



Nurse-Family Partnership[®] Education Curriculum for Use in Canada

**A report summarizing the
curriculum development and
components as piloted in Ontario**

2020



Acknowledgements

The Middlesex-London Health Unit was responsible for overall development, implementation and evaluation of the Canadian Nurse-Family Partnership Education pilot project, conducted in collaboration with the third-party evaluation team from McMaster University.

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Executive Summary

Nurse-Family Partnership® (NFP) is a home-visitation program for young pregnant women and first-time mothers experiencing social and economic disadvantage. Home visits start early in pregnancy (before 28 weeks gestation) and continue until the child is two years of age.¹ Goals of the program include improving pregnancy outcomes, child health and development, and families' economic self-sufficiency.²

As of 2020, NFP is a public health intervention delivered in four British Columbia (BC) health authorities and five public health units in Ontario. NFP is delivered by teams consisting of public health nurses (PHNs) and nursing supervisors, who complete the NFP education to prepare for implementation and delivery of this home visitation program. While NFP is delivered by baccalaureate prepared registered nurses (or by registered midwives in some countries), differences in health system delivery models, basic nursing competencies, nursing workforce issues, and standards of practice necessitates adaptation and refinement of the NFP curricula in each new country [originally developed in the United States (US)].

The Canadian Nurse-Family Partnership Education (CaNE) pilot project

As part of the ongoing process to adapt existing NFP materials, as well as to develop new resources in Canada, there was an identified need to develop a model of NFP education to prepare PHNs and supervisors for delivering NFP in different Canadian jurisdictions. This revised curriculum would reflect Canadian public health nursing competencies; be practical and sustainable for individual provinces and/or NFP implementing agencies to access and implement; introduce and integrate new NFP innovations seamlessly into one curriculum; and introduce a nursing theory to underpin the NFP intervention.

The overall objectives of the CaNE pilot project, conducted in four Ontario public health units, were to **develop, deliver** and **evaluate** a model of NFP education for PHNs and supervisors for use in Canada. This report focuses on the development process and content of the CaNE curriculum.

Development of the CaNE Curriculum

The development of the CaNE project curriculum consisted of curriculum planning, curriculum writing, and development of the learning management system. Resources used to inform and develop the curriculum included, **NFP Core Curriculum** [including both the US and United Kingdom's Family Nurse Partnership (FNP) curricula], nurse/supervisor feedback for education from **Canadian NFP Study Findings**, consultation with **Content and Curriculum Experts** (e.g., US NFP Nursing Education Manager and an NFP Instructional Designer, FNP Educational Leads from England and Scotland, developers of new NFP innovations, BC NFP nurse educators/provincial coordinator, and nursing theorists (e.g., Critical Caring Theory³), **IT Support** and **Confidential Feedback** solicited from the first cohort of Ontario PHNs and supervisors to complete the CaNE education.

CaNE Curriculum

The **Purpose** of the CaNE Curriculum is that, upon completion, PHNs and supervisors will have met the following competencies associated with their nursing roles through completion of associated learning outcomes:

1. Apply theories and principles integral to implementation of the NFP Model
2. Use evidence from NFP RCTs and data systems to guide and improve practice
3. Deliver individualized client care across the six program domains
4. Establish therapeutic relationships with clients
5. Utilize reflective processes to improve practice

The CaNE curriculum consists of: 1) a three-phase approach to PHN education; and 2) NFP supervisor education. Both supervisors and nurses are required to complete the NFP PHN education.

The three phases of the CaNE model of nurse education are:

phase 1

NFP Foundations: Completion of short chapters, augmented by independent reflection and team-based discussions, accessed through a web-based learning management system. This educational phase (20-25 hrs) is focused on increasing knowledge of: NFP history, evidence, core model elements, theories and visit-to-visit guidelines; client-centred principles, reflection, parenting, attachment, communication, recruitment and retention, intimate partner violence (IPV), and nursing assessment forms. Learners are introduced to a Canadian NFP program model, a nursing theory (Critical Caring Theory), and principles of trauma-and-violence informed care.

phase 2

NFP Fundamentals: Engagement in a five-day face-to-face, interactive learning environment, expertly facilitated by an NFP Educator. Includes an additional one-day face-to-face encounter (4-6 months later) to consolidate learning related to the IPV intervention. The focus is on the development of the specialized nursing skills required to deliver NFP. Learners have an opportunity to discuss, practice, and apply their knowledge of the NFP program through group reflection, role playing, and completion of NFP tools, resources, and assessment forms. The integration of new program innovations is highlighted, including use of the NFP program's Strengths and Risk (STAR) framework.

phase 3

NFP Consolidation and Integration: Consolidation and application in practice of knowledge and skills acquired in the first two phases of education. Phased professional development completed at the local public health unit and coordinated by the NFP Supervisor. Learning strategies include: job shadowing with experienced NFP PHNs, completion of NFP team meeting education modules, guest speakers to provide additional content on priority topics, site visits to community partner agencies, and technical support/mentorship from the NFP Nursing Practice Lead.

