Development of Nurse Training Materials to Support the Implementation of Listening Visits on the NICU
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INTRODUCTION

- Infant hospitalization on the Neonatal Intensive Care Unit (NICU) increases the risk for maternal postpartum depression (PPD).1
- Accessing mental health services is difficult for mothers of NICU infants.
- Maternal PPD adversely effects the health and development of the child.2
- Listening Visits (LV) is a nurse-delivered intervention addressing PPD and overcomes many barriers to treatment.3
- Developed in the United Kingdom, LV is an empirically supported intervention and recommended as evidence-based practice by the British National Institute for Clinical Excellence.4
- The LV training curriculum in the U.S. consists of two-day didactic training workshops.
- The development of nurse training materials were required for resubmission of an R01 application proposing a RCT evaluating LV on the NICU; specific weaknesses identified by NIH reviewers included lack of a developed manual and a means for evaluating nurses’ key skills.

PURPOSE

The purpose of this project is to develop Listening Visit training and evaluation materials, tailored to the NICU nursing culture.

Objectives:
- To develop a LV training manual for neonatal nurses
- To develop a brief LV nursing checklist
- To develop a videotaped simulation exercise

METHODS

A COLLABORATIVE SYNERGY MODEL

- Institutional Review Board exempt
- The LV manual was developed based on stage II guidelines for psychotherapy manual development.4
- The nursing checklist format is consistent with hospital nursing policies and procedures.
- The Neonatal Resuscitation Program provided a framework for the development of the LV simulation exercise.5

EVALUATION

- Didactic training alone does not guarantee successful implementation of an innovative intervention; the videotaped LV simulation exercise facilitates transfer from research to practice.
- Video debriefing, following simulation, provides an opportunity to evaluate nurses’ LV skills.
- Key LV skills include empathy, collaboration, non-directiveness, and autonomy/support.
- Each of the LV skills will be evaluated based on a five-point Likert scale (see example).
- Neonatal nurses must achieve a score of 3 or greater on each skill before delivering LV to mothers of NICU infants.

RESULTS

The results of this DNP project are three products:
1. The Listening Visits Companion Manual, the first developed for LV in any setting, has been tailored to neonatal nurses.
2. The Nursing Checklist provides a brief outline to which LV nurses may refer in the clinical setting.
3. The Listening Visits Simulation Exercise with Video Debriefing adds an experiential component to the LV training curriculum and provides a means for evaluating nurses’ skills.

PRACTICE IMPLICATIONS

- LV employs readily accessible and highly trusted health care providers (nurses) to address maternal depressive symptoms.
- The innovative intervention on the NICU addresses an identified need and illuminates the importance of family-centered care provided by neonatal nurses.
- The LV companion manual, nursing checklist, and videotaped simulation exercise are critical foundational elements to enhance the LV training curriculum and support the implementation of LV in the NICU setting.

CONCLUSIONS

- A critical next step is evaluating the effectiveness of LV in a NICU setting, as compared to usual care. While the initial R01 application received favorable reviews, the NIH reviewers required standardized LV training materials for neonatal nurses.
- Ultimately, LV has the potential to improve maternal and child health outcomes by reducing maternal depressive symptoms.
- With five years of neonatal nursing experience, the project director was uniquely well-positioned to develop LV training materials, tailored to NICU nursing culture.
- Drs. Segre’s and Sievert’s expertise in perinatal depression and neonatal nursing, respectively, adds significant sustainability to the utilization of this project.

REFERENCES


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