struggle. This infant also showed severe extra-uterine growth restriction that apparently began after his birth; he had been born at expected growth percentiles. It appeared to us that the combination of prolonged periods of restlessness and the lack of sound sleep facilitation between care actions, paired with the albeit well intended and gentle interruption just for the one action of weighing, and the renewed return to the incubator yet again without regulatory facilitation back into sleep, may have contributed to the severe growth restriction in this infant, who apparently has a very hard time to settle and rest.

The discussion focused on planning clustered care actions, sequenced to gradually fully awaken an infant, once he indicates that he is ready to be awakened; this is then followed by consistent support of the infant's regulation throughout a sequence of care actions, after which the infant may enjoy supported transition back into sleep, ideally bedded on his parent or parent surrogate, for uninterrupted sleep for up to three or four hours. To accomplish this, a shift in caregiving will be required from a series of separate single care acts to well thought-out sequences of care action for the benefit to protect self-regulation during care and protect longer sleep periods.

An additional topic of discussion centered on the opportunity to enhance the bedside caregiver's understanding of the infant's behavioral cues in order to introduce beyond gentle care giving, infant oriented facilitative individualized caregiving that is based on astute reading of the infant's cues at all times and will lead to collaborative care with the infant. The uniformity of nests for most infants will have to be rethought also, and perhaps the nests might be taken apart again in order to utilize the materials out of which they are made in truly individualized supportive and facilitative ways in order to enhance each infant's self-regulation.

Again the importance of consistently charting the growth percentiles of each infant has to be kept in mind in order to stay aware at all times of the potential drop in percentile bands and initiate a comprehensive evaluation of the situation in order ideally to prevent and/or rehabilitate the situation in a timely manner.

NIDCAP Training Feedback Letter Example, H. Als

Several more incidental observations of infants in the NICU led to the overwhelming recognition that the environment is now calm and the staff is gentle yet the infants' behavioral cues often are still overlooked and infants at times struggle needlessly. One little boy struggled against his oxyhood that kept touching his face as he attempted to bring his hand to his mouth. His nest restricted his movements and he extended his legs over of the nest wall. XXX took his nest out and helped him settle into soft blankets that she arranged to be supportive for him; she spent much time calming him down. This seemed to help him. She also suggested that the oxyhood be exchanged for a nasal cannula. The next morning when we came back the oxyhood was in place again and the child struggled worse than before. The Nurse Manager, and XXX worked with him, exchanged the oxyhood with a nasal cannula, held him until he settled, and bedded him into a soft nest where he fell asleep exhaustedly, yet apparently more comfortable. We learned how much more support and education for the staff is indicated.

1. **The write up** of the formal observations went well; the write-up topics that continue to be some challenge and require continued awareness and attention are as follows:

a. The NIDCAP Report **Introduction** has its own structure as indicated in the parentheses below the header *Introduction*. It covers, who is observed, where, when, for what reason, who cared for the infant during the observation, and how many observers participated. This is different from the usual medical history introduction of a traditional medical report.
b. The **environment and bedside** descriptions have improved greatly. In terms of language, be sure to use active verb forms, use adjectives to make the situation visually accessible to the reader. Highlight personal items the infant has at the bed side; summarize the atmosphere and the overall emotional feel of the space. When you read the paragraph back to yourself or give it to a lay person to read, ask whether they can visualize the space.
c. Regarding **behavior**, be sure that you know the **states**; study the definition manual, and/or ask a NIDCAP colleague for help. Learn how to differentiate the states reliably. Avoid labeling an infant pink; when the heart rate is very high and the infant shows desaturations, the infant more likely is dark, dusky, perhaps mottled, or perhaps pale in certain parts of the face. Use **adjectives** so that the reader may connect to the quality of actions.
d. Give **temporal indicators** (after about 3 minutes…; then…; in the course of…, etc.) in the flow of the behavioral interaction description.
e. **Medical Summary**: This is generally much improved from the earlier reports. Be consistent in describing all equipment and procedure's in parent terms before you add the respective technical terms in parentheses with the appropriate technical abbreviations, which the parents will encounter in the chart and during the various caregivers' conversations. Remember to **report the growth measures and their percentiles** as well as the **Ponderal Index, and its percentile** even if your nursery at this point uses other means of tracking growth. As we learned, two of the infants we observed were severely growth restricted. It is very important to keep track of the percentile curves beyond the absolute weight gain curves, in order to attend early and preventively to impending growth failure, either by behavioral measures and/or nutritional review and medical interventions as indicated. Be sure to include the **vital sign measures over the last 24 hours**. This allows you to assess whether the behavior you observe is in keeping or quite different (improved or worsened) from the infant's wellbeing the day before.
f. **Behavioral Summary:** This section contains two distinct components, the infant's current strengths and the infant's current vulnerabilities, sensitivities and challenges as gleaned from the specific observation just performed. Be sure to describe both.
g. **Infant's Current Goals:** The sentence 'On the basis of today's observation, XX appears to be working towards…' makes it easier for you to remember that you are identifying the next steps that the infant whom you observed is aiming for. Therefore the phrasing of the goals must be framed as comparatives ' becoming better in, more successful in…for more prolonged periods. etc. rather than that you write a summary statement or identify your own goals for the infant,

or the goals that the caregiver might have for him/her. Always begin with the infant's most important, the overriding goal he or she showed. Then identify the next most important goal etc. in the order of their importance for the infant. Sometimes there may be only two or three goals. That is fine.