The CaNE Supervisor Education curriculum consists of completion of the above three phases as well as specialized training following each phase to support the development of NFP supervisor competencies. Additional supervisor education consists of:

1. NFP Foundations (three additional e-learning modules on NFP supervision, reflective supervision, and client recruitment and referrals, taking approximately 10 hours to complete); and
2. NFP Fundamentals (additional four day in-person training focused on skill acquisition in the area of leadership, reflective supervision and coaching, addressing compassion fatigue and job stress, implementation and supervision of IPV pathway, continuous quality improvement, and facilitation of ongoing NFP training)

Box 1: CaNE instructional methods

- e-learning modules
- face-to-face instruction
- team-based learning
- independent study
- job shadowing
- panel presentations

Resources required for CaNE curriculum delivery include, personnel (e.g., administrative assistant, NFP Educator), equipment/supplies (e.g., laptop, office supplies), learning materials (learner handbooks), space/facility (meeting room with tables, Wi-Fi and AV equipped), access to the e-learning management system and other (opportunities for job shadowing). **CaNE instructional methods** are presented in Box 1.

Conclusion

The CaNE curriculum content reflects Canadian standards of public health nursing practice and includes the integration of new NFP innovations, adoption of the STAR framework, priority content to reflect the importance of delivering trauma-and-violence informed care, and a relevant nursing theory to underpin professional PHN practice. This curriculum provides PHNs and Supervisors with the knowledge and skills to implement NFP with fidelity to program core model elements and to support families to develop sensitive and responsive parenting skills. The delivery of the content is delivered in three phases which allows time for nurses and supervisors to apply their new knowledge and practice NFP-related skills as they develop their NFP client caseloads. As they become more familiar with the program elements, then they are better positioned to continue to engage in receiving more information about the program. Use of a web-based LMS enhances the sustainability of the education process, allows new staff to initiate their NFP Introduction education shortly after being hired and ensures that teams, following a self-directed approach to learning, can access the NFP Consolidation and Integration learning resources at any time. While intensive, the face-to-face education provided in NFP Fundamentals was highly valued by PHNs and supervisors as an opportunity to develop and practice new nursing skills, to promote team-building and to establish a broader NFP Community of Practice.

Purpose

The overall goals of the Canadian Nurse-Family Partnership® Education (CaNE) pilot project conducted in four Ontario public health units were to: 1) **develop** a model of Nurse-Family Partnership (NFP) education for public health nurses (PHNs) and supervisors in Canada; 2) **deliver** this novel model of education to two cohorts of PHNs and supervisors hired to implement NFP; and 3) **evaluate** the acceptability of this model of education and to explore how this training prepared NFP teams to implement this public health program of nurse home visitation, targeted to young, first-time mothers experiencing social and economic disadvantage, with fidelity to the program's core model elements.

In this document, the process for developing the CaNE curriculum as well as a summary of the curriculum components will be described (Goal 1).

Additional reports addressing CaNE pilot project goals 2 and 3 are also available.

Background

Nurse-Family Partnership (NFP)

NFP is a home-visiting program for young pregnant women and girls and first-time mothers experiencing social and economic disadvantage. Home visits start in early in pregnancy (before 28 weeks gestation) and continue until the child is two years of age.¹

Through the establishment of a therapeutic relationship, nurses:

- provide support and life coaching
- review preventive health and prenatal practices
- guide clients with system navigation
- engage in health education
- discuss child development and parenting²

Goals of the program include:

- improving pregnancy outcomes
- improving child health and development
- improving families' economic self-sufficiency²

Findings from three randomized controlled trials (RCTs) conducted in the United States (US) have demonstrated the effectiveness of the program at achieving these goals.⁴ Efforts to replicate NFP within the Canadian context began in 2008 and remain ongoing, with projects to adapt, pilot² and evaluate the program.⁵⁻⁷

The Canadian Nurse-Family Partnership Model of Education

NFP Education

As of 2020, NFP is a public health intervention delivered in four British Columbia (BC) health authorities and five public health units in Ontario. NFP is delivered by teams consisting of public health nurses (PHNs) and nursing supervisors. NFP is an innovative nursing intervention and its effective implementation requires significant new learning for staff. Therefore, to develop the NFP competencies required to implement and deliver this intervention, nurses and supervisors must complete the NFP core educational curriculum. NFP curricula includes content designed to prepare nurses and supervisors for their roles, as well as activities developed to sustain and maintain competence over the longer term.⁸



Rationale for an NFP Model of Education in Canada

While NFP is delivered by baccalaureate prepared registered nurses (or by registered midwives in some countries), differences in health system delivery models, basic nursing competencies and standards of practice necessitate adaptation and refinement of the NFP curricula (originally developed in the US) in each new country.

In order to pilot and then evaluate the NFP intervention, a workforce of PHNs and supervisors in participating implementing agencies in Ontario and British Columbia needed to receive the education and preparation to implement and deliver the program in their local communities.

In the pilot study (2008-2012)^{1,2} conducted to evaluate the feasibility and acceptability of NFP within the Canadian context, the first team of PHNs and the supervisor were sent to the US NFP National Service Office (NSO) located in Denver, Colorado to complete the first part of their in-person education. NFP nurse educators from the NFP NSO were also contracted to deliver the subsequent part of the education (including PIPE and NCAST) in Hamilton, Ontario. Additional funding from the Nursing Secretariat, Ontario Ministry of Health and Long-Term Care was also secured to support this first cohort of five nurses and a nurse supervisor/manager to “job-shadow” NFP nurses in Pennsylvania, US.

