



MINUTES
Quality Assurance Advisory Council (QAAC)
Zoom Meeting
December 8, 2021

1100-1210 EDT

Present: Graciela Basso, Melissa Johnson, Jean Powlesland, Heidelise Als, Dorothy Vittner, Deborah Buehler, Nikk Conneman, Inga Warren

Absent: Joy Browne, gretchen Lawhon
Courtesy Copy: Kathleen Vandenberg

Minutes from the 11 November 2020 Quality Assurance Advisory Council (QAAC) meeting were presented electronically and voted

NIDCAP Certification Process

Training Hours: The document prepared by D. Vittner with input from the Council was shared. I. Warren sent e-mail with comments regarding format and suggested that a summary statement might be helpful. She also suggested that information on the time spent by trainers would be useful. Discussion of this suggestion resulted in the decision that a separate document would have to be created. The document on trainee time is in response to an expressed request. H. Als welcomed anyone with an interest in drafting a document that itemizes the hours typically spent by a Trainer.

D. Vittner outlined the changes in the updated trainee time document: It strengthens individualization and it includes the NIDCAP Nursery Self-Assessment as well as reflective process work; thus it shows an increase in hours. G. Basso brought up the different philosophical conceptualizations underlying NIDCAP and FINE: She sees NIDCAP as more focused on the understanding of the psychology of the baby, and FINE more oriented toward a NICU staff skill change process. She agreed with the number of hours suggested; as did H. Als, who said that availability of a reflective process consultant, and the amount of experience of the trainee, both impacted hours required. J. Powlesland stated her intention to review the document and send comments soon; she stated that she is comfortable with the release of the document. J. Powlesland also suggested that new trainees currently starting training could be invited to track their hours to validate the estimates. The group found this to be difficult during COVID. The purpose of the document is mainly for planning by both a trainee and an institution re commitment to be made. Therefore, being fairly accurate is important.

ACTION ITEMS:

1. D. Buehler: Share the existence of the document and its web posting location in next month's President's Letter.
2. D. Vittner: Communicate with S. Kosta re: Adding the document as PDF to the NIDCAP Training and NIDCAP Leadership Binders.

Trainer Hours: The group then returned to the question of a similar document for time spent by trainers. N. Conneman reflected on the importance for both some certainty and also the opportunity to learn, grow, and change. He felt that this process would be useful to discuss among trainers. J. Powlesland brought up the usefulness for trainers to think through the time spent; she has had to justify hours with hospital administration. Some trainers spend much of their own time. Others train under their institution's time and must document. I. Warren noted the importance of balancing clinical and training time and to formally budget for the time spent in training. The group reflected on the many factors impacting this process, including procedures in each country, the professional role of the trainer, whether or not the workforce is unionized and therefore work hours are more prescribed, and/or whether training counts toward competency requirements, and arises out of personal motivation.

On-Line Training Procedures

D. Vittner had shared a document, originally prepared by J. Binter (Salzburg, Austria) and further edited by H. Als, D. Buehler and D. Vittner, that provided technical guidelines for videotaping on-line training NIDCAP observations. All agreed this was extremely helpful and addressed a variety of techniques and strategies. The group discussed the advantages and disadvantages of different cameras, go-pros, iPhone, parent viewing systems, etc. Quality, light, impact on the baby are all issues. N. Conneman experienced training in Iran where the baby was filmed with a phone on the incubator, while another phone recorded the monitor readings; a computer program then was employed to merge the images. When the baby is held, a third person will be required to film. D. Vittner and D. Buehler, as well as N. Conneman and H. Als have begun asking trainees to make and submit bedside observation videos; N. Conneman noted that FINE training already requires videos. D. Vittner has found videos very helpful for debriefing caregivers; she has access to a strong AV department. The group discussed at length the inclusion of parents in this process; how parents feel about having their own care and their baby videotaped; the training and observation process *per se*; giving reports and actual videos to parents; the protection of identifying information; etc. It was agreed that these component of the process should be built in to the document.

The NFI's release forms for photographic and videotaped materials should be updated, include options of degree of use of release ranging from 'education only' to NFI archiving, and web and social media posting, from which parents choose the options with which they feel comfortable. It must be understood additionally that many institutions require use of their own release forms. The NFI legal counsel should review and approve the document before it is used.

ACTION ITEMS:

1. D. Vittner: Guide the continuation of the development of the guidelines for on-line bedside training with videotaping; and
2. D. Buehler: Guide the revision process of the release forms.

Respectfully submitted,

Graciela Basso MD, PhD

NEXT MEETING: JANUARY 12, 2021, 1100 EST

NOTE: Should NFI Members wish further detail or have questions related to the Minutes, please feel free to write to any of the Members, who attended this meeting.