h. **Recommendations:** Use the sentence 'In order to support XX to achieve his/her goals more easily consider the following suggestions (or recommendations): Then group these recommendations under Environment, Bedspace and Caregiving. Write supportively of the caregiver and the parents. All recommendations must be anchored in/justified by the infant's behavior that you described.

Once you have completed the report be sure to re-read it. Utilize the formal Report Review that I use to give you feedback; it is in your Binder and on the NIDCAP web (www.nidcap.org); always check to make sure that you have completed all components.

2. The Advanced Practicum

You have made sufficient progress to move ahead to embark on the Advanced Practicum (AP). We discussed in detail how you will go about selecting an infant and family for your Advanced Practicum.

a. The **AP's main goal** is to support the staff, doctors and nurses, who care for the infants and families in providing the most consistent and developmentally astute care for the infants. The materials in your binder outline the ingredients of the Advanced Practicum. By now hopefully you have selected your infant and family and are well on your way. Be sure that your reports are supportive of the staff. We discussed how to make an AP Binder and keep it available for the parents and the staff in order to refer to and read your reports, how you support staff doing so, involve them and obtain their feedback and input as well as that of the family, and encourage them to write in the Binder also.

b. The **Trainer's Formal Evaluation Form** of your Advanced Practicum provides the checklist for your own checking of your work. Use it productively. You are expected to have at least five observations, and may have many more. The last of your observations must be a home visit. Typically you observe an infant once a week, sometimes more often or sometimes perhaps after 10 days if the infant is quite stable.
You are expected to keep a separate binder for the background documentation of each report, i.e. the environment summary sheet, the behavioral scan sheets, the Journal Page, the medical background and current status sheet, and the Template (Profile of the Nursery and Care Components) score sheet, aside from the caregiver's feedback sheet about your setting up of the observation.

c. **Three of your reports** with **full documentation** you must translate into **English** to send to me by (date). When I come on (date) I will wish to see a detailed copy of the AP Binder that you placed in the nursery for the family and the staff to read, with the reports in your own language and the three reports in English interleafed.

The three reports in English should be the very first report or one of the very early reports, one report near discharge from the hospital, and the home visit report. Additionally, you are expected to have evaluations from the nursing staff (at the very least, one; more are better), from the neonatologists or fellows (at the very least, one; more are better) and from the parents. The more you have the more you will learn about opportunities for next steps of your developmental support work in your NICU.

NIDCAP Training Feedback Letter Example, H. Als

d. **Time freed up for the AP**: In order to accomplish the work involved in the AP it is essential that you have sufficient time freed up to observe the infant and guide the staff, who cares for the infant and family involved. It is estimated that 16 hours a week is the absolute minimum time requirement for a NIDCAP Trainee to accomplish the work involved in the AP.

I look forward to hear from you, how you are progressing with your AP.

Nursery Feedback and Consultation

Our joint meeting with the hospital leaders, Dr. XXX and Mr. XXX, as well as with Dr.XXX, who kindly represented Professor XXX in his absence, XXX, the NICU 2 Nurse Manager and XXX, NICU 1 Nurse Manager, as well as you all, we discussed the strength of the NICU and the next steps.

A. Current Strengths

1. The Physical Environment

The Physical Environment has improved greatly, from the fountain and green space in front of the hospital, the outdoor sitting area for the parents with a long table and a roof cover for rainy or very hot days; the new entry hall and new elevators and more to be renovated are all a great improvement for the families and patients, who come to XXXX. On the Nursery Floor the welcoming sign for the families at the entry door, the lovely baby photos in the hallway aside from the friendly wallpaper etc. make a big difference. The newly decorated, well-organized mother sleeping room and the staff sleeping rooms are all wonderful accomplishments. The NICU care room has further improved by the way things are arranged with the two small work desk and chair islands that give the large room a manageable, more well organized face, the well ordained entry desk to the left, the dolls, stuffed animals and small decorations at various places, the curtains for each bedside and window shades, the differently colored incubator covers, muted lights and very softly walking and talking staff all make the nursery appear calm, caring and inviting.

2. Caregiver Strength

Caregivers, nurses, as well as, doctors, appeared all very calm, friendly, often smiling, with soft facial expressions, walking and speaking calmly with each other and with the parents; infants all had nests in their incubators and on the open warming tables. Personal blankets wrapped some of the infants. Parents cared for their infants. Chairs stood available at each bedspace.

