



NURSE FAMILY PARTNERSHIP

SURVIVAL

GUIDE



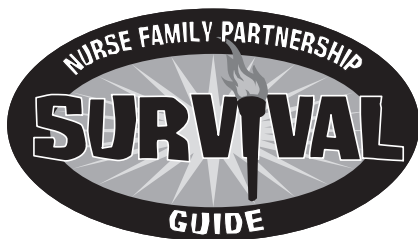


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NURSE FAMILY PARTNERSHIP SURVIVAL GUIDE

Strategies to Promote Nursing Excellence

This survival guide was developed by the Nurse Family Partnership (NFP) nurses at Jefferson County Department of Health and Environment's Partners for Healthy Families Program. Introspective nurse development and observation of team members provided insight into what it takes to deliver this program. This guide puts theory into practice and offers strategies and tips to promote excellence in a NFP nurses' practice.

The survival guide stems from the Journey to Excellence Timeline. It identifies several experiences, feelings, and challenges that nurses have identified as they move through the first cycle (2 ½ years) with their first set of clients. Effective strategies are described for each part of this timeline.

There are two assumptions for the timeline. First, it is based on a two and a half year cycle with a set of clients. Nurses will rebuild their caseload as needed. Second, it can be accelerated in the instance of a replacement nurse acquiring an existing set of clients.



PHASE 1. NEW NURSE IN PRE-TRAINING

A nurse starting as a home visitor for the NFP, experiences a phase of transitioning to autonomy and gaining experience during a time of many “firsts”. Typically, the nurse is not a new graduate. However, she/he may be new to home visitation and/or Public Health. It is often difficult for the nurse to be seen as a novice even though she may bring a lot of experience from another area of nursing. The nurse can typically feel bored and lonely as she hasn’t started visiting clients, has a lot of desk time, and her co-workers are busy completing their visits.

STRATEGIES:

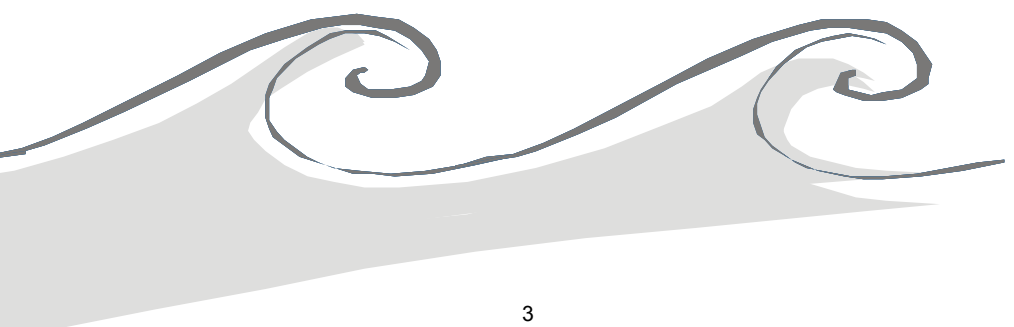
Assist the nurse in understanding the learning curve and provide anticipatory guidance about the experiences and challenges included in this timeline.

Ask the nurse to facilitate a project or training utilizing her area of expertise.

Assist the nurse in completing agency requirements as well as reading and preparing for education sessions.

Suggest the nurse attend Childbirth Education and Breastfeeding classes to enhance knowledge of these topics.

Suggest the nurse network in the community by completing a scavenger hunt. This includes visiting community referral agencies in order to better understand the referral process.



A nurse may also experience feelings of Shock and Awe, especially if she is a replacement nurse acquiring an established caseload. It can be challenging to develop a “sales pitch” when trying to sell the program to a new client. In addition, documentation and chart organization take awhile to learn, as do filling out the forms, figuring out what is pertinent to chart and ensuring all forms are signed and completed in a timely matter. Nurses may feel anticipation and excitement about how they will make a difference in their clients’ lives.

STRATEGIES:

Provide onsite orientation, including a comprehensive checklist.

Allow the nurse to partner with team members on several “observational visits”.

Provide an onsite mentor whom the nurse can go to and feel comfortable asking questions.

Identify the areas of expertise of team members to facilitate the new nurse getting to know her coworkers and be provided with accurate information.

Have a sample chart available for the nurse to review. Have the nurse read several charts to facilitate development of her own style.



PHASE 2. EDUCATION SESSION 1 / EDUCATION UNIT 2

The nurse will be attending an education session and NCAST while completing site orientation and trying to build a caseload. The nurse may feel overwhelmed with all the information and be concerned with trying to prove herself to the team of established nurses. The nurse needs to have time to figure out her personal style in order to present all concepts learned in training to the clients.

STRATEGIES:

Assist the nurse with examples and role modeling for practical application of NCAST.

Continue to provide mentoring and joint home visits.

Recommend she develops a “system” of organization and time management for efficiency.

The nurse may also face some challenges and fear the unknown. Everyone tells stories about their experiences, and they keep talking about something called PIPE.