For the British Columbia Healthy Connections Project (BCHCP),⁵ which includes an RCT to evaluate the effectiveness of NFP compared to existing maternal child services as well as an adjunct process evaluation⁶ that was conducted (2013-2018) to document how NFP was implemented and delivered across five regional health authorities, US-based educators and consultants were contracted to provide NFP education to the first three cohorts (of ten, to date) in BC. With staffing changes among nurses and supervisors, in addition to the support garnered from the BC Ministry of Health and key partners to ensure NFP was embedded in the suite of public health services offered across the province, a dedicated team of BC-based NFP educators was created, thus facilitating the NFP education program to future nurse cohorts.

The curriculum used to prepare these early cohorts of NFP nurses in Ontario and BC was based on the US model of education. As part of the long-term process of adapting the NFP program for use in different Canadian contexts, it was identified that this American curriculum did not fully reflect educational needs of Canadian PHNs and was not sustainable within our large geographic areas. Funding was therefore secured to develop, implement and evaluate a model of NFP education for use in Canada.

Development of the CaNE Curriculum

The development of the Canadian NFP Education (CaNE) curriculum consisted of curriculum planning, curriculum writing, and establishment of the learning management system (LMS). The curriculum was then pilot tested with two cohorts of NFP PHNs and supervisors from four Ontario public health units with participants providing feedback and recommendations for modifications.

CaNE Curriculum Team

The primary CaNE Curriculum team consisted of:

Box 2: CaNE team responsibilities

- curriculum writing and review
- conducting consultations with NFP curriculum experts
- development of LMS
- curriculum delivery



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- NFP PHN, Hamilton Public Health Services (2008-2013)
- NFP Nurse Educator
- Ontario NFP Nursing Practice Lead



Debbie Sheehan, RN BScN MSW

- Director, Family Health Division, Hamilton Public Health Services (2006-2011)
- NFP International Consultant
- NFP Curriculum Lead
- Co-PI, BC Healthy Connections Project (BCHCP)



Susan Jack, RN BScN PhD

- NFP Curriculum Consultant
- Professor, School of Nursing, McMaster University
- PI, BCHCP Process Evaluation
- Co-PI, BCHCP RCT

Curriculum content design and development of the LMS was facilitated through a contract with an NFP Instructional Designer (Tara Shields) and IT project support provided by the Computer Services Unit, Faculty of Health Sciences, McMaster University. See Box 2 for CaNE team responsibilities.

CaNE Curriculum Development Timeframe



CaNE Curriculum Resources

The curriculum development process included a comprehensive review of existing NFP curriculum materials as well as seeking out guidance and recommendations from NFP nurses, supervisors, educators or consultants who had completed the NFP core education. Education-focused findings from qualitative studies exploring Ontario and BC nurses'/supervisors' experiences of receiving the NFP education were also reviewed. Further details on these three components follow.

Existing Curricula

Expert Consultation

Research Findings

Existing NFP Curricula & Guidance Documents

- Nurse-Family Partnership US NSO Unit 1 Workbook (2011-2018), Unit 2 Workbook (2014, 2017), PIPE Unit 2 session sheets (2013, 2014), US STAR storyboards content (2015) and Educators Guide (2013)
- Family-Nurse Partnership UK - Team Learning Packs (2012-2015)
- Family-Nurse Partnership UK - FNP Foundations (2016) Curriculum, FNP in Infancy (2016) Curriculum and FNP Supervision Curriculum (2015-2016)
- International Guidance Document: International Nurse-Family Partnership Core Competencies (2015)
- International Guidance Document: International Nurse-Family Partnership Core Model Elements (2016)
- International Guidance Document: International Nurse-Family Partnership Nurse Education (2016)
- International Guidance Document: STAR International Implementation (2016)
- Nurse-Family Partnership Intimate Partner Violence Intervention Manual (2015), learner workbook, educator workbook, supervisor guidelines, and e-learning modules (Colorado Version, 2015)
- Nurse-Family Partnership International Data Collection Manual (2016)
- Nurse-Family Partnership US NSO Data Collection Manual (2015) and Supervisor Forms (2016 and 2017)
- The Tavistock and Portman National Health Service (NHS), NHS Foundation Trust, Moodle Learning Environment for the Family Nurse Partnership (2016)
- NFP Mental Health Innovation (US-Version); added post CaNE pilot

Expert Consultation with NFP Educators, Education Managers, Clinical/International Leads

- Nursing Education Manager, NFP National Service Office, Denver, Colorado
- NFP Instructional Designer, NFP National Service Office, Denver, Colorado
- NFP Provincial Coordinator, British Columbia
- IPV Curriculum Lead
- NFP International Consultants
- Canadian nurse theorists (specific to Critical Caring Theory)³
- National Leads and Educators from England and Scotland

NFP Educational Evaluations (Qualitative Findings)

- Recommendations and reflections based on nurses' and supervisors' experiences of engaging in the NFP core education:
 - NFP Acceptability Pilot Study²
 - British Columbia Healthy Connections Process Evaluation⁶
 - Evaluation of NFP IPV intervention⁹
 - Emergent qualitative findings from first cohort of PHNs/Supervisors completing CaNE courses; used to inform refinements to model pilot tested with 2nd cohort of CaNE nurses.