B. Continued Challenges

We discussed several of the continued challenges on which we had focused before.

1. Developmental Care Implementation in the NIDCAP Model

a. While the environment is much improved, the **developmental care delivery** beyond care being very gentle and kind is still a challenge. Understanding the infant's behavioral cues and messages is the next step for the staff. For this to improve, XXXX will have to be given a significant amount of staff time, freed up from direct nursing and dedicated to mentor and partner with nurses at the bedside as well as develop in-services for specific topical guidance and practice, e.g. moving away from oxyhood to nasal cannula, making individualized comfortable boundaries instead of using pre-fixed nests, position alignment when held and when in the bed, movement from incubator to scale or parent etc. Since she is the only nurse full time on staff in the NICU she is in the best position to guide the others. XXX would be a good support for her to co-teach the workshops and support the bedside practical partnering.

NIDCAP Training Feedback Letter Example, H. Als

Without such dedicated time for staff education and support, the changes will be hard to come by. It appears that XXX has the trust of her peers and her nurse manager. If she had a minimum of 50 - 60% of her time dedicated to direct caregiving support for staff (nurses and doctors), that she distributed across the day and night shifts, this would go a long way to bring about care implementation change over time.

b. **Including developmental questions in daily medical rounds** will also engender developmentally supportive change. It might start with a reliable question about the infant's sleep and wake patterns (how long does the infant sleep at a stretch? How deeply does the infant sleep? What is the infant's total amount of sleep in a 24 hour cycle? When is the infant most likely awake? How alert and how long is the infant awake at his/her best? What are the circumstances that promote attentive alertness in the infant? Other developmental questions might include the presence of the parents, the lengths and comfort of skin-to-skin holding and the quality and progression of breast feeding.

c. Moving to **24-hour parent and parent surrogate presence and care** support of all infants will involve early support to the parents to think through and identify those in their family and friendship circle whom they trust to care for their infants in their absence from the nursery as well a staff support to help the family and their surrogates to increasingly gain the confidence and competence to hold, feed and care for the infant. Once this works well, the nurses' responsibilities expand from direct caregiving to the guidance and facilitation of caregiving by those who are involved life-long with the infants' best care and progress. It will increase the competence of the infants and the adults in the settings, family members as well as staff.

2. Infection Control

This appears to be a persistent problem.

a. A first step would be to **review the medical records** for the last year and identify the number of sepsis and other cases of various infections in the NICU. Sharing of this information and in-services of the importance of infection control for all staff will then provide a baseline for the goal setting for improvement.

b. Next would be the identification of **readily available opportunities for improved infection control measures**. These include among many others: the reliable appreciation of and execution of responsibility to remind others and welcome others' reminders of the required hand rubbing action each time before and after touching any infant, and between infants. That includes the express expectation that everyone has the responsibility to remind another person; i. e. nurses must be expected to remind doctors and vice versa as well as parents are expected to remind nurses and/or doctors and the other way around. It applies alike to supervisors, medical chiefs and specialists, staff and housekeeping personnel etc. There are no exceptions since infection does not discriminate between hands. Once the obligation to remind one another is part of the nursery's culture and understood as supportive and an equally shared goal, it becomes self-understood as a mutual sign of caring for the benefit of the infants in the nursery.

Plans for XXXX (next visit's dates)

As we discussed, I hope to come back to work with you, XXX (dates). **(**Date) would be our joint bedside NIDCAP Observation Day for XXX and XXX. (date) would be your individual AP Reviews and individual Feedback Sessions in the morning, and early afternoon, and then our joint trainee

NIDCAP Training Feedback Letter Example, H. Als

review. This I anticipate this may lead to your NIDCAP Professional Certifications.

I would also like to review and discuss with you an updated XXX NNACP Score Sheet in the afternoon. This plan will require that you perform as a team, together with your nurse manager, Professor XXX, perhaps Dr. XXX and/or other doctors and nurses, another NNACP Site Assessment of your nursery and score all the scales in the NNACP Manual.

On XXX, I am hoping that we might have a Bedside Rounds/Practical Care Implementation session in the NICU in the morning, and the Leadership Feedback and Planning session in the afternoon.

I would also like to encourage you to discuss with your supervisors what percentage of your staff time will be designated to your developmental care improvement work in the NICU and what formal developmental role designation you will receive, as well how this is envisioned to be shared with the staff.

I enjoy working with you and look forward to hearing about your APs, and receiving, by the end of XXX or before, a copy of the Site Assessment Score Sheets, as well as from each of you the three translated AP reports. I look forward to my next visit to XXXX Hospital.

With warm regards,

Your Trainer

XXX

Cc: NICU Leadership (and anyone named in letter)
NIDCAP Trainer's NIDCAP Training Center Director