STRATEGIES:

Try to go to the training with an open mind.

Review the PIPE manual prior to attending the training as PIPE is a major part of training. Many nurses feel they have no extra time to refresh or even review the PIPE manuals, guidelines and other professional materials. One strategy is for the nurse to bring educational materials along with them in their car, so if a client cancels their appointment, there is time before the next one to read/review some of it.



PHASE 3. PACING

A nurse develops feelings of being disorganized and pulled in many directions. She is asking “how can I manage and remember everything that needs to be done?”

STRATEGIES:

Prepare and pre-copy all packets, facilitators and forms.

Reorganize the packets to include the “extras”: NCAST, PIPE, Brainwise, Promoting Maternal Mental Health, Parents as Teachers, etc.

Organize client charts using several checklists and forms ie: facilitator check list, at a glance sheet, client contact sheet.

Chart as soon as possible after the visit (same or next day) to facilitate accurate documentation and allow the nurse to purge the client and not take the client with you for the next week or two.

Frequent formal and informal case consultation is useful in dealing with the strange or awkward situations that nurses encounter in homes and in the community. Public Health experience is also helpful.

Set aside desk time every week to organize and prepare for visits.

Schedule visits two hours apart and when possible in the same neighborhood.



The nurse may start to feel like she is in a **Pressure Cooker**. She may develop feelings of being overwhelmed and over-anticipate visits in order to please clients. Nurses have described entering a visit, thinking “It’s Show Time” or “Ready for the Dog and Pony Show”. Nurses make every attempt to be on their game and optimize every encounter they have with the client.

STRATEGIES:

Keep perspective and don’t take things personally. An example is when a client “fires” or “blows off” a nurse. It’s easy to self-blame, yet more useful to realize it’s the client’s issues and not the nurses’.

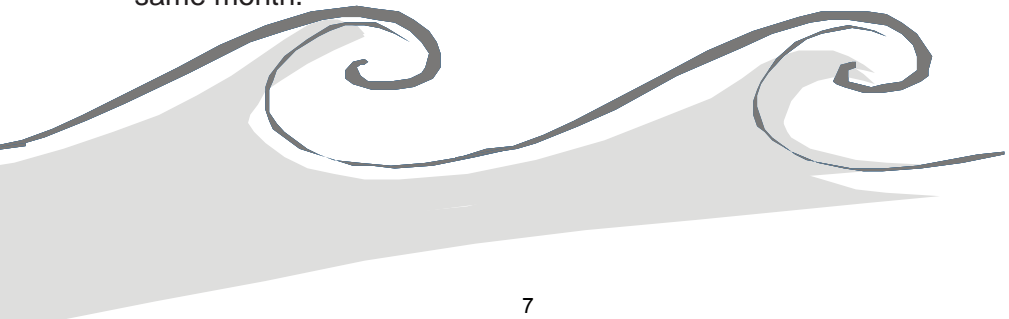
Allow the client to choose what she feels is best for herself. It is important not to feel responsible for the client’s choice. The client has skills to figure things out.

Allow pacing to reduce the multi-task feelings. Adjust the occasional weekly visits if the client is stable and weekly schedule is requiring excess overtime. The nurse needs to give herself permission to make visit times and days work for her and the client.

Use the team for consultation and as a sounding board. Case conferences provide a safe, trusting team environment that allows expression of each nurse’s feelings.

Have quarterly team retreats to shift focus to the nurse for refueling and skill building. Retreat activities may include, and are not limited to, making PIPE kits, relaxation, self discovery, understanding work styles, developing coping strategies, sharing chocolate, making cards for clients, scrapbooking client photos, etc.

Try not to have more than three clients with due dates in the same month.



The nurse feels that establishing the relationship with 25 (or more) clients is exhausting.

STRATEGIES:

Schedule frequent time together as a team to check-in and support each other through regular case conferences, team meetings and retreats.

Arrange meetings off-site for mental health care and to provide a nurturing and casual setting.

Make the best use of time by catching up on phone calls, paperwork, referrals, etc, when a client cancels or no-shows.

PHASE 4. SO MANY “FIRSTS”

The nurse is overwhelmed by the number of “firsts”. New therapeutic relationships are always evolving and can be difficult, especially if the client continually fails visits or is in crisis. The nurse feels that she is always putting out fires, making it a challenge to maintain enthusiasm and recognize the client’s strengths and progress.

STRATEGIES:

Allow for adequate referrals and consultations. Stay in perspective by utilizing weekly case conferences to normalize feelings by talking with team—most of them “have been there, done that” so they are experts! Also, weekly reflective supervision is a valuable part of being in the NFP program.



Promote self care and refueling by practicing all the nurturing activities we encourage clients to use! Consider packing healthy meals and snacks for the car, drinking plenty of water and fluids, listening to music and audio book CDs, taking a break, walking on break, charting in the park or an enjoyable coffee shop, having a hobby, using laughter and humor, being in the moment with family and leaving work at work!

