



Cheryl Milford
CONSULTING

Professional Development for NICU Staff
Caring for Families and Ourselves in the NICU
2017

Cheryl A. Milford, Ed.S.
Educational/Neonatal Psychologist

An evidence-based educational program, Caring for Families and Ourselves in the NICU© is for all NICU staff that is offered in real time, at the bedside and utilizes experiential learning concepts. Presenting the theoretical constructs and clinical practices within daily activities and interactions of the staff with families and each other facilitates integration of the education into the values, attitudes, and practices of the staff in a timely and effective manner. Cheryl also models the behaviors, attitudes and practices discussed within the curriculum. The program is relationship-based, with Cheryl developing positive, caring and respectful relationships with the staff. Using the tenets of Infant Mental Health, Cheryl nurtures and supports the staff in their work so they are able to nurture and support their patients, their families and their co-workers. The modules can also be purchased for use by NICU mental health professionals. Cheryl provides a two day training program for the NICU mental health professional

Implementation of Curriculum:

The curriculum will consist of four educational modules. While presented individually, the modules are overlapping and connected by the core concepts and principles of trauma-informed care, family-integrated care and infant mental health. At the end of the curriculum, participants will be competent in utilizing these concepts and principles in their practice in the NICU. The curriculum is relationship-based, with the educator (Cheryl A. Milford, Ed.S.) or your NICU mental health professional, engaging in the development of a relationship with the staff; modeling the core concepts and principles as part of the process.

Implementation can be offered in small groups or individually, recommended at the bedside within the NICU. The Cheryl or your NICU mental health professional will offer the PowerPoint presentations on a notebook computer to facilitate interaction with staff at the bedside when it is most convenient for staff..

The recommended order of the curriculum is as follows:



1. Self-Care in the NICU: Taking Care of Yourself and Your Co-Workers So You can Take Care of Families and Their Infants
2. Parents as Partners in Care in the NICU
3. Grief: Losing the Anticipated Pregnancy and Baby
4. De-escalating Challenging Situations in the NICU

The order of presentation is based on current literature and Cheryl's expertise and experience in education of health care professionals.

The following outlines are brief overviews of the knowledge and skills offer to staff in the modules.

Self-Care in the NICU: Taking Care of Yourself and Your Co-Workers So You can Take Care of Families and Their Infants

- I. Why are you a member of the NICU Team?
- II. Knowing ourselves: Understanding how we function in our professional and personal lives.
- III. Building relationships with co-workers.
- IV. Taking care of ourselves: Self-care as the foundation
- V. Staff trauma in the NICU: Research, behaviors and intervention
- VI. Supporting each other every day: Successful approaches
- VII. Evaluation and Questions.

Parents as Partners in Care in the NICU

- I. Defining parents as partners in the NICU.
- II. Parenting in the NICU.
- III. Parental trauma in the NICU
- IV. What parents have told us about their NICU experiences with caregiving
- V. Rational for relationship-based care in the NICU
- VI. Relationship-based care in the NICU
- VII. Staff attitudes and attributes as a component of relationship-based care
- VIII. Successful approaches to NICU team engagement in relationship-based care.
- IX. Defining the culture of your NICU: Putting knowledge and understanding into practice.
- X. Evaluation and Questions.



Grief: Losing the Anticipated Pregnancy and Baby

- I. Psychological and emotional aspects of pregnancy, birth and attachment in the first month of life.
- II. What is grief?
- III. How grief presents in the NICU.
- IV. Preterm delivery also means preterm parents.
- V. Supporting mothers as they grieve.
- VI. Supporting fathers as they grieve.
- VII. Supporting grandparents and other family members as they grieve.
- VIII. Sibling care.
- IX. Behaviors to be concerned about in grieving families.
- X. Getting help for families in crisis.
- XI. Evaluation and Questions.

De-escalating Challenging Situations in the NICU

- I. Participants share and define what they feel are challenging situations.
- II. Behaviors, thoughts, ideas and values that lead to challenging situations.
- III. Respect, collaboration and teamwork: stopping problems before they begin.
- IV. Mental health issues and the challenges they present in the NICU.
- V. Let's talk how to de-escalate a situation: Techniques to defuse highly charged emotions.
- VI. Knowing when it is time for additional help/call Security.
- VII. How to protect yourself.
- VIII. Document, document, document: What to write in the chart.
- IX. De-briefing after an incident.
- X. Plan for the family and the baby post-incident.
- XI. Supporting the NICU team post-incident
- XII. Evaluation and Questions.



