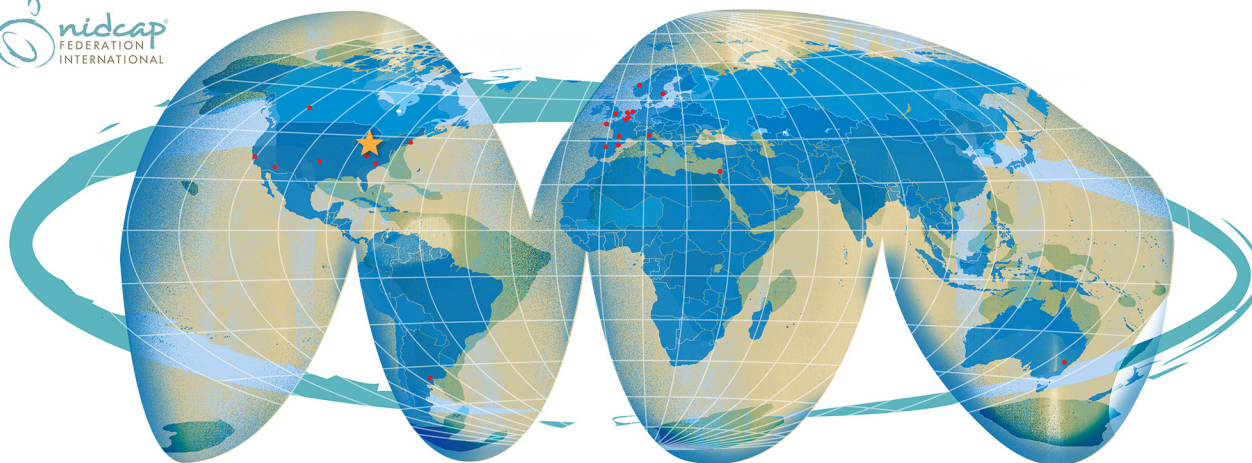




NIDCAP TRAINING CENTERS WORLDWIDE



NIDCAP Training Centers Around the World

Children's Hospital University of Illinois (CHUI) NIDCAP Training Center

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In honor of the CHUI NIDCAP Training Center's 15th anniversary, and UI Health's 30 years of NIDCAP affiliation, we offer this NIDCAP report describing our Training Center.

Name: CHUI NIDCAP Training Center

Observers/Authors: Jean Powlesland and Jennifer Hofherr

Date of birth of Training Center: June 2006

Date of report: June 2021

Center Director at time of center birth: Beena Peters

Current Center Directors: Jean Powlesland and Doreen Norris-Stojak

Introduction

The purpose of this NIDCAP report describing the CHUI NIDCAP Training Center is to share our history, experiences and to develop some recommendations for its future development and the development of other Training Centers.

CHUI's Environment

CHUI is a "hospital within a hospital", part of UI Health, a hospital on the West Side of Chicago affiliated with the University of Illinois at Chicago (UIC). Chicago is well known for its international population; this multi-cultural environment and the hospital's mission of serving the underserved has given UI Health a distinct culture and identity. The NIDCAP philosophy aligns with this mission as we develop a thoughtful and educated staff through various colleges and training programs.

Activities BEFORE Training Center Establishment

It is amazing to reflect that the NIDCAP journey at UIC began 30 years ago! In 1991 our unit was devoid of developmental care. Rooms were brightly lit, radios played at night and it was not unusual to see babies in incubators who scooted themselves to the sides of the incubator, looking for boundaries that we did not know they wanted!

In the early 1990's a small cohort of nurses were NIDCAP trained (thanks to a large grant that supported Gretchen Lawhon and Rodd Hedlund as Trainers). In addition, all nursing staff had mandatory education in basic developmental care, and we became more aware of our practice.

In 1998 UIC received a grant from the Harris Foundation to establish a NIDCAP Training Center in Chicago with Dr. Als as Trainer. In January 1999,

Dr. Als arrived with 2 suitcases dedicated to slide carousels and VHS tapes to do her lectures! Thank goodness some things have changed!