Purpose of the CaNE Curriculum

The CaNE project curriculum is intended to:

- develop and sustain an effective workforce of strong nursing teams able to support their members in building and maintaining expertise, skills and confidence in the delivery of the NFP program
- promote self-efficacy in NFP PHNs and supervisors in relation to their own continuing education and professional development
- be accessible to all current and future NFP license holders across Canada, which can then be further augmented with additional resources at the local level
- reflect Canadian public health nursing competencies and practice in Canada
- be practical and sustainable for individual license holders to implement
- introduce and integrate more recent NFP innovations seamlessly into one curriculum
- introduce a nursing theory to underpin the NFP intervention (in addition to the existing foundational theories currently taught) and embed principles of Trauma-and-Violence Informed Care throughout the culture of learning and clinical service delivery

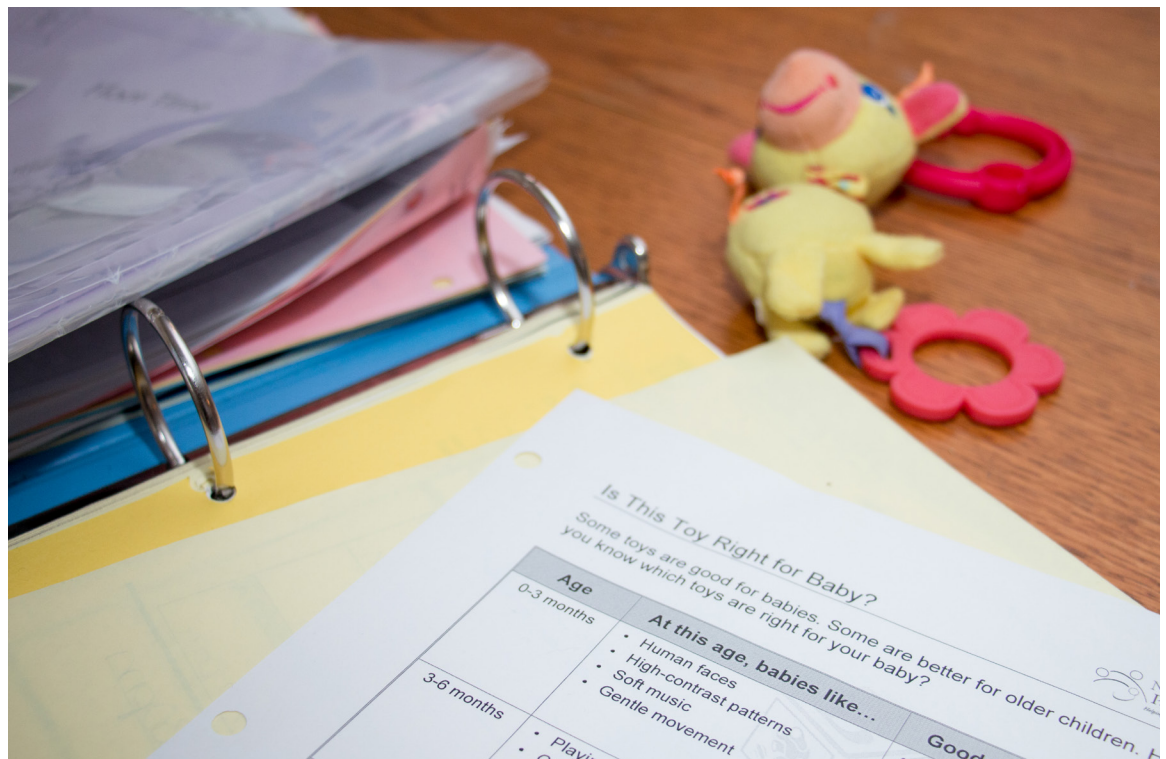


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4. Establish therapeutic relationships with clients
5. Utilize reflective processes to improve practice

The goal of the supervisor-specific education is to promote and develop the following NFP supervisor competencies:

1. Provision of administrative leadership to the operation and sustainability of an NFP site
2. Application of principles of supervision that promote the clinical and professional development of all team members
3. Promotion of PHNs' development of competence to deliver the NFP home visiting intervention
4. Local implementation of the NFP program with fidelity to the core model elements



CaNE Curriculum Content & Sequence of Learning

Components

The CaNE project curriculum consists of two major components described in detail in this section.

1 **CaNE PHN Education: A Three-phased Approach**

phase 1 **NFP Foundations**

phase 2 **NFP Fundamentals**

phase 3 **NFP Consolidation & Integration**

2 **NFP Supervisor Education** **Supervisors also complete CaNE PHN Education*

1 **CaNE PHN Education: A Three-phased Approach**

phase 1 **NFP Foundations**

Mode of Delivery: Chapters accessed through the LMS, as well as some e-learning modules to be completed independently or as part of team-based learning.