Use humor as stress relief whenever possible. Keep a book of odd or unusual client stories. Collect titles of songs that best describe the job (see examples in back of book).

Establish and maintain boundaries to balance home and work. Learn the difference between Therapeutic and Personal relationships. (See NSO Core Curriculum Update DVD). Be aware of enabling clients... it can and does catch nurses off guard; particularly if that client is really struggling. Remember to be empathetic (therapeutic) not sympathetic (personal).

Learn to let go of what you have no control over.

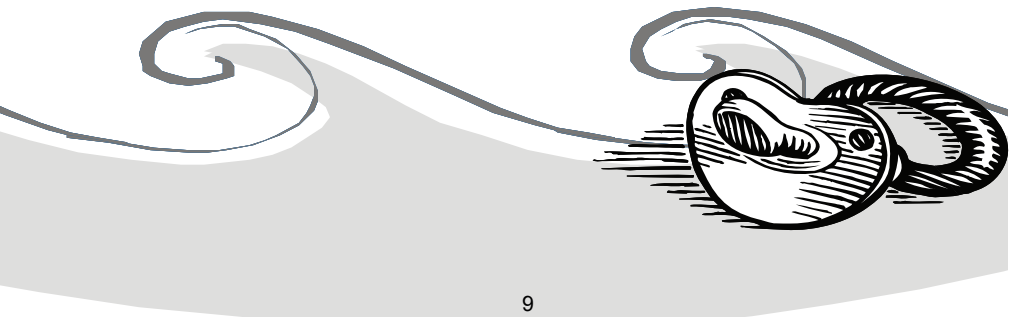
PHASE 5. REFINING AND DEFINING

The nurse has utilized the guidelines and is refining how she uses them.

STRATEGIES:

Give permission to try new strategies and learn from mistakes.

Consult and share with the team.



PHASE 6. AM I GOING TO BE OKAY?

The nurse becomes concerned for her safety as she and her coworkers become involved in several physical and psychosocial risks including: driving, pets, weather, domestic violence, child abuse, drugs, strangers in the homes, criminals in the home, being subpoenaed to testify, suicidal client, etc.

STRATEGIES:

Take good care of the car that now serves as an office on wheels. This can be accomplished by getting regular oil changes and service, organizing the trunk, and regularly completing agency forms.

Drive defensively and take a defensive driver's course if available. Try not to obsess about getting into an accident.

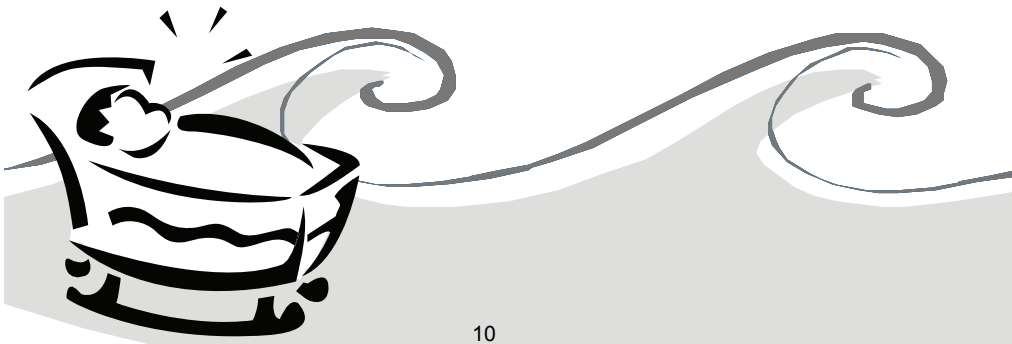
Think warm thoughts during snow storms and try to be "cool" when it is 100 degrees outdoors.

Reschedule home visits if driving during inclement weather is perceived as a safety risk. Nurses can also complete a telephone visit with the client.

Take another nurse or supervisor on a visit for an extra perspective and safety precaution.

Arrange to visit the client in office until the situation is safe again.

Be easy on self and rally all the resources available. This is an exciting time that can also be really frustrating, as everyone has a learning curve that's unique to them. Be assured that ***you are making a difference!!***



PHASE 7. EDUCATION SESSION 2 / EDUCATION UNIT 3

NFNP nurses attend this training about 3-5 months after they are hired. At this stage, a nurse might have feelings of gaining confidence over the guidelines. The nurse may also feel excited to try things they learned in Unit 3. A lot of nurses look forward to seeing people they met in Unit 2, especially if they are the only nurse attending training from their site.

