
Family Infant Neurodevelopmental Education (FINE)

Karolinska, Stockholm, March 16th 2015

Inga Warren, Monique Oude Reimer, Esther van der Heijden, Nikk Conneman

Create opportunities

For people of all disciplines, working in any newborn hospital setting, at any level, anywhere, to have access to good quality education to start them off in the right direction.

To support professionals with specialist roles by helping them to reach out to the rest of the team.

To build sustainability into “family integrated, neurodevelopmental care” education.

History

2002 St Mary's In-service

2006 UK NIDCAP Training Centre

2010 Curriculum proposal to Imperial College

2011 Collaboration with Erasmus MC, Rotterdam: FINE

- 2012-13 Pilots in UK, Netherlands, Belgrade
- 2015 Supported by EFCNI and Bliss (UK). Pilot in France.

Educational Pathway

(Adapted from Benner's stages of clinical competence)

Level of proficiency	
5. Expert	Consultant
4. Proficient	Specialist
3. Competent	Step 3: Innovation.
2. Advanced beginner	Step 2: Practical skills
1. Novice	Step 1: Foundations

ESSENTIAL THEMES

RELATIONSHIPS

Development

Observation

Family

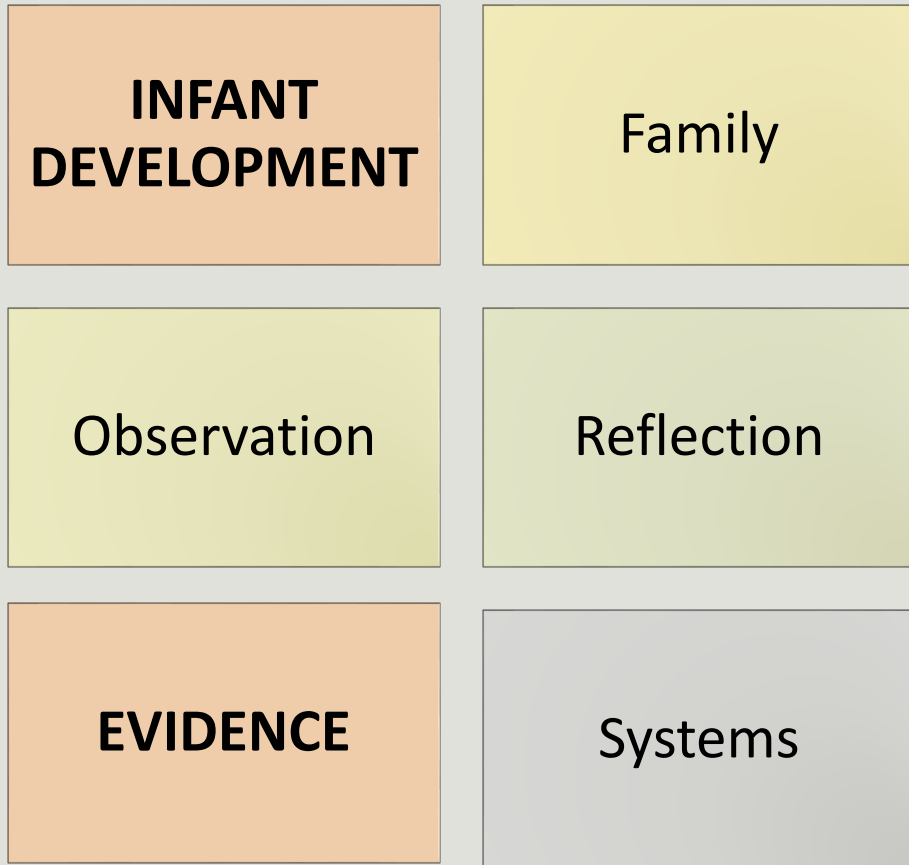
Reflection

Evidence

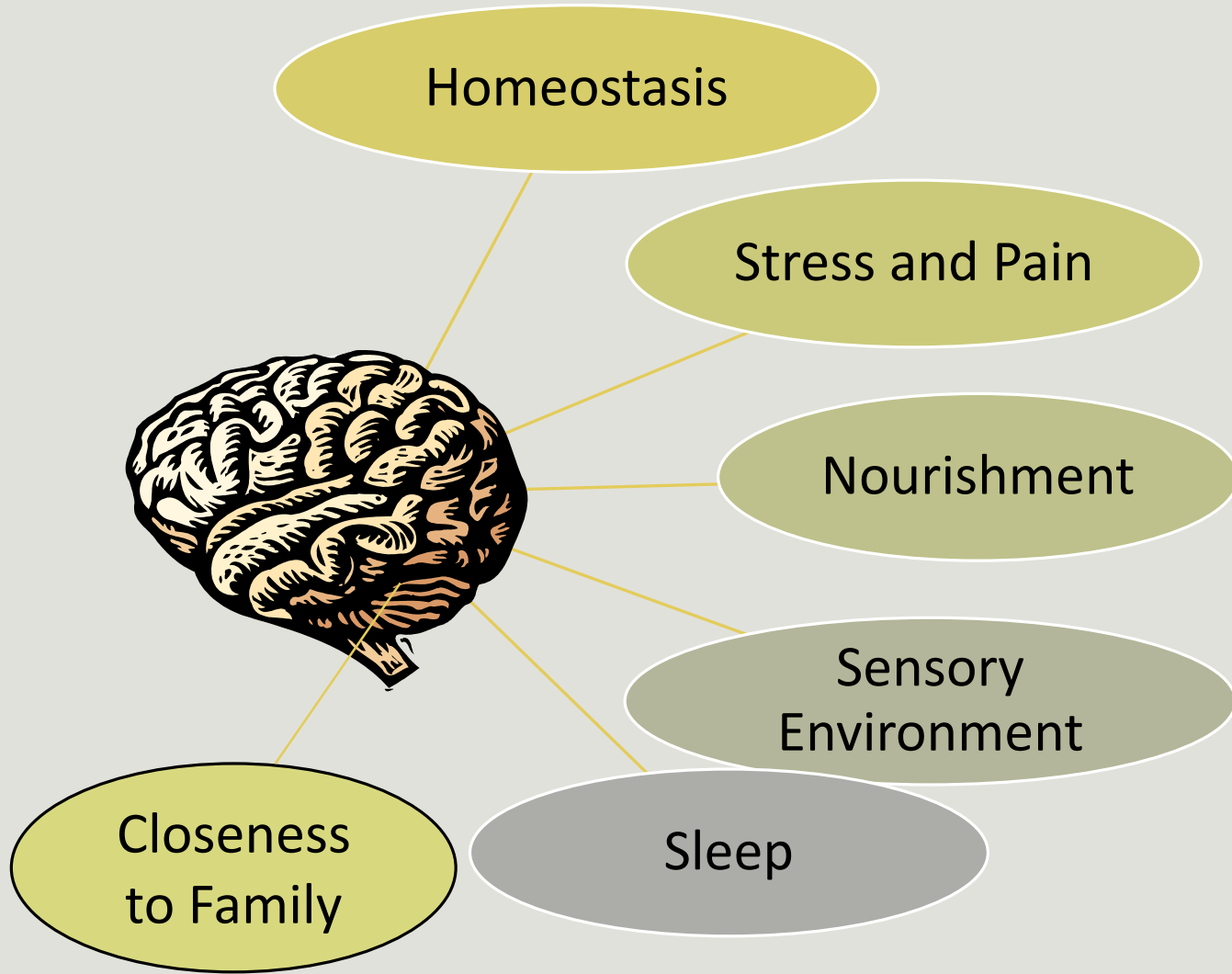
Systems

Step 1: FOUNDATIONS

(e.g. Foundation Toolkit for Family Centred Developmental Care)



- Flexible format
- Multidisciplinary
- Adapt to location
- Classroom
- Team teaching
- Interactive



NEUROPROTECTION BASICS

FOUNDATIONS

Objectives

Aware of scope,
theory and evidence

- Lectures
- References and readings

Understands
components of good
practice.