Estimated Completion Time: 20-25 hours

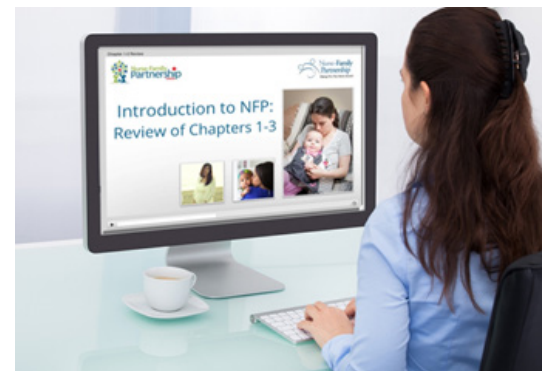
Content: 3 Courses

The CaNE curriculum adapted, integrated, and enhanced the strongest components from the US and UK models of education.

COURSE ONE

Introduction to NFP: 17 Chapters and 6 Review Modules

1. NFP History, Evidence, and Fidelity
2. NFP International Program
3. Excellence in NFP
 - a. Review: Chapters 1-3
4. Human Ecology Theory
5. Attachment Theory
6. Self-Efficacy
7. Critical Caring Theory
 - a. Review: Chapters 4-5
8. Client-Centred Principles
9. Reflection in Practice
10. Therapeutic Relationships and Boundaries
 - a. Review: Chapters 8-10
11. Maternal Role
12. Partners in Parenting Education (PIPE)
13. Communication Skills
 - a. Review: Chapters 11-13
14. Content Domains
15. Structure of the Home Visits + Using the Visit-to-Visit Guidelines
16. Strategies for Recruiting & Engaging Clients
17. Nursing Assessment Forms and Information Gathering
 - a. Review: Chapters 14-17
 - b. Review: Putting it all together



COURSE TWO

Intimate Partner Violence: 5 Modules

1. Module 1: Introduction to NFP IPV Intervention
2. Module 2: Characteristics of an Abusive Relationship
3. Module 3: Responding to a Client Disclosure
4. Module 4: Identifying IPV
5. Module 5: Introduction to the Danger Assessment*

COURSE THREE

Strengths and Risks Framework (STAR): 2 Modules

1. Introduction to the STAR Framework
2. Coding the STAR Framework

*In this module each PHN is required to complete additional training to become certified to administer and score the Danger Assessment.

Each chapter or session begins with a statement of purpose, the PHN and supervisor competency(s) addressed and the objectives for the learner (see box). Supervisors are also responsible to meet PHN competencies. This competency-based model is a framework for assessing the extent to which NFP PHNs and supervisors perform their specified NFP roles as described in competency statements. There is a variety of content presentation strategies used throughout the chapters and modules. These strategies include static content (both written and visual formats), links to external resources, summaries of key information provided and reflection activities for learners to pause and consider the application of the material presented by answering questions posed. There are additional resources such as articles, guidance documents and videos accessible to learners within each chapter to enhance the content and provide additional relevant information.

Chapters most often end with a review activity that challenges the learner to recall and apply key content presented in a question and answer format. This review activity is important as it provides an additional opportunity to begin to reflect on how this new information will be applied in home visiting practice.

phase 2 NFP Fundamentals

Mode of Delivery: In-person education provided over 5 days, plus an additional day for IPV follow-up (4-6 months after initial face-to-face content). In-class activities include small group learning, lectures, and role playing. The majority of education content is facilitated or co-facilitated by NFP educators with the addition of guest speakers and content experts when appropriate and available. For example, a highlight of the piloted education was having an experienced NFP PHN guest panel (3-7 PHNs) facilitate a question and answer session for learners. The IPV education was facilitated by an IPV content expert with the NFP educator providing additional support.

Estimated Completion Time: 42 hours

Content: During NFP Fundamentals, content related to the following topics is reviewed:

Box 3: Client-Centred Principles of NFP

1. The client is the expert of her life
2. Follow the client's heart's desire
3. Only a small change is necessary
4. Focus on strengths
5. Focus on solutions

- NFP Model
- STAR Framework
- Communication Skills
- Trauma-and-Violence Informed Care
- Visit-to-Visit Guidelines
- NFP Core Model Elements/Program Fidelity
- Application of the four foundational theories: self-efficacy, human ecology, attachment, critical caring
- NFP Client-Centred Principles of care (see Box 3)
- Cultural responsiveness
- Reflection in Practice
- Client retention
- PIPE
- Maternal Role
- Safely recognizing and responding to IPV

phase 3 NFP Consolidation & Integration

Mode of Delivery:

- Mentorship through observation of expert NFP PHN (job shadowing)
- Completion of Team Meeting Education Modules during NFP Team Meetings
- NFP IPV System Navigation module (including site visits to community agencies, including women's shelters)
- Completion of additional training to meet local education needs

Content: NFP Consolidation and Integration focuses on the refinement of clinical skills and professional development in areas of practice identified by teams. Development and completion of these modules is intended to be a dynamic process and new modules will be added as needed. During this period of time, teams may complete activities related to:

- Partners in Parenting Education (PIPE)
- Team Meeting Education Modules:
 - Achieving and Maintaining Caseload
 - Adjusting the Visit Schedule Using the STAR Coding
 - Administration and Scoring of the Danger Assessment
 - Building Referrals
 - Childhood injury Prevention
 - Child Maltreatment
 - Client-Centred Principles – Client is Expert on Her Life
 - Communication Styles
 - Conducting Case Conferences
 - Motivational Interviewing – How to Work with Discord
 - Motivational Interviewing – Sustain Talk
 - STAR Coding Practice
 - Reviewing the Revised STAR Framework Documentation
 - Supporting Clients to Quit Smoking
 - Using the Education Video Modules
 - Using the NFP Home Visit Plan
 - Working with Clients Who Display Symptoms of Anxiety Disorders



2

NFP Supervisor Education

To ensure that NFP supervisors are prepared to effectively implement the program within their organizations, and to provide support and supervision to the PHNs on their NFP teams, a comprehensive, structured approach to supervisor education was also developed.

