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UNIVERSITY OF COLORADO
CHILDREN'S HOSPITAL COLORADO

Prevention Research Center for Family and Child Health

ACCORDS (Adult and Child Center Outcomes Research and Delivery Science)
University of Colorado School of Medicine | Children's Hospital Colorado
Mailstop F443 | 1890 North Revere Court | Aurora, CO 80045

Nurse-Family Partnership® (NFP) International

**Guidance Document - International Nurse-Family Partnership® Nurse and Supervisor Education
2019.03.18**

This guidance document sets out the principles and expectations for education for Nurse-Family Partnership® (NFP) Nurses and Supervisors for implementing countries. It is expected that the Clinical Lead will oversee the development and delivery of the education for their country.

This guidance relates to the expectations for NFP-specific education and will apply to all NFP nurses and nurse supervisors entering the program. As a preventive program focusing on pregnancy and the first two years of life, it is imperative that nurses have a foundational level of knowledge and skills in health promotion, assessment, nurse accountabilities and health practices pertinent to these areas. At entry to NFP nurses may come from a broad range of previous roles, with varying levels of pre-existing knowledge and skills. Foundational nurse education also varies between countries. Most countries use a 'Learning Needs Assessment'ⁱⁱ document to identify nurses' learning needs in these foundational areas in order to develop plans for individualized learning programs alongside the NFP -specific education.

Goals of NFP education

The goals of the NFP nurse and nurse supervisor education curricula are to:

1. Prepare nurses to deliver the NFP program with the required level of competence to achieve positive client outcomes comparable to the three US trials
2. Develop and sustain an effective workforce that achieves a high level of client outcomes through delivery of the NFP with fidelity to NFP principles and model elements
3. Promote self-efficacy in NFP nurses in relation to their own continuing education and professional development
4. Build strong nursing teams able to support their members to build and maintain expertise, skills and confidence in delivery of the program.
5. Continually improve education programs by evaluating the impact of education on clinical quality and by learning from the experiences and expertise of other countries, resulting in an international, inclusive approach.

The principles

1. **Flexibility:** NFP education is adaptable to the context of the implementing society
2. **Based on the values of NFP:** NFP education embodies / models the values, spirit and methods of the NFP program

3. **Focus on benefits for children and families:** NFP education is founded on an understanding of the values, skills and knowledge needed for high quality implementation of the NFP program and achievement of the program goals
4. **Continuous learning:** NFP education is on-going and embedded in practice
5. **Cultural sensitivity:** NFP education responds and adapts to the cultural diversity of the clients and the nurses
6. **Effectiveness:** NFP education aims to be evidence-based, and uses an evaluation framework that assesses the education provided, NFP nurse competence and its impact on client outcomes
7. **Efficiency:** The education program design must be cost-effective, sustainable in the long term, and scalable as the NFP program grows
8. **Quality:** NFP educational quality and outcomes are continually reviewed with an on-going process for quality improvement and innovation
9. **Integration:** NFP education is integrated within each society's implementation functions, within the broader nurse education and policy framework and within NFP international licenses and contracts that support the program
10. **Collaboration:** NFP education is based on learning from all NFP societies and is supported by the sharing of educational methods, content, tools and materials
11. **Cohesive:** All components and content of the education are fully integrated so that learners gain an understanding of the interrelated components of the NFP model
12. **Competency based:** The education content is NFP-competency-based (refer to NFP Core Competencies guidance document).
13. **Focus on practice:** the education should focus on skill development as well as knowledge and understanding, using examples from the program wherever possible to increase applicability for learners

Application of the principles

These principles are applied to the four aspects of the NFP education program.

1. Curricula

A specific NFP curriculum for both NFP nurses and nurse supervisors should be developed by the Clinical Lead for each country, with the guidance of the NFP International team. The content will be flexible to support a range of pre-existing competencies within the nursing workforce, within a framework that supports acquisition of core NFP skills and knowledge.

It is expected that core NFP nurse and supervisor education will:

- Be founded in a detailed understanding of the values, knowledge and skills required for nurses to achieve the goals of the program
- Support nurses to build and utilise the competencies required to deliver NFP with quality
- Focus on achievement of client outcomes
- Include content to support learning 'in practice' within the team and one to one reflective supervision
- Provide opportunities for nurses to re-apply existing skills and knowledge in the context of the program model and methods.

2. Methodology/Approach

Teaching methods will be flexible to meet the needs of learners with diverse learning styles and from different organisational and social contexts. Nurse education is expected to:

- Use a range of approaches including face to face events, e-learning, team based learning and individual study to scaffold learning
- Model NFP values, ethos, spirit and philosophy
- Include interactive case studies for exploration and skills practice
- Be paced to enable learners to integrate each element and avoid overwhelming nurses
- Include opportunities to develop nurses' reflective skills and capacity to benefit from reflective supervision
- Be provided in a safe and secure environment and delivered with sensitivity to the culture of the nurses/learners

3. Quality

The nurse education program will be based on evidence based educational methods.

