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

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Introduction of Problem

Infant hospitalization on the Neonatal Intensive Care Unit (NICU) is a stressful experience that raises the risk for maternal postpartum depression (PPD). Maternal PPD, whether mild or severe, is of particular concern due to its adverse effects on the health and development of the child.

At best, the current standard of NICU care offers maternal depression screening and referral to a mental health specialist. Obtaining depression treatment is especially difficult for mothers of NICU infants because much of their time is spent in the hospital and they often rank their own well-being as secondary. A critical need for this vulnerable population of women is an early, first-line depression intervention accessible at their infant’s point-of-care.

Listening Visits (LV) is a depression intervention developed in the United Kingdom (U.K.) for delivery by public health nurses. These nurses have little or no mental health counseling experience but with brief training, are able to effectively incorporate this intervention into their practice. Although empirically supported and recommended as evidence-based practice by the British National Institute for Clinical Excellence, the intervention is lacking a training manual and means of evaluating nurses’ key skills. The standardization of nurse training is essential for effective implementation of LV in a United States (U.S.) NICU setting.

The purpose of this Doctor of Nursing Practice (DNP) project was to develop Listening Visit training materials tailored to neonatal nurses in the U.S. More specifically, the objectives were to develop: (1) a LV training manual, (2) a brief LV nursing checklist, and (3) a videotaped LV simulation exercise. In the short term, the nurse training materials both fulfill a requirement for an R01 application and support the implementation of LV on the NICU. Long term, these materials will provide standardized resources that will assist in the broader dissemination of LV.

Literature Review

Research clearly shows maternal depressive symptoms triggered by infant hospitalization on the NICU only compound the risks for physically vulnerable infants. Furthermore, interventions targeting depressive symptoms in mothers of NICU infants are currently lacking. Listening Visits has the potential to fill this gap in care.

Four clinical trials in the U.K. and Sweden have provided empirical support for the efficacy, feasibility, and acceptability of LV as delivered by public health nurses to mothers of full-term infants. Recently, a U.S.-based open trial and a follow-up randomized controlled trial (RCT) have expanded the evidence base of LV in community and home-visiting settings. The NICU represents an innovative setting for LV in both the U.S. and abroad. A preliminary, U.S.-based open trial has demonstrated promising results for the effectiveness of LV with depressed mothers of NICU infants. A critical next step is to evaluate the effectiveness of LV in a NICU setting, as compared to usual care. While the initial R01 grant application to the National Institutes of Mental Health proposing a randomized controlled trial received favorable reviews, the reviewers required standardized training materials and a means for evaluating nurses’ skills for the revised submission application.
Methodology

A collaborative synergy model aptly describes the methodology used in developing LV training materials for neonatal nurses. Collaboration describes a process in which all the team members, from various disciplines, worked together towards a common goal. Synergy captures the overall effect and implies the sum is greater than each individual part.

The development of LV training materials tailored to neonatal nurses utilized existing evidence to guide the development of each product. The outline of the manual was developed in accordance with stage II guidelines used to facilitate broader use of empirically supported interventions. The nursing checklist provides a brief reference for use in the clinical setting; this format is consistent with hospital nursing policies and procedures. The videotaped simulation exercise was developed based on the framework used for the Neonatal Resuscitation Program (NRP). Neonatal nurses are required to complete a simulation exercise annually for NRP recertification and thus, the videotaped LV session is a familiar method of assessing clinical nursing skills.

Evaluation

The LV training materials have been reviewed for content validity by project mentors, Drs. Segre and Siewert, who are experts in the fields of perinatal depression and neonatal nursing, respectively. The companion manual, nursing checklist, and videotaped simulation exercise are now ready for implementation into practice.

In terms of evaluation, the videotaped simulation exercise serves as a venue for LV supervisors to assess nurses’ key skills. The key LV skills include empathy, collaboration, non-directiveness, and autonomy/support. During the video debriefing session following the simulation exercise, the LV supervisor will evaluate each of the nurses’ skills on a five-point Likert scale. Neonatal nurses will be expected to achieve a score of 3 or greater on each skill before they are deemed ready to deliver LV to mothers of NICU infants.

Impact on Practice

This new application of LV on the NICU has potential to make significant contributions because depression treatment by readily accessible and highly trusted health care professionals is delivered at the infant’s point-of-care. The LV training materials, tailored to neonatal nurses, are critical foundational elements to support the implementation and dissemination of the innovative intervention in the NICU setting in the U.S.

Conclusions

Ultimately, in the long term, LV will improve both maternal and child health outcomes by reducing maternal depressive symptoms. The companion manual, nursing checklist, and simulation exercise developed for this project provide the first standardized resources to support the implementation of LV in the NICU setting. With five years of neonatal nursing experience, the project director was uniquely well-positioned to develop these materials tailored to NICU nursing culture.

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References