The CaNE supervisor-specific curriculum also consists of three phases and is completed following the CaNE PHN Education.

phase 1 **NFP Foundations**

Mode of Delivery: Online, independent learning

Estimated Completion Time: 10 hours

Content: 3 Modules

1. Introduction to Supervisor Role
2. Reflective Supervision
3. Client Recruitment and Referrals

phase 2 **NFP Fundamentals**

Mode of Delivery: In-person education provided over 4 days. In-class activities include small group learning, lectures, and role playing.

Estimated Completion Time: 28 hours

Content: During supervisor-specific NFP Fundamentals, content related to the following topics is reviewed:

- Leadership and the NFP Supervisor Role
- Reflective Practice, Reflective Supervision and Coaching
- Core Model Elements
- Burnout, Compassion Fatigue, Job Stress and TVIC
- Data Collection
- Facilitating On-Going NFP Nurse Education
- Implementation of the IPV clinical pathway and reflective supervision for nurses working with women experiencing abuse
- Continuous Quality Improvement

phase 3 NFP Consolidation & Integration

Mode of Delivery:

- Mentorship through observation of expert NFP Supervisor (job shadowing)
- On-going support and consultation through regular communication with NFP Clinical Lead and community of other NFP Supervisors
- Completion of Team Meeting Education Modules during NFP Team Meetings

Content: NFP Consolidation and Integration focuses on ongoing consolidation of clinical skills and professional development in areas of practice identified by teams and individuals. There was also a commitment to develop and introduce additional modules to meet the needs of supervisors with more experiencing managing and supporting teams of home visiting nurses. Topics identified for this phase include:

- Nurse Retention
- NFP Core Competencies

New Content to the CaNE NFP Education

In the US, researchers at the Prevention Research Centre and key NSO stakeholders have been involved in developing, piloting and scaling up new innovations to augment the existing NFP program.¹⁰ Access to these new innovations created an opportunity for the Ontario team to formally integrate them into the CaNE education curriculum.

Additionally, deliberate decisions were made to augment the CaNE NFP curriculum with some novel content. In comparison to core NFP education in other countries, the Canadian version now includes focused content on the following topics, each of which are described below: Critical Caring Theory, Trauma-and-Violence Informed Care, and NFP Canada Program Model.

Critical Caring Theory

The integration of Critical Caring Theory,³ provides a foundation to describe how PHNs organize and deliver their care to families experiencing social and economic disadvantage, and that the focus of their practice ranges from providing individualized care and support at the front-line level, as well as advocating for critical social and structural changes at the broader community and population levels.