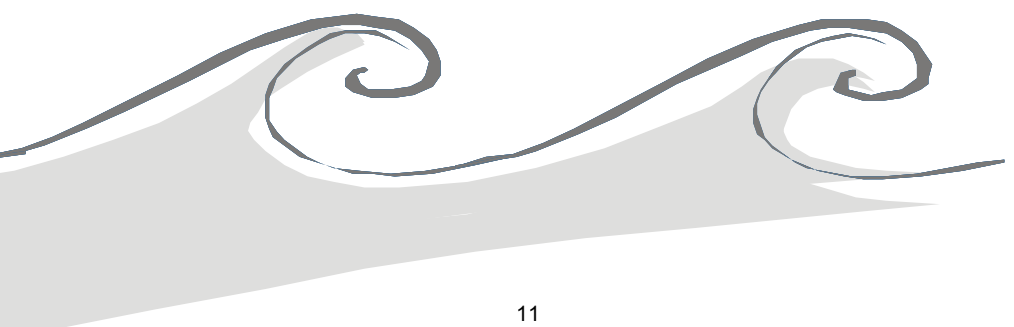
STRATEGIES:

Many Unit 3 participants find it valuable to stay onsite during the training. While this may mean an extra cost for those living in the Denver metro area, it is worth it. This is an excellent opportunity for nurses to connect with other NFP nurses. Try to view this as a retreat.

Some nurses feel a sense of loss of the peer support gained during the trainings from educators and fellow nurses. If the nurse has had the chance to connect with any other NFP nurses this can be a bittersweet time. They can be excited that they are getting through all the educational sessions and are further down the path of becoming an experienced NFP nurse. However, not being able to see those people who they may have connected with can be a little sad.

STRATEGIES:

Access the NFP NSO web site and log on to the nurse forum to exchange ideas, ask questions, post information, etc. Many nurses share email addresses and communicate in this way.



Take advantage of the additional training opportunities available from the NSO in the form of DVDs and online classes. This helps in staying up to date on all the changes and new recommendations.

The nurse wonders how more information can be incorporated into visits and has feelings of being overwhelmed.

STRATEGIES:

Use index tabs to organize new guideline book. This will make it easier to find certain visits for review/reference later.

Remove visit guidelines from manuals and place in manila folders in a portable file box. Keeping the portable file box in the trunk of the car allows the nurse easy access to guidelines when needed or simply for review when away from the office. Sometimes just glancing at it before the visit can be very helpful. Nurses can also do this same thing with their PIPE planning sheets.

Prepare PIPE KITS – these “kits” include gathering all the components needed for PIPE demonstrations and keeping them in the file box in the trunk allows for easier planning. For example, The nurse could have the alka-seltzer tablets, a plastic cup, and a copy of the instructions in the “kit” for the “Bubbling Over” demonstration that is done with the Learning Language PIPE.



PHASE 8. GET OVER YOUR TRUNK!

Are you feeling like a pack mule? – **GET OVER YOUR TRUNK!** Many nurses have to come to terms with the fact that their car is a working vehicle. Nurses feel overwhelmed by all the “stuff” they feel they need to carry – i.e. scale, nursing bag, chart, phone, planner/palm, handouts, PIPE demonstration materials, etc., etc., etc. Nurses may worry that something will be left behind at a client’s house. In addition, some clients have limited space, and it can feel crowded and intimidating to clients to see all the paraphernalia that a nurse brings.

STRATEGIES:

Accept that the trunk of your vehicle is your office. Organize it well and utilize it. Don’t let things creep out of your trunk. There are many ways to organize your trunk and not feel like you are dragging a thousand pounds behind you. Talk to other NFP nurses and find the ways that will work for you.

Avoid carrying everything you could possibly need in your car. Carry essential items such as a scale, a file box (if this method works for you), nurse bag (with stethoscope, gloves, sphygmomanometer, etc.), chart with handouts and any PIPE kits you need. Anything else the client wants, you can mail to them or bring to your next visit. Nurses with PDA’s that want to import their resource lists, will find it easier to quickly look up phone numbers during the visit.



PHASE 9. THE STORK PAYS A VISIT

Soon after attending Unit 3, many nurses will have clients who deliver their babies. This can be an exciting time and a challenging time. Scheduling can be challenging because nurses are back to weekly visits for the first 6 weeks. It can be a struggle for the client to keep appointments when they have so many visitors, other appointments for themselves and the baby, and a need to find times to rest, etc.

STRATEGIES:

Be flexible and offer flexible appointment times for mom. This can be helpful for the client who has a lot on her plate.

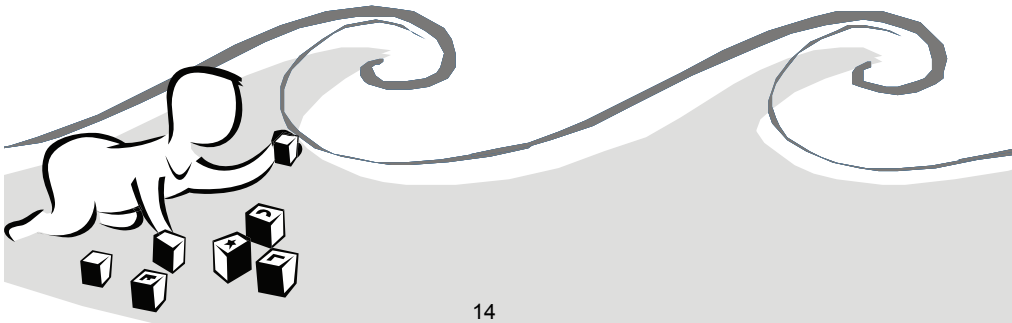
Know that it is okay if scheduling conflicts arise and not all six weekly visits are completed, especially for a mom and baby that are doing well.