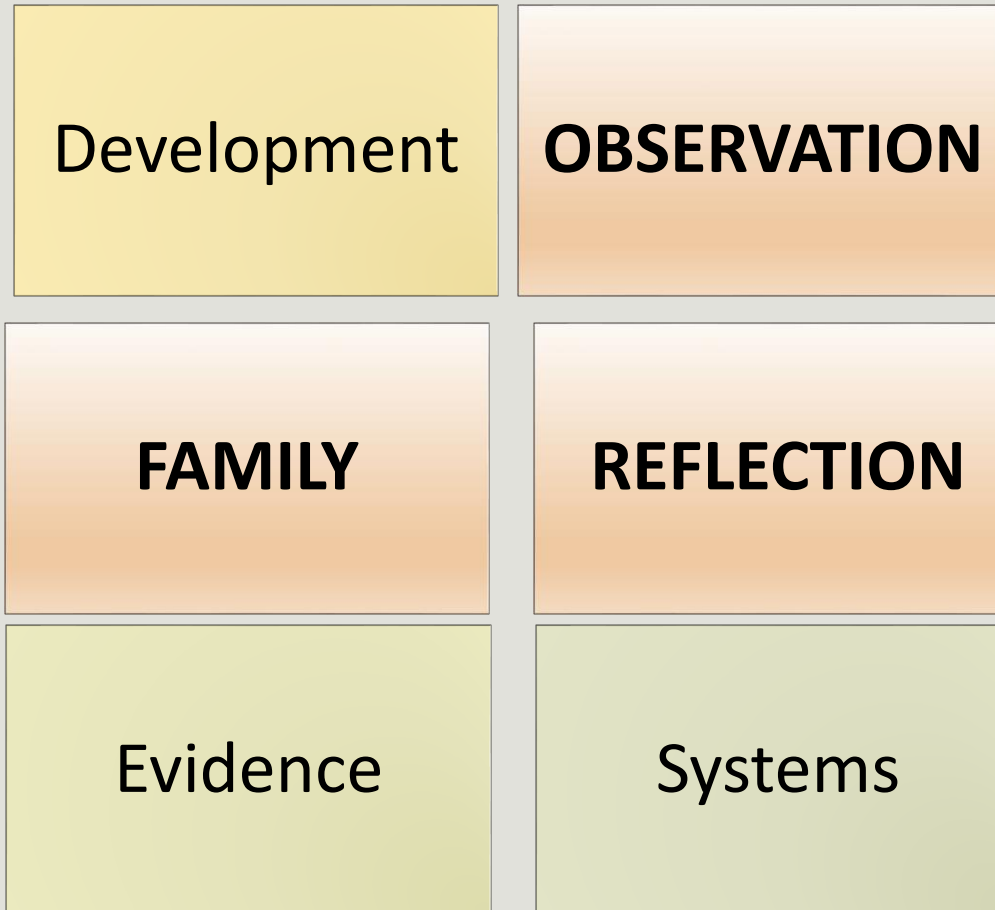
- Demonstrations
- Interactive workshops

More self aware.

- Self evaluation
- Action plan

Step 2: PRACTICAL SKILLS

Main themes



Multidisciplinary

Follows Step 1

12 – 18 hours face to face contact

Self directed study: 30-50 hours

Assignments: 12 weeks

Mentoring

PRACTICAL SKILLS: Objectives

Aware of and ready to change own practice

- Reflection
- Mentoring

Sees infant as an active communicator

- Observation
- Reflection

Partners with and learns from parents

- Active listening
- Parent participation

Identifies strengths and challenges in team

- Tools to evaluate practice
- Site assessment

Practical Skills

Workbook: structured weekly lesson plans

Competency

Information about
development

Bedside observation
assignment

Suggestions for family
participation

Prompted reflective
notes: mentoring

Recommended
reading to review
evidence

Site assessment tools for
systems

Evaluation process

- Completed assignments
- Completed reflections with feedback
- Video exercise assessment
- Self assessment – change in practice
- Evaluate readings
- Course assessment (data collection)

Typical comments about changes in practice

“I thought that I used to watch babies – but I wasn’t. Now I watch before I start cares - if they are sleeping I let them rest. Some of my colleagues think I am lazy because I don’t do the care on time ”.