Trauma-and-Violence Informed Care

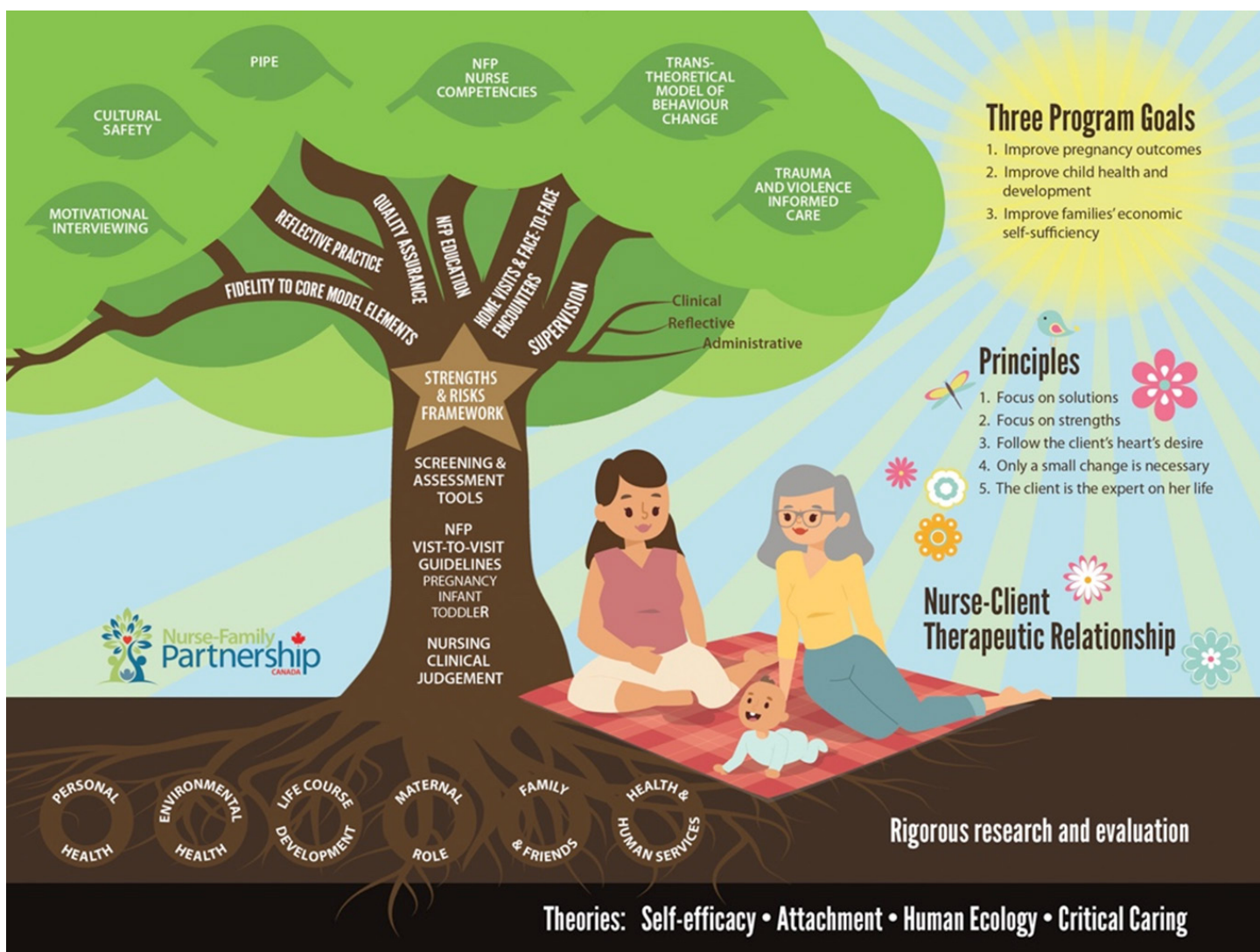
A significant number of the young women enrolled in the NFP program will experience some form of developmental, interpersonal, structural or historical trauma over the course of their lifetime. Trauma-and-violence informed care ensures that providers understand the effects of trauma, and prioritizes establishing physically and emotionally safe spaces that limit the potential for future

harm, it also takes into account the intersecting impacts of systematic and structural violence on a person's life.¹¹

Within the CaNE curriculum, we have positioned trauma-and-violence informed care as a universal approach to delivering the NFP program and that its principles provide a guide for all client interactions. These principles are also closely aligned with the program's client-centred principles of care.

NFP Canada Program Model

The NFP Program model used in the US is depicted as a garden scene with the nurse tending to a garden symbolic of the client and their relationship. At the time of the CaNE pilot project, the model did not reflect recent augmentations to the NFP program. The CaNE pilot project presented an opportunity to review the current US model and develop a model that reflects the most recent US program additions (i.e. STAR, IPV), specific curriculum elements added for use in CaNE (i.e. Trauma-and-Violence Informed Care, Critical Caring Theory) and to create a visual diagram that highlights the nurse-client relationship as central to the program model (see below).



CaNE Instructional Methods & Resources

CaNE Instructional Methods

LMS & e-learning modules

The online education is hosted on the LMS platform, Moodle. Moodle is a free, open-source learning platform that can support the required volume of interactive content used for the pilot curriculum (e.g., audio, video, quizzes, etc.). Learners work through content at their own pace that requires, reading, reflection and some interactive assessment of learning. The password-protected website can be accessed by registered users only at: www.nfpeducation.mcmaster.ca

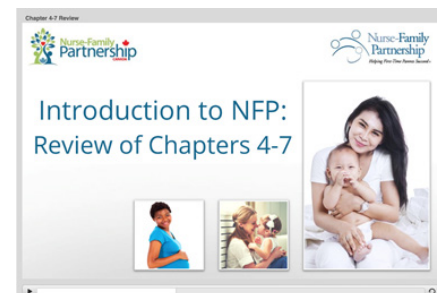
Face-to-face instruction

Five days of content is completed consecutively or in a split format (recommended) with 2 or 3 days one week and the remainder in the following 2 weeks.

The in-person education is facilitated by at least one NFP educator in a classroom setting who utilizes a variety of interactive and engaging teaching and learning strategies.

These strategies include:

- instruction/lecture components,
- large and small group discussion,
- video review,
- case scenario review,
- role-playing,
- game-like review of content and
- hands-on experience accessing and using program materials and online content accessed through the NFP Canada website.



In NFP Fundamentals, each participant is provided with a Learner Handbook that contains curriculum objectives, teaching and learning activities, references, and space for note taking.

Attributes of NFP Educators

Through the CaNE acceptability study, PHNs and supervisors identified that they highly valued learning from NFP educators who:

- Have previously completed the NFP core education
- Were perceived as content experts in specific areas of practice (e.g. IPV)
- Demonstrate comprehensive knowledge of all facets of the NFP program and the core model elements
- Demonstrate a high degree of proficiency in group facilitation skills and the application of adult learning principles
- Have had personal experience as an NFP team member (e.g. PHN, supervisor, director) responsible for implementing or delivering NFP.