For those clients who don't meet weekly, nurses can begin to wonder if they will lose this client, will this client get behind on information/handouts, will clients have the information they need to be safe and successful? Also, a nurse might worry that if she loses this client after getting through the pregnancy with them, that they will have to start all over again with a new client.

STRATEGIES:

If they do decide to discontinue visits – **IT'S PROBABLY NOT ABOUT YOU!!**

Discuss feelings with the team or supervisor when a client declines further visits or can not be contacted.





Journey to Excellence Timeline



If the team has chosen to utilize a visual tool such as the “Galaxy Board”, move that client’s star to the “fallen stars” area. Some nurses find it’s helpful to make a list of all the topics and things that they were able to talk about, and view those things as “planted seeds”. You may never see the growth, but you’ve planted the seed and have to trust that one day it will blossom in that client’s life.

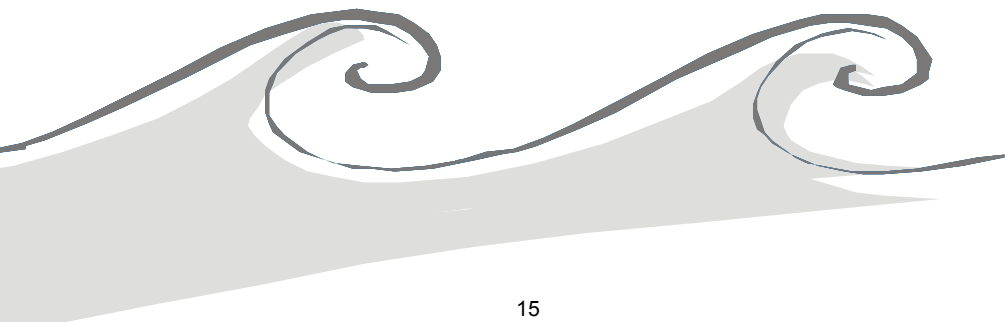
PHASE 10. SO MANY INTERRUPTIONS, SO LITTLE TIME

There can be many interruptions during visits – needing to breastfeed the baby, diaper changes, family, etc. Remember to allow the client to direct the agenda of the visits.

STRATEGIES:

Find out what’s important to the client and use the time to discuss and answer questions. A nurse should not become overwhelmed with handing a client every piece of paper in her folder. Help problem solve by using solution focused questions and techniques. THEN, she can switch hats and share any additional information that may be critical for safety, etc. By listening to our clients and discussing what’s important to them, they will be much more engaged and attentive to the other information a nurse wishes to share. Doing this can expose questions and topics that are important to touch on.

Ask questions that assumes the client is doing expected behaviors – i.e. “Tell me about the cues you have already noticed your baby showing you that help you know what she needs.” This assumes the client has understood the information the nurse has shared with her in pregnancy about baby cues (NCAST) and allows her to be the expert. The benefits are that



the nurse can assess quickly what information the client is still in need of, and it's a confidence builder for mom. And who knows, she might know so much about cues already that you can move onto another topic and avoid overwhelming her with too many handouts.

Having to refute “bad” advice from everyone around them can be stressful for the client and the nurse.

STRATEGIES:

Support their feeding choices and praise all their positive parenting efforts. New parents might like to hear encouragement when so often they have people telling them they are doing it wrong.

PHASE 11. IN THE ZONE

At this stage the nurse is continuing to gain confidence in her abilities and has begun seeing clients with their babies. They find themselves getting into a rhythm with visits. PIPE seems to get easier the more the nurse practices, and the nurse may find ways of refining their process with PIPE and NCAST. Nurses may also find themselves relying less on PIPE planning sheets and guidelines because they have incorporated the information in them and may now, only use them as review.

STRATEGIES:

Continue to be aware of time limitations with client caseload
- organization is crucial.

Schedule office time just as you would schedule an appointment. Having time to prepare for visits is always important.



Keep working at ways to organize car and schedule until you find a good fit.

Review visit packets as a team to see if more handouts or fewer handouts are needed in each packet. Also, this can be a great time to put packets together that have everything the nurse will need for that visit. For example, a packet might include handouts from NFP NSO that the team feels are helpful; handouts from other resources (such as Parents as Teachers) that compliment or communicate the idea in a more engaging way; any documentation forms (encounter form, visit sheet, etc.), the PIPE lesson for that visit; and anything else applicable - such as Ages and Stages Questionnaires. This way the nurse can grab the packet and she won't have to run around trying to prepare the handouts she will need to take with her. Also, the team can discuss whether the handout they have is really effective for their clients or not. It's also a great way to review packet content and introduce packets to nurses who have not had to use them yet.