- The quality of the education program will be continually reviewed, including feedback from stakeholders to support best practice
- Each society's education program incorporates learning from others and benefits from the sharing of educational methods, content, materials and tools

4. Governance and accountability

It is important to be clear about responsibilities in relation to NFP education.

- The roles, responsibilities and accountabilities for the development, planning and delivery of the education program will be clearly defined
- The nurse education program will be overseen and delivered, where relevant, by people with experience in the NFP model and will be delivered by educators who model the core values and skills of the program and have accountability for education outcomes.
- The nurse education program will be cost effective and scalable over time
- The nurse education program will be developed within a national NFP strategy reflecting the vision for the program and anticipating the resources required to maintain a high level of quality
- The nurse education program will include provision for on-going follow-up and collaboration between the national education team and the NFP nurses' employing organisations for assessing the developing competencies of nurses and providing opportunities for on-going development of skills
- Requirements for the nurse education program will be reflected in the licences and contracts that support the program.

Operational/Implementation Guidance

Core NFP education includes:

- Pre and post self-evaluation (Learning Needs Assessment) and the development of individualized learning plans in addition to completion of the core NFP education
- Clear expectations for the role of sites in providing individual and team education related to identified learning needs

- A formal plan to ensure integration of individual and team learning occurs and competencies are developed and integrated into practice.
- Learners (NFP nurses, Supervisors, Educators) should be freed up from existing work responsibilities so they can fully participate in their NFP education
- New NFP Supervisors participate in NFP nurse education. A new supervisor promoted from being a NFP nurse who has not recently participated in NFP nurse education should repeat some/all of the education to ensure they are familiar with the most current content
- Educators require at a minimum, an opportunity to: 1) observe a full education program; 2) co-teach relevant components of the education program; 3) teach and be observed for all components of the education program for which they will be responsible
- An ongoing quality improvement process for the NFP education should be developed and implemented
- An educational governance framework should be developed that clearly identifies the responsibilities/accountabilities of UCD, the licence holder, the national implementing lead body and the local sites. This will include responsibility for supporting/providing ongoing integration of learning (particularly for new innovations).

Core Education Components

- Preparation work is expected prior to the first face-to-face session
- At a minimum there must be two face-to-face sessions for NFP nurses to ensure key skills are acquired.
- Minimum content includes exploration and development of skills in relation to the following areas:
 - NFP theories and program model
 - STAR framework
 - Behaviour change and Motivational Interviewing (communication) skills
 - Strength based approaches
 - Personal Health and maternal role domains
 - Establishing and maintaining a therapeutic relationship
 - Use of Visit-to-Visit Guidelines
 - Clinical and operational implementation of an evidence-based program and the Core Model Elements
 - Use of nursing assessment tools/data collection forms and reports to enhance practice
 - Dyadic Assessments
 - Partners In Parenting Education (PIPE) or another approved parenting curriculum
 - Intimate Partner Violence (IPV)
 - Cultural competency
 - Reflective supervision

Core education for NFP Supervisorsⁱⁱⁱ

- Minimum content includes exploration and development of skills in relation to the following areas:

- The role and expectations of NFP supervisor
- NFP Reflective Supervision
- Supporting ongoing education and coaching of team
- Strength based team leadership and management
- NFP Competency Assessment of NFP nurses
- Implementing and maintaining high quality replication of the NFP model
- Developing and maintaining local relationships and Community Advisory Board

Methods used within NFP nurse education programs

All NFP education programs use multiple methods with educators often integrating these into 'blended' approaches. Methods are changing as educators respond to developments in digital technology, increasing cost-pressures and the logistics of organizing education for the stage of NFP development in their country. The commonest methods are:

- Face-to-face (group and one to one); can be residential, regional, in team
- Self-study (individual and team) study guides
- Team meeting modules
- Videos to exemplify skills and practice methods
- E-learning: On-line modules, Webinars
- Video/teleconferences
- Peer to peer observation, mentoring and coaching

Factors influencing the choice of educational methods/content

When selecting which methods to use, NFP nurse educators take account of the following:

- The content and learning goals
- Evidence for different learning methods in nursing and public health practice
- The stage of learning of the NFP society e.g. there is a need for more face-to-face learning when the program is being tested for the first time
- The stage of learning for the nurse and supervisor
- Geographical considerations e.g. distances to travel, urban or remote, scale of the program, weather barriers
- Availability of technology to support learning
- The degree to which relationships and team building are needed for the NFP team
- Amount of funding and time available for NFP nurse and supervisor education from local agencies and national implementation organisations
- The learning culture within the society and expectations of nurses and supervisors
- The professional culture of nursing within the society
- The program adaptations needed for that society: (e.g. translation of materials, changes to Visit-to-Visit Guidelines (based on legislation, policy guidelines, public health promotion priorities etc.)
- Country-specific authorised additional model elements (e.g. Inclusion of Family Partnership Workers/ Community mediators).

ⁱ See guidance document 'Clinical leadership and Nurse Family Partnership'

ⁱⁱ These documents are available to be shared between countries

ⁱⁱⁱ The first wave of new supervisors in a new society should be brought together prior to attending the education with their teams the content of which should be individualized but a minimum include establishing their own peer network