“Watching babies was a revelation”

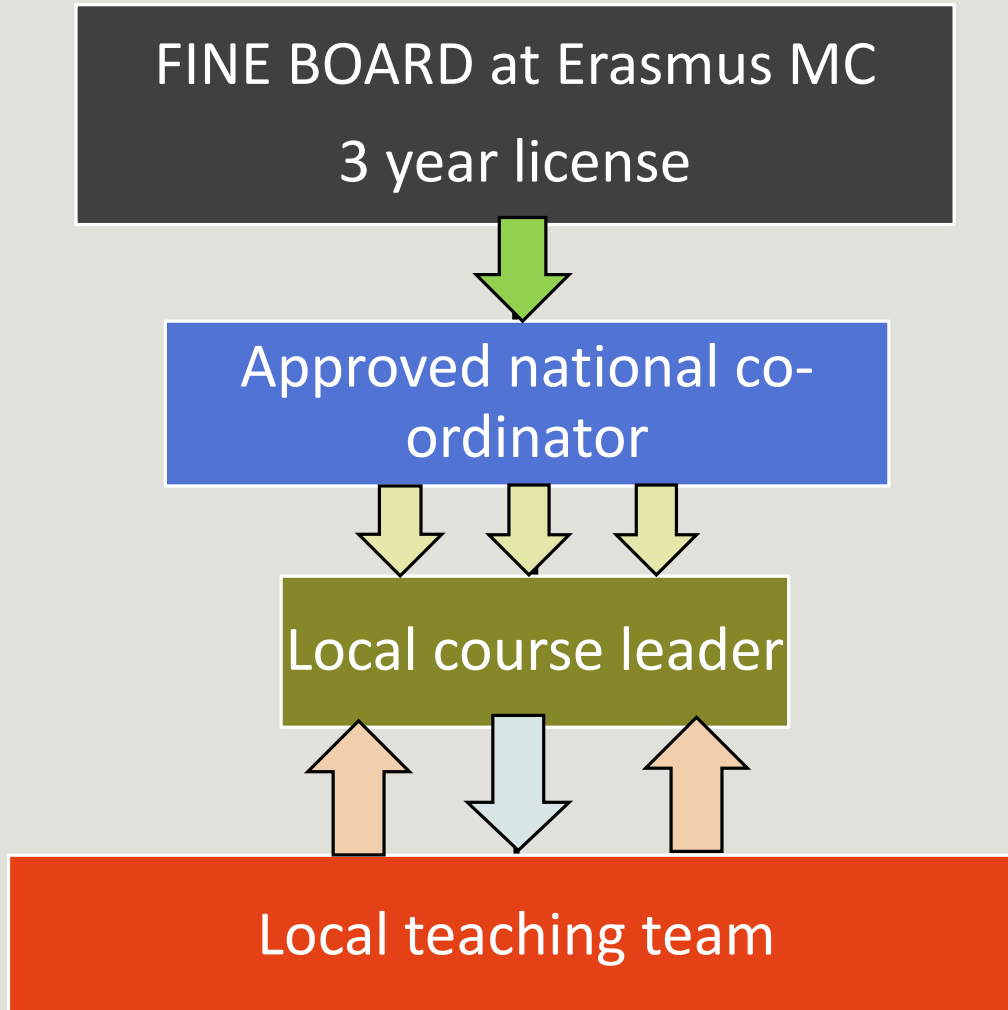
“It was amazing to find out how much parents knew about their baby.”

“Now I always try to find a second person to help the baby when we do procedures”

“We definitely need to do something about pain management on our unit – it has to be a priority”



FINE organisation



CHALLENGES – vary according to setting

- Time management
- Colleagues perceptions
- Pressure for instant results
- Want to “teach”
- Difficulty with reflection
- Voluntary v mandatory
- Readings in different languages
- Demand exceeding supply
- Building a faculty (languages)

Strengths

- Evaluation: scores high on relevance and satisfaction
- Structured: clear instructions, easy to follow
- Individualised support (mentor)
- Multidisciplinary
- Eclectic: ideas from many sources
- Peer support: WhatsApp
- Creates interest in more training
- Flexible: location, group, healthcare system
- Low attrition

Next steps

- Settle legalities
- Final review
- Match to parent book
- Criteria for licencing
- Prioritise resources
- Build teaching teams
- Doctors group
- Translations
- Evaluation of impact
- Succession planning

