

BC Healthy Connections Project

PROCESS EVALUATION

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BCHCP Process Evaluation Communiqué #4 | Nurse-Family Partnership Education (DANCE) | April 9, 2015

**Dyadic Assessment of Naturalistic Caregiver-child Experiences (DANCE) Education Components**

1. Keys to Caregiving (self-study/team-based): review of infant states and state modulation, infant behaviour, infant cues and the importance of the feeding interaction.
2. DANCE Preparation (self-study/team-based): provides background information in preparation for attending DANCE Fundamentals.
3. DANCE Fundamentals (face-to-face): focus on learning about 18 DANCE behaviours and practice coding
4. Supervisor DANCE Integration (teleconference): support to supervisors around using DANCE team-based materials; discuss team's experiences, successes, and challenges
5. DANCE Integration (teleconference): six-month, individual and team-based learning, designed to advance mastery of the DANCE and integration into practice.

All NFP public health nurses (PHN) and supervisors are required to complete an initial certification and annual recertification in order to use DANCE.

*"Working with clients in their home and with their children in terms of development and parenting sometimes you know you can really not put a finger on what was going on but something just kind of struck you as not quite the best, there's something missing... learning these [DANCE] behaviours it gives us that language to really attend to those pieces." [NFP PHN]*

**Summary data from the interviews/focus groups with the PHNs, Supervisors, and NFP Provincial Coordinator:**

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<b>Helpful Strategies</b>	<p><b>Components of Education:</b> watching the scoring videos - able to code, then get immediate feedback as to why it was a certain score and why it wasn't; instructors were non-threatening; very interactive learning; opportunity to discuss observations with other nurses who are looking at the same thing</p> <p><b>Face-to-face:</b> opportunity to connect and network with their peers, learn from others' experiences and to consult on different strategies for using/implementing DANCE; instructors can answer questions directly, can show video again &amp; explain why they came up with the answers/scores that they did; opportunities for lots of practice.</p> <p><b>Perceived value of DANCE as an assessment tool:</b> liked theory and how DANCE behaviours affect development; evidence-based; liked breaking observations down into 18 behaviours; relevant to the practice of a PHN; now have a shared, consistent "language" and way to assess how the client responds to her baby/child; provides concrete, objective, measurable behaviours to look for and to discuss during the home visit with the parent.</p> <ul style="list-style-type: none"> <li>• Provides PHNs with a strategy to identify and build on client's existing strengths, as well as identify other areas for growth and improvement.</li> <li>• Objective way to assess parenting ... " good professional standard to have."</li> <li>• DANCE-STEPS provide ways to support families + how to use Partners in Parenting Education (PIPE) and NFP facilitators to support infant/child development.</li> </ul>

**BC Healthy Connections Project**

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Challenges

**Mechanisms That Supported Ongoing Education/Learning Needs:**

- One team adjusted the integration timeline to meet their own teaching/learning styles as they did not want to do via distance; did a more condensed approach face-to-face
- Felt DANCE integration learning was a good experience but it felt like it was dragged out for too long.
- Coding by teleconference: some liked coding and providing feedback immediately; others wanted opportunity to code and then reflect on answer.
- DANCE integration manual was a very helpful resource.

**Supervisor-specific issues:**

- Some do DANCE observations together with PHNs when they do joint visits as a way to keep skills up; reviewing DANCE videos in the team is an effective technique to maintain skill set.
- Some PHNs and Supervisors “really appreciated” the annual recertification; reassuring to assess their skills and see that they’re “on track.”

**DANCE Preparation:**

- Not everyone had dedicated time to do the pre-reading.

