**Accompanied Home Visit**

**NFP Nurse Documentation**

**Section C**

**These documents form *part* of the guidance for Accompanied Home Visits. These documents will be used over the course of 12 months and are NOT intended to be all used at one visit (see section A for guidance).**

|  |  |
| --- | --- |
| **Area Number/Name** | **Page number** |
| Area 1/Visit preparation | 2 |
| Area 2/ Review of progress with client | 3 |
| Area 3/ NFP Spirit and ethos | 4 |
| Area 4/Engagement | 5 |
| Area 5/Agenda matching | 6 |
| Area 6/Communication style | 7 |
| Area 7 Change talk and planning for change | 8 |
| Area 8/Use of NFP program materials | 9 |
| Area 9/PIPE lesson | 10 |
| Area 10/DANCE | 12 |
| Area 11/Client progress with reaching program outcomes | 14 |
| Area 12/Keeping the focus of the visit on the Child/child | 15 |
| Area 13/ Inclusion of the father of the Child/partner and other family members in the visit | 16 |
| Area 14/Any additional significant reflections/observations | 17 |
| Summary sheet to be used following each accompanied home visit | 18 |

**Name of NFP Nurse:**

**Name of NFP Supervisor:**

**Date of visit: NFP visit #: Client ID:**

**Area 1: Visit Preparation**

1. Please outline the strengths of your preparation for today’s visit
2. Please outline anything else you feel you could have done that would have enhanced your preparation for today’s visit
3. What feedback/learning have your reflections provided for you regarding visit preparation in future?

|  |
| --- |
|  |

**Name of NFP Nurse:**

**Name of NFP Supervisor:**

**Date of visit: NFP visit #: Client ID:**

**Area 2: Review of Progress with Client**

1. Please outline the extent to which you feel you reviewed progress from previous visit(s) with the client
2. What did you notice about yourself in the visit that supports your comment above?

|  |
| --- |
|  |

1. How do you feel you used the home visit form or NFP facilitators (e.g. goal setting) to aid review of progress with your client?

|  |
| --- |
|  |

1. What could you do differently when reviewing progress?

|  |
| --- |
|  |

**Name of NFP Nurse:**

**Name of NFP Supervisor:**

**Date of visit: NFP visit #: Client ID:**

**Area 3: NFP Spirit and Ethos**

1. Please outline to what extent you feel you conveyed a spirit of respectfulness and collaboration with the client at today’s visit
2. What did you notice about yourself in the visit that supports your comment above?

|  |
| --- |
|  |

1. What else could you do to convey a spirit of respect and collaboration?

|  |
| --- |
|  |

1. What did you do in this visit to build on a trusting relationship to support change?

|  |
| --- |
|  |

1. Were any boundaries challenged in this visit and if so, how did you manage this in a respectful way?

|  |
| --- |
|  |

**Name of NFP Nurse:**

**Name of NFP Supervisor:**

**Date of visit: NFP visit #: Client ID:**

**Area 4: Engagement**

1. Please outline how you feel the client engaged with you at today’s visit
2. What did you notice about your client in the visit that supports your comments above?

|  |
| --- |
|  |

1. What could you do in the future to enable the client to be/remain fully engaged in visits and engage with positive change towards the program goals?

|  |
| --- |
|  |

**Name of NFP Nurse:**

**Name of NFP Supervisor:**

**Date of visit: NFP visit #: Client ID:**

**Area 5: Agenda Matching**

1. Please outline to what extent you feel you were able to match your agenda and the program goals with your client’s agenda at today’s visit

1. What did you notice in the visit that supports your comment above?

|  |
| --- |
|  |

1. Which specific behaviors were you aiming to focus on, in order to make progress towards these?

|  |
| --- |
|  |

1. What else could you do to balance the multiple needs and agendas of the client, her child & other family members with the need to continue working towards the program goals?

|  |
| --- |
|  |

**Name of NFP Nurse:**

**Name of NFP Supervisor:**

**Date of visit: NFP visit #: Client ID:**

**Area 6: Communication Style**

1. Please outline to what extent you feel you were able to use effective communication skills with the client during this visit
2. What did you notice in the visit that supports your comment above?

|  |
| --- |
|  |

1. What did you notice about your use of OARS (Open-ended questions, Affirmations, Reflections, and Summaries) during the visit?

|  |
| --- |
|  |

1. What else could you do to enhance your communication skills?

|  |
| --- |
|  |

**Name of NFP Nurse:**

**Name of NFP Supervisor:**

**Date of visit: NFP visit #: Client ID:**

**Area 7: Change Talk and Planning for Change**

1. What change talk did you hear from the client in this visit?

|  |
| --- |
|  |

1. How did you respond?

|  |
| --- |
|  |

1. Was a change plan agreed upon? Yes ☐ No ☐

3a. If No; What might you have done to facilitate the making of a change plan(s) in partnership with your client at today’s visit?

|  |
| --- |
|  |

1. If yes: Was a review of the client’s progress included in the plan for the next visit?

Yes ☐ No ☐

|  |
| --- |
|  |

1. What else might you have done to facilitate the creation of a change plan in partnership with your client at today’s visit?