As we trained we began steps to improve our practice with staff education and formation of a developmental care committee and began staff education. A real breakthrough came when our NICU manager, Beena Peters, picked up much of Jennifer's salary from the therapy department in order to ensure dedicated time for her NIDCAP Training.

Activities during our Training Center work

Jean and Jennifer were certified as NIDCAP Professionals in 2001 and as APiB Professionals in early 2003. Jennifer began her Trainer-in-Training process in late 2003 and Jean in 2004. Two years later, in June 2006, we celebrated the opening of the



Original UI Health NIDCAP Team at the Center opening gala. From left to right: Back row: Kristen Grief, RN; Jean Powlesland RN, Pamela Klost, PT. Front row: Agnes Kutek, RN, Suzanne Herrera, RN, Heidelise Als, Noel Cortes-Caston, RN and Jennifer Hofherr, OTR/L

Training Center with a half day conference and a gala celebratory dinner at UIC.

The CHUI NIDCAP Training Center has trained in Wisconsin, Iowa, Minnesota, Ohio and Illinois. Internationally we have trained in Lebanon and Saudi Arabia. We have also presented NIDCAP topic lectures at conferences or seminars in Poland, Canada and the U.S. In addition, as FINE trainers, our team has trained in four different states thus far.

In 2013, Jennifer left UIC to become the therapy manager for the NICUs operated by Nationwide Children's Hospital in Columbus, Ohio. We are fortunate to have her still affiliated with our Training Center, and she has been instrumental in our recent training in Saudi Arabia.

Activities after the Training Center

We are still very much active and hope to be around for the foreseeable future!!!

Summary

One of our great privileges was to have Dr. Als as our Trainer for all three phases of our training. With each visit and interaction we learned so much from her. She had an uncanny ability to set the stage for our next phase of learning/integration. Often something she said at one visit may have gone over our heads, but by the next time we had that "aha!" moment, of "now I understand!" One very important lesson we learned from her was to be flexible and innovative in supporting people to connect to the NIDCAP concepts, a lesson we have taken to heart in working across languages and cultures.

Recommendations:

- Consider how best to deal with the reality of changing financial and staffing constraints. If your unit has limited NIDCAP Professional time, consider how to use your resources most effectively.
 - o At CHUI, we shifted the work of our therapy team from only working with stable premature infants to becoming involved with all high-risk infants from admission.
 - o We adapted the "SORT" tool concept, developed by Carol Matthew and Ginny Laadt to help us pinpoint how to best utilize our resources. The system of risk triage helped us to identify the level of adverse developmental outcome the family-infant system faces, and to target resources accordingly.
 - o We developed streamlined, individualized information for parents of the moderate preterm infants that may not qualify for therapy or NIDCAP referral.
 - o We did "assessment in action" by providing 2-person support to babies during routine care, using both our NIDCAP and APIB skills for assessment to write up a summary, goals and recommendations.
 - o We developed "love letters", a collaboration between developmental therapy and family support, using an



20th Annual NIDCAP Trainers Meeting held in Chicago



Jean and Jen getting ready to go to Saudi Arabia in 2018.

infant mental health framework to provide individualized, developmental information in the baby's voice.