Invite nurses on the team to present PIPE ideas or creative ways they have introduced or presented PIPE topics. There are usually a few creative people on any team and tapping into those persons' skills will come in handy. They can be helpful in thinking of ideas to make a topic seem more fun. By going through the PIPE lessons and how each nurse presents it, it will help everyone see new ways they can use PIPE and help newer NFP nurses understand how others carry out the PIPE lesson in a visit.



Understanding the parallel process becomes easier for the nurse.

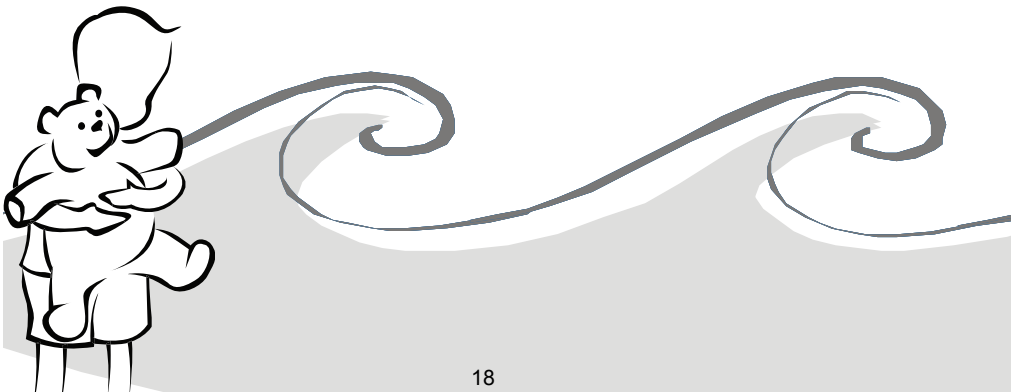
STRATEGIES:

Review and incorporate the reflective cycle into visits. Supervisors and nurses use the reflective cycle each week during their supervision. The nurse at this stage begins to find ways to utilize it during her visits with clients.

The nurse gains confidence in contributing to team ideas. As time goes by, and the nurse has an understanding of how the agency and the team have worked in the past and present, many nurses feel they have been part of the team long enough that they can feel safer offering opinions and ideas that they feel will be helpful to the team.

STRATEGIES:

Understand your team members and how they individually and cooperatively respond to ideas and change. Once a new nurse has a working understanding of how the team operates, it becomes easier to know when and how to introduce/contribute to team ideas.



PHASE 12. THE HOME STRETCH

The nurse also begins reorganization of care, home visits and paperwork. Doesn't this ever end?! **NOPE.** As long as you are an NFP nurse you will probably look for ways to improve your practice... that's why you were the nurse they chose out of all the candidates that applied. NFP nurses are innovative and self-driven.

STRATEGIES:

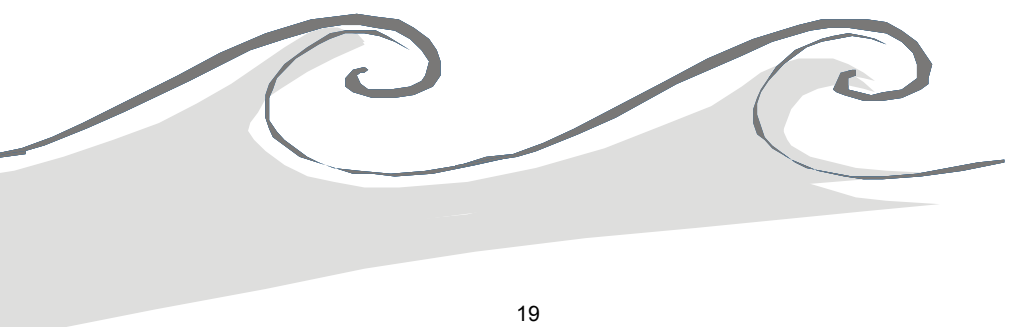
Utilize and rely on team. Brainstorm together. There is someone else who is probably going through the same thing, or will be soon.

Clients have achieved several of their life course goals and have returned to work. The nurse finds herself having to visit outside of the standard 8am-5pm hours to accommodate client schedules. It is challenging to balance work and home life.

STRATEGIES:

Realize that late and weekend home visits are temporary as the clients' work schedules and employment status changes.

Try to pick one night per week to complete all late visits. Take time off that day or some time soon to compensate for extra hours worked.



The nurse feels fatigued. She anticipates graduating the majority of her caseload. She wonders what happened to the two and a half year commitment she made and realizes that the program never has a stopping point – it is on-going. The nurse has to recommit to continuing another round of clients.

STRATEGIES:

Follow the clients’ lead and anticipate needs to focus on the client or the child, and not necessarily both at every visit. (Example: focusing on the mother’s emotional regulation or mindfulness in the place of PIPE at some visits). This will help the nurse to feel that she does not have to do it all.

Review areas to reorganize or refine the nurses practice. Reflect on what has worked and what could use improvement. At this stage, the nurse takes time to make a few new goals about things she wants to change or improve for the next round of clients.