Team-based learning

The third phase of education utilizes team-based education as the primary method of learning. There are a series of “Team Meeting Education Modules” available through the NFP Canada education website. They explore a range of relevant topics that are meant to extend and consolidate learning in addition to providing a refresher for more experienced team members. Each module is designed to provide the facilitator with a concise guide for leading a team meeting on the topic. Any NFP PHN or Supervisor can facilitate the use of a team meeting education model, so ideally this role is rotated amongst the whole team. Each module is designed so that all the resources needed to work through it are included and preparation time is kept to a minimum. Teams select the topic to review based on their identified learning needs and interests.

There are also additional team activities to consolidate the IPV education and facilitate learning about local community services.

Independent study

All of the online content (e-learning modules etc.) was developed with independent study in mind. However it can be completed individually or discussed as a team to reinforce integration and application of content.

Job shadowing

To spend time observing experienced NFP PHN staff, job shadowing with an external public health unit (Hamilton) was an optional component of NFP Consolidation and Integration. This allowed new NFP nurses to learn more about the “NFP process in action,” outside the instructional setting. External (as opposed to mentorship within a team) job shadowing was the only opportunity for this experience during the first cohort of education when health units were onboarding entire teams for the first time and not individual PHNs or supervisors.

Panel presentations

PHN guest panel sessions were incorporated during the face-to-face education (1 per cohort) to provide the opportunity for experienced NFP PHNs to share their experiences with the program through a “question and answer” format.

CaNE Instructional Resources

In the CaNE pilot project the NFP Provincial Clinical lead was responsible for the overall planning and coordination of all phases of the education. In addition to curriculum delivery, multiple personnel and equipment resources are required to ensure that the education is seamlessly delivered to all learners. The resources required to deliver the NFP core education are listed in Boxes 4 and 5.

Box 4: Personnel Resources Required to Deliver NFP Core Education

Administrative Assistant

- Online access support
- Facility support (booking space, catering if needed)
- Printing/prepping participant materials
- WIFI and AV capabilities
- Assist with scheduling of educational sessions or events

NFP Educator (lead)

- Coordinate delivery of education to new cohorts of nurses
- Identify and secure additional educators and/or PHN guest panel
- Provide and maintain online access for education website
- Agenda creation for face-to-face education
- Coordinate work of administrative assistant
- Coordinate development and revisions to educational materials (e.g., learner workbook)
- Create and update slide content
- Coordinate job shadowing
- Communicate/liaise with international team regarding core education
- Provide access to education materials (workbook and slide deck used) on education website
- Implement evaluation/feedback process for education CQI
- Collect data on education completed for annual report

Box 5: Resources Required to Deliver NFP Core Education

Equipment/Supplies

- Learner workbooks (printed in hard copy at this time); also available on the LMS
- Content on slide decks
- Laptop/tablet for educator (also required for each participant to bring)
- General office supplies, tissue, timer, stapler, white board paddles and dry erase markers
- Craft supplies
- Keys to Caregiving (starter kit)
- Teaching doll (also required for each participant to bring)
- PIPE Curriculum (full kit)
- Sample chart/PHN daily folder/copy of program materials use by PHN on first visit

Space/Facility

- Facility space with tables, white boards and/or chalkboards, Wi-Fi and AV capabilities (ability to leave materials overnight securely is recommended)

Other

- Opportunities for job shadowing
- Gifts/cards for panelists
- Consideration for catering or snacks for in-person education
- Consideration for online game/quiz learning platform (e.g., Kahoot) for use during in-person education



Implementation, Delivery and Evaluation of the NFP Program in Four Ontario Public Health Units

To evaluate the acceptability of the CaNE curriculum to NFP PHNs, supervisors and educators, a single, descriptive mixed-methods case study was conducted.

Key Findings of this evaluation include:

- Following completion of the CaNE curriculum, the four public health units that participated in this pilot study demonstrated the ability and capacity to implement and deliver NFP with a high degree of fidelity to the program's 14 core model elements. Particularly with respect to enrolling women that meet program eligibility criteria, client retention, and application of content distributed across all program domains.
- Three overarching themes emerged describing participants' overall level of acceptability with the novel education curriculum:
 - the NFP model of education is purposefully and thoughtfully delivered;
 - the NFP model of education facilitates building relationships and supporting women in making changes; and
 - learning how to implement the NFP program is a process that takes time.



Conclusion

The CaNE curriculum content reflects Canadian standards of public health nursing practice and includes the integration of new NFP innovations, adoption of the STAR framework, priority content to reflect the importance of delivering trauma-and-violence informed care, and a relevant nursing theory to underpin professional PHN practice.

This curriculum provides PHNs and Supervisors with the knowledge and skills to implement NFP with fidelity to program core model elements and to support families to develop sensitive and responsive parenting skills. The content is delivered in three phases which allows time for nurses and supervisors to apply their new knowledge and practice NFP-related skills as they develop their NFP client caseloads. As they become more familiar with the program elements, then they are better positioned to continue to engage in receiving more information about the program. Use of a web-based LMS enhances the sustainability of the education process, allows new staff to initiate their NFP Introduction education shortly after being hired and ensures that teams, following a self-directed approach to learning, can access the NFP Consolidation and Integration learning resources at anytime. While intensive, the face-to-face education provided in NFP Fundamentals was highly valued by PHNs and supervisors as an opportunity to develop and practice new nursing skills, to promote team-building and to establish a broader NFP Community of Practice.

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