**DANCE Fundamentals:**

- Some videos were hard to see and/or hear; teaching style didactic at times; did not use adult learning principles; focus was on “testing”
- Pace of teaching was too fast for some to process all of the content and practice coding all 18 DANCE behaviours
- Imbalance of time and intensity spent on DANCE education compared to PIPE which is used on many home visits (~8.5 days for DANCE; 1.5 days for PIPE)
- Very intense & long days: 08:00 am – 5:00 pm plus travel time; many were mentally exhausted by the end of day 3- just when they were to complete proficiency testing

**DANCE Certification/Recertification Process**

- Many PHNs/Supervisors experienced high levels of stress and anxiety about completing both the initial certification and the re-certification; feel pressure to “pass”; felt demeaned
- If a PHN doesn’t pass certification/recertification, then she can’t use DANCE until achieves proficiency.
- Inconsistency in different certification procedures in the NFP: Danger Assessment (IPV) Risk Assessment tool only requires a one-time certification

**Perceived value in using DANCE**

- Some PHNs feel that DANCE is too clinical and not suitable for use in the more relaxed context of a home visit. As one PHN stated, “it feels very clinical...we’re not in a clinical setting. We’re in their home.”
- Frustrated with it [DANCE], didn’t enjoy it, and felt it was very unnecessary; “didn’t see the point of it”; didn’t feel they understood the “why are we doing this....” Note: over time with more exposure to DANCE, many but not all had a greater appreciation of the value of DANCE in practice.

**Integration of DANCE**

- Difficult to integrate yet one more thing into the home visit.
- Took several integration calls before it became clear how you actually integrate DANCE-STEPS and whether PHNs should let parents know they’re observing them for DANCE coding or not.
- Limited number of coded videos to practice with; once you’ve practiced the same video two or three times it’s not as valuable anymore because you then know how they’re supposed to be scored; some technical difficulties using videos on-line
- Not all Wave 1 PHNs had clients with infants on their caseloads at first which limited ability to practice/use DANCE.

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Solutions and Recommendations

**Supervisor-specific issues:**

- Some felt anxious themselves about certification process and then had to focus on supporting/calming their anxious PHNs; ...“we were trying to learn, master, and write the test all in the same period of time.”
- In team meetings, when DANCE is raised, it takes a lot of time and skill to understand nurses’ concerns, facilitate a productive conversation and to “defuse” PHNs’ emotions
- When a PHN has not passed the DANCE recertification with proficiency, then time is required to provide support to the nurse (restore self-esteem) and to coach her.
- Mixed responses regarding feeling confident in reviewing DANCE in reflective supervision when they themselves don’t actually use DANCE in practice

1. Additional Education Required:

- How to apply the DANCE-STEPS; more emphasis on integration DANCE STEPS, in particular with PIPE and NFP facilitators
- Provide sessions specific for supervisors (currently do not use DANCE in practice)
- Ongoing support required to increase PHN confidence with using DANCE
- Provide occasional practice sessions in a group setting

2. Explore with UCD: issues re certification and recertification laid out earlier in this summary; complexity of tool

3. Explore options for videoconferencing that are easy-to-use and accessible to all

4. Facilitate opportunities for joint NFP PHN peer visits

5. Seek opportunities for accessing new coding video clips + mini refresher sessions on different behaviours.

6. Spread DANCE education out over a longer period of time

7. Explore feasibility of supervisors carrying small caseloads to maintain “practice base” and establish “credibility”

8. Introduce concept of DANCE in first two phases of core education so overall approach to education is more cohesive

9. Develop guidelines for how/when to discuss DANCE with clients

10. Make education less didactic; incorporate more adult learning principles

11. Ensure teams have DANCE Preparation reading materials well in advance of education

12. Ensure timing of education will align with them having several infants on caseload at time of face-to-face (DANCE Fundamentals) session.

13. Keys to Caregiving: needs to be updated (content + videos)

*“I would say in all this whole NFP 2.5 years later all of the education probably the DANCE is the most stressful of anything.... when they see it on a big level it totally makes sense and it's so useful and it's so helpful. But it's how detailed the coding is it's frustrating...”[NFP PHN]*

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