Explore new trainings, conferences, and certifications to become excited about new programs and tools.

Learn to improvise and become an expert in teaching the key concepts and skills needed to read clients’ cues. Some of the most effective visits have been done without using any of the guidelines or facilitators.



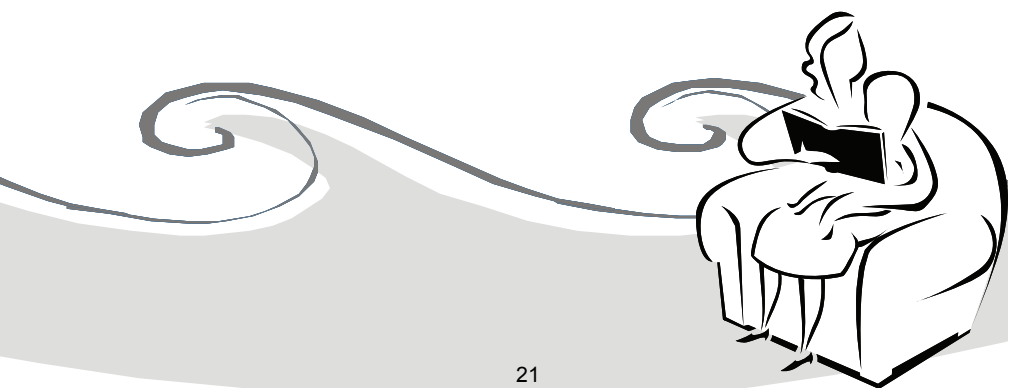
PHASE 13. SUCCESS AND SETBACKS

Some clients will experience successes and other's, setbacks, ie: (eviction, loss of income, loss of relationship with the child's father, an unplanned second pregnancy, etc). It's not uncommon for clients to have a crisis and "need you" as you are moving into monthly visits. Clients are struggling with idea of losing their nurse as their home visitor.

STRATEGIES:

Recognize and praise the client for her successes and assist her to celebrate them.

Accept any setbacks, and examine the involvement with the client. Ask yourself, "Am I doing more work than the client?" Pull back, connect at case conference, and gain perspective on useful strategies and professional boundaries. Focus on what you want to get bigger (example – the successes and strengths vs. the setbacks).



PHASE 14. READY OR NOT, IT'S OVER

The nurse approaches graduation, usually with many clients in a short period of time. The nurse experiences a sense of loss. She anticipates losing a client with whom she is familiar, feels disappointed with some clients' choices and progress, and is uncertain how she will function in establishing relationships with new clients.

STRATEGIES:

Share feelings with co-workers and supervisors to increase their awareness and allow their support.

Take time to review client progress. Write a letter, poem or story to the client highlighting their progress and strengths.

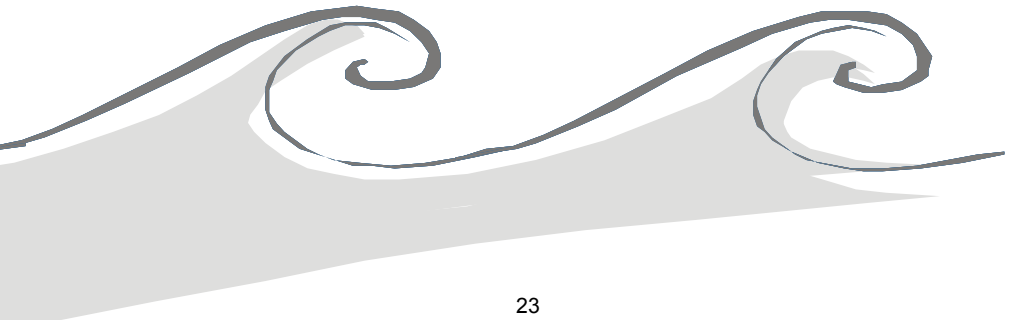
Allow sufficient time in schedule for a final visit with a client.

Share the client's story with team. Bring stories and pictures.

Plan an annual event to celebrate current clients as well as graduates.



Maintain a GALAXY Board in your office to mark where nurses are at in the program, see below.



NFP NURSES' GUIDE TO THE GALAXY

The Galaxy provides a snapshot of where each nurse is in the phase of the timeline. Each star represents an active client and is color-coded for each nurse. Client initials may be added to each star.

The Galaxy is divided into five parts:

1. Pregnancy
2. Infancy
3. Toddler
4. Graduation – Shooting Stars
5. Inactive Clients – Fallen Stars



When a client delivers, her star is moved to Infancy and a small pink or blue star is added to represent her child. Two or three stars may be added for twins or triplets.

When a client graduates, her star is moved to the top board and she becomes a Shooting Star. The nurse also adds a charm onto her length of links outside her cubicle.