The *Caring for Families and Ourselves* educational program was presented at Loma Linda University Children's Hospital NICU in 2016. This was a quality improvement project and the data collected revealed the following:

- Gallup Engagement Index Ratio increased from the 2015 pre-intervention score of 4.0 to a 2016 post-intervention score of 4.75.
- Staff verbalized increased professional satisfaction with their work and the environment in which they practice.
- Staff reported feeling nurtured and supported in their role and work in the NICU.
- Staff commented that the education offered concise theories, behaviors and activities that could be immediately integrated into their clinical practice.
- The psychologist (Cheryl A. Milford, Ed.S.) succeeded in assisting staff in developing positive attitudes, attributes and behaviors in caring for families.
- Significantly fewer negative interactions with parents were observed in staff communication during the program.

Supporting NICU Staff: Listening, Modeling and Education

Tristine Bates BSN, MBA (presenter), Cheryl Milford EdS, Leandra McHargue BSN, Ann Chu MSN CNS, Sandy Devine MSN, Loren Neiswender MSN, Betsy Tan MSN, Veronica Tsui BSN, Heidi Seto BSN, Cynthia Grijalva BSN, Susan Rojas BSN, Saundra Russell BSN, Jean Newbold MSN CNS, Raylene Phillips MD
Loma Linda University Children's Hospital – Neonatal Intensive Care Unit

Background

- An assessment of the NICU staff showed a need to strengthen coping mechanisms. NICU staff need the opportunity to discuss their attitudes, concerns and emotions within the context of their daily work environment.
- A Pre-Intervention Staff Assessment showed higher levels of depressive symptoms when compared to the average person that could indicate the presence of Major Depressive Disorder requiring intervention.
- Increasing expression and concerns regarding personal safety were common.
- Decreasing negative interactions with parents was a critical aspect of the program.

Implications

- NICU Staff: Support for bedside staff has been identified as essential when promoting consistent empathic and genuine care of babies and families.¹ Neonatal mental health professionals have the knowledge, expertise and skills to provide this opportunity for the NICU bedside staff.²
- NICU Families: Bedside staff who have the skills and expertise to understand themselves and their own needs have the ability to provide more nurturing, compassionate and supportive care to families and their babies.
- Staff who feel nurtured and cared for are more likely to develop attitudes, attributes and values that are consistent with family-centered, neuroprotective care practices.

Goals

To provide:

- A psychologist as part of the care team for an 84-bed, Level III NICU, during historically high, seasonal census and acuity.
- Training and modeling of supportive skills, practiced communication, and positive parental interactions.

Interventions

Four Targeted Interventions:

1. Support with NICU experience was hired to support all NICU Staff through informal individual support, modeling and teaching.
 - **Support:** Psychologist spend 8-hour shifts in the NICU listening to Staff concerns related to the NICU environment and validating their emotions and concerns.
 - Staff were encouraged to ask questions, share experiences and incorporate ideas to better support themselves and the families in their care.
 - **Modeling:** Psychologist modeled appropriate behaviors and positive interactions with parents to support relationship with families and encouraged nurses to do the same.
 - **Teaching:** Four educational modules were offered to nurses at the bedside targeting:
 - Module 1** Self-care in the NICU - taking care of yourself and your co-workers so you can take care of families and their infants
 - Module 2** Parents as partners in the NICU - understanding the emotions and needs of parents in the NICU as they care for their babies
 - Module 3** Understanding grief - losing an anticipated pregnancy or expected baby
 - Module 4** De-escalating challenging situations in the NICU - coping with family stress
2. A program called the PAUSE was offered by the NICU Bereavement Coordinator aimed at supporting staff grief by recognizing the significance of every baby's life.
3. Professional Governance was introduced as a way to give greater staff representation in changes being made in the NICU.
4. Pastoral bedside rounds including prayer and support were provided by our chaplain for spiritual comfort of staff and parents when present on the unit.

Participant's Instructor Behaviors

Participant's Course Satisfaction

Analysis

- Gallup change, course and instructor evaluations and Health Work Environment Assessment were utilized for current and future evaluations.

Results

2016 Healthy Work Environment Initial Survey

• Staff turnover decreased from 10% to 8%.

- Gallup Engagement Index Ratio increased from the 2015 pre-intervention score of 4.0 to a 2016 post-intervention score of 4.75.
- Staff verbalized increased professional satisfaction with their work and the environment in which they practice.
- Staff reported feeling nurtured and supported in their role and work in the NICU.
- Staff commented that the education offered concise theories, behaviors and activities that could be immediately integrated into their clinical practice.
- The psychologist succeeded in assisting staff in developing positive attitudes, attributes and behaviors in caring for families.
- Significantly fewer negative interactions with parents were observed in staff communication during the program.

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This innovative educational program supports staff in their practice on a daily basis and increases both parent and staff satisfaction with the NICU experience. This program has the potential to decrease anxiety and stress in families and staff in the NICU.

Contact Cheryl A. Milford, Ed.S. at cheryl.milford@gmail.com for further information or visit my website, www.cheryl.milford.com.