|  |
| --- |
|  |

**Name of NFP Nurse:**

**Name of NFP Supervisor:**

**Date of visit: NFP visit #: Client ID:**

**Area 8: Use of NFP Program Materials**

1. Please outline what program resources you used (e.g. PIPE, DANCE, assessment and data collection forms) for this home visit
2. What decisions did you take before or during the visit regarding use of materials? What reflections do you have on these decisions?

|  |
| --- |
|  |

1. How did you use the materials in the visit and how did the client respond?
2. How did you use the Ask-Provide-Ask (Elicit – Provide – Elicit) framework to share and explore information with the client? What impact did you notice this have?

|  |
| --- |
|  |

1. What might you have done differently in relation to both choices of, and use of materials?

|  |
| --- |
|  |

**Name of NFP Nurse:**

**Name of NFP Supervisor:**

**Date of visit: NFP visit #: Client ID:**

**Area 9: PIPE Lesson**

1. What was the main concept you were teaching the parent?

|  |
| --- |
|  |

1. Did you follow each of the 4 steps? 🞏 Yes 🞏 No
2. If **NO**, which steps ***were*** completed?

|  |  |  |  |
| --- | --- | --- | --- |
| * Presentation of concept | * Demonstration | * Observed client/child interaction | * Evaluation |

3a. What was your rationale for completing these steps? (e.g agenda matching to the client, a cue from the client and/or child)

1. If all four steps were unable to be completed, what are your plans to ensure completion of this PIPE lesson?

|  |
| --- |
|  |

1. How might you have enhanced the client’s learning from this PIPE lesson?

|  |
| --- |
|  |

1. What more might you do to enhance your PIPE practice?

|  |
| --- |
|  |

**Name of NFP Nurse:**

**Name of NFP Supervisor:**

**Date of visit: NFP visit #: Client ID:**

**Area 10: DANCE**

1. Please outline any strengths and areas for growth relating to how you introduced the DANCE and put the client at ease during the coding session
2. What did you notice/reflect on that led you to this judgement?

|  |
| --- |
|  |

1. Did your DANCE coding and the supervisor coding show similar results? (acknowledging that the narrative may vary)

Yes No

1. If there were discrepancies:

* What meaning do you give to them?
* What does this mean for future learning needs re DANCE for your or supervisor?

|  |
| --- |
|  |

1. Did today’s visit include feedback to the client on a DANCE observation undertaken at a previous visit? 🞏Yes 🞏No
2. If yes, to what extent was the feedback accepted and understood?

The client did not appear to accept/understand the feedback 🞏

The client partially understood/accepted the feedback 🞏

The client fully understood/accepted the feedback 🞏

1. What did you notice/reflect on that influenced your assessment of the client’s responses?

|  |
| --- |
|  |

1. Which DANCE STEP(s) do you plan to focus on following this assessment?

|  |
| --- |
|  |

1. What more could you do to enhance your DANCE practice?

**Name of NFP Nurse:**

**Name of NFP Supervisor:**

**Date of visit: NFP visit #: Client ID:**

**Area 11: Client Progress with Reaching Program Outcomes**

1. Please outline to what extent you feel you accurately assessed the client’s readiness to change in relation to the six domains of the program
2. What did you notice in the visit that supports your comments above?
3. How did you use this assessment to support the client’s progress towards behavior change and achievement of the program outcomes in this visit?

|  |
| --- |
|  |

1. What else might your do to enhance your assessment of the client’s readiness to change to achieve behavior change towards the program goals?

|  |
| --- |
|  |

**Name of NFP Nurse:**

**Name of NFP Supervisor:**

**Date of visit: NFP visit #: Client ID:**

**Area 12: Keeping the Focus of the Visit on the Child**

1. Please outline to what extent you feel you supported the client to understand/focus on her child’s needs during today’s visit
2. What did you notice that can evidence this?

|  |
| --- |
|  |

1. What else might you have done to use the client’s maternal instincts as a motivating force for change?

|  |
| --- |
|  |

1. What else might you have done to support the client to understand/focus on her child’s needs in this visit?

|  |
| --- |
|  |

**Name of NFP Nurse:**

**Name of NFP Supervisor:**

**Date of visit: NFP visit #: Client ID:**

**Area 13: Inclusion of father of the Child/partner and other family members in the visit**

1. Please outline to what extent you feel you supported the father/partner and other family members to be appropriately involved in today’s visit
2. Please provide an example from your practice in this visit that supports your assessment above

|  |
| --- |
|  |

1. What might you have done differently to improve the appropriate engagement of the father, partner and/or other family members in this visit?

|  |
| --- |
|  |

**Name of NFP Nurse:**

**Name of NFP Supervisor:**

**Date of visit: NFP visit #: Client ID:**

**Area 14: Any additional Significant Reflections/Observations:**

|  |
| --- |
|  |

**SUMMARY SECTION**

**Please use this section with your supervisor to note particular strengths and areas of growth that will be used to inform ongoing learning and development.**

**This form should be completed following feedback from each Accompanied Home Visit**

**Nurses Name:**

**Supervisor Name:**

**Date of visit:**

**Areas of Strength:**

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |
| 3 |  |

**Areas for growth**

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |
| 3 |  |