- Consider how to meet the need for mental health support in your unit, both for families and for staff.
 - o We created a “family support specialist” position.
 - In 2011, we hired our first family support specialist, Jeanine Klaus, IBCLC, who was one of our first trainees after our Training Center opening. When she left to care for her aging parents in 2016 we hired Jessica Bowen, LCSW, NIDCAP Professional and infant mental health certified who could use that knowledge to great effect to support families. When she left and just as the pandemic hit us, we hired Sarah Davey, a licensed professional counselor who had worked in a similar role in Tampa, Florida. Each of these individuals grew the role and it has certainly convinced our NICU how critical a mental health professional is for our operations.
 - The staff can attend monthly reflective sessions held on all three shifts.
 - Consider how to be innovative and ahead of the curve when it comes to training and education.
 - o The pandemic has forced everyone to embrace electronic means of communication, and we have learned to adapt our training to some degree. We piloted doing virtual reliability sessions with a few of our trainees in Saudi Arabia in order to give feedback to the NFI. This has been an interesting experience, while also yielding more information on what aspects we need to improve.
 - Consider how to make change happen, keeping in mind the culture and leadership of each unit, and consider how to provide unit wide, comprehensive education on basic concepts of developmental care.
 - o For example, after we were NIDCAP certified, we did routine NIDCAP observations on our high-risk infants.
- o However, the nurses were very inconsistent in their understanding of the goal. Bedside coaching only reached a small proportion of the staff. So instead our focus shifted to staff education, especially new hires. This more effectively changed culture.
 - o One of the reasons we became FINE trainers (U.S. FINE led by Joy Browne) was because we saw the value of staff having a comprehensive basic level of education to facilitate change. As Trainers-in-Training, it may be too time consuming to create and deliver education to all staff, so having a program like FINE is very useful.
 - Consider ways to support those NIDCAP Professionals or individuals invested in developmental care who may not have a network to support them.
 - o We felt this was an important goal and inspired the creation of the Midwest Developmental Care Conference, a collaboration with Trainers Linda Lacina and Tammy Casper in Cincinnati and has been a recurring event since 2013.
 - Consider ways for your Center to experience and see what others do, and to help your trainees envision a more advanced NIDCAP care.
 - o We had such limited developmental care experience before 1998 that we had difficulty imagining what NIDCAP care looked like. We appreciated the opportunity to see NIDCAP in practice in other units. We visited the former NIDCAP Training Center in Milwaukee and Jean went to the Centers at University of Connecticut and St. Luke's in Boise, Idaho. Thanks to Laura Davis, Dorothy Vittner, Cathy Daguio, and Karen Smith who were so gracious with their time as well as Linda Gilkerson of the Erikson Institute, who volunteered her time for reflective sessions during our training. Others advised us on logistics of operating a Training Center, so a big thank you to Jim Helm, Laurie Mouradian, Karen Smith and Joy Browne.
 - o For trainees who do not have experience with developmental care, help them envision what is possible by sharing some inspirational examples through video.
 - Consider how to adapt your teaching methods while working in different health care systems and international cultures.
 - o Training in places where the language, traditions, perspectives on families and the organization of the health care systems is different can be most illuminating. Examples used in our own unit may not be relatable elsewhere. Adapting your consultative advice based on how the health care system is organized is important also.
 - o We spent time reflecting on how best to assess progress in training when a trainee's written skills or language barriers might limit the communication of nuanced or subtle concepts.



NICU Leadership at 2019 Midwest Developmental Conference

Reflective note

Over the years we have seen many changes in the units that we have worked in. The resistance to developmental care practices that was so common when we began is now rarely seen. The challenge is not convincing people TO do it, but more about overcoming the many barriers of HOW to do it.

Reducing those barriers is key to sustained change. The NIDCAP Nursery Program provides a pathway and a list of outcomes to achieve. However, in hindsight we as Trainers would benefit from more formal training and experience on managing those change processes. Sustainability is critical also. Perhaps one of the unhappy legacies of the pandemic is realizing how vulnerable some of our work is in face of a global emergency. And

while culture change at the unit or hospital level may have happened, larger government agencies may have a different perspective and the power to override your practice.

Still, with each year we see such positive adoption of the NIDCAP philosophy in various formats and various ways. It is most gratifying to see how Dr. Als' ideas have spread around the world!

As we finish our 3rd decade of NIDCAP association, we don't know what NIDCAP or NICU care will look like in another 30 years, or what role CHUI will have, but we are proud of our history and look forward to great changes in the years ahead.



Mission

The NFI promotes the advancement of the philosophy and science of NIDCAP care and assures the quality of NIDCAP education, training, mentoring and certification for professionals, and hospital systems.

Adopted by the NFI Board, July 1, 2019

Vision

The NFI envisions a global society in which all hospitalized newborns and their families receive care in the evidence-based NIDCAP model. NIDCAP supports development, enhances strengths and minimizes stress for infants, family and staff who care for them. It is individualized and uses a relationship-based, family-integrated approach that yields measurable outcomes.

Adopted by the NFI Board, October 20, 2017