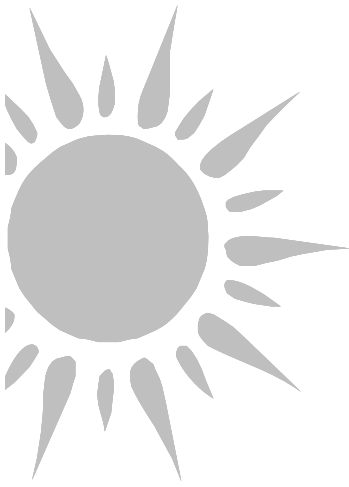
Nurses keep the board up-to-date on a monthly basis, or sooner as needed.

The Fallen Stars represent the clients for whom the nurse had a relationship and for various reasons was unable to complete the program to graduation.



Partner's for Healthy Families Program, Jefferson County, Colorado
Left to right - Cheryl Jumps, Marti Hernandez-RN, Kim Weber Yorga-RN, Maureen Kloser-RN, Cindy Kisselman-RN, Connie Martinez, Valerie Carberry-RN, Nita Drolet-Johnson-RN, Cynthia Farkas-RN, Ann Liddick-RN.
Not pictured - Faith Eggleston.

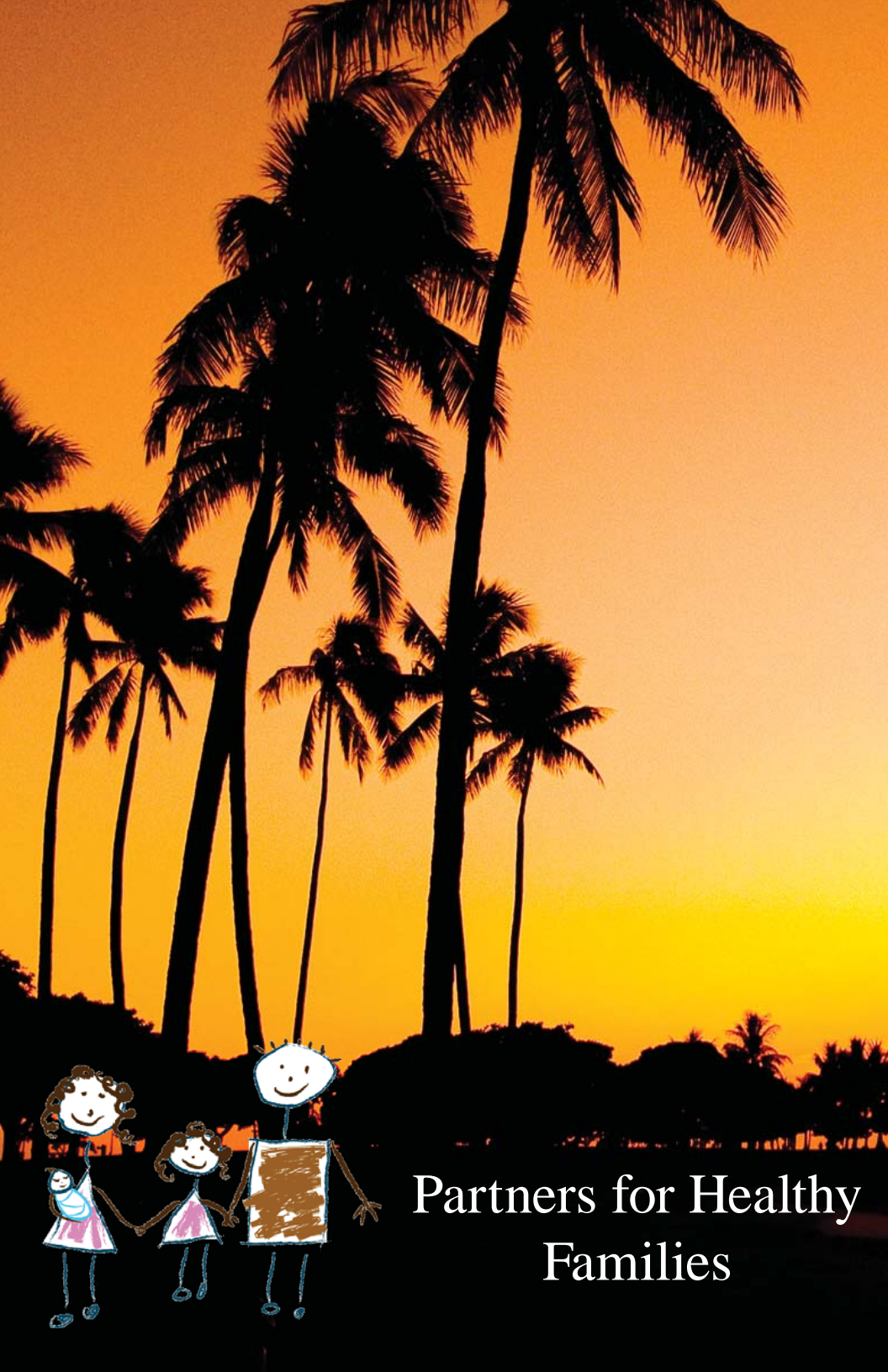




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