



**Acceptability
of the Canadian
Nurse-Family
Partnership[®]
Education Model
to Public Health Nurses and
Supervisors in Ontario**

2023



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<https://phnprep.ca/research/cane-pilot-project/>

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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 Program goals include improving pregnancy outcomes, child health and development, and families' economic self-sufficiency.²

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

As part of the ongoing process to adapt the NFP program to the Canadian context, there was an identified need to develop a model of NFP education to prepare public health nurses (PHNs) and supervisors for delivering NFP. This revised curriculum would reflect Canadian public health nursing competencies; be practical and sustainable for 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 were to develop, deliver and evaluate a Canadian model of the NFP education for PHNs and supervisors. This report focuses on the acceptability of the CaNE curriculum to PHNs and supervisors participating in the pilot project.

Acceptability of the Canadian NFP Education Model to PHNs & Supervisors in Ontario

Four Ontario public health units piloted the process for implementing and delivering NFP as part of their local Healthy Babies Healthy Children programming. To prepare the nursing workforce to deliver the NFP home visitation program, all participating PHNs and supervisors completed NFP education. A novel curriculum,³ developed for the Canadian context, was used to achieve this goal.

Understanding of the overall acceptability of this new Canadian model of NFP education was evaluated using case study methodology and data were generated through a series of focus groups and one-to-one interviews with all pilot project participants. Checklists completed by learners during the education sessions were also reviewed.

Key Findings

There was overall consensus among participating PHNs and supervisors, that the CaNE three-phase model of education was highly acceptable and supported them in developing the knowledge, skills, and confidence to implement the program model with fidelity to core model elements. Additionally, it supported them to be skilled in implementing interventions to support behaviour change among home-visited women. Four overarching themes emerged describing participants' overall level of acceptability with the novel education curriculum:

1. the NFP model of education is purposefully and thoughtfully delivered;
2. the NFP model of education facilitates building relationships and supporting women in making behaviour changes;
3. learning how to implement the NFP program is a process that takes time; and
4. engagement in NFP education creates a foundation for an 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 Canadian model of Nurse-Family Partnership (NFP) education for public health nurses (PHNs) and supervisors;
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 acceptability of the CaNE curriculum will be described (Goal 3).

Additional reports addressing CaNE pilot project goals 1 and 2 are also available *here*.

Canadian Nurse-Family Partnership Education (CaNE) Pilot Project Reports

Croswell, L., Sheehan, D., Jack, S.M., Strohm, S., Lokko, H., & Orr, E. (2020). Nurse-Family Partnership Education Curriculum for Use in Canada. Hamilton, ON: McMaster University.

Jack, S.M., Gonzalez, A., Strohm, S., Croswell, L., Sheehan, D., Orr, E., & Lokko, H. (2019). Implementation & delivery of Nurse-Family Partnership in four Ontario public health units. Hamilton, ON: McMaster University.

Background

Nurse-Family Partnership® (NFP)

NFP is a home-visiting program for pregnant girls and young women and first-time mothers experiencing social and economic disadvantage. Home visits start in early 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 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 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.

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 a three-phase approach to PHN education. Both supervisors and nurses are required to complete the three phases of NFP PHN education: 1) NFP Foundations, 2) NFP Fundamentals and 3) NFP Consolidation and Integration.

Supervisors also complete specialized training following each of the above phases to support the development of NFP supervisor competencies. The CaNE curriculum is delivered by NFP nurse educators using a wide variety of teaching and learning strategies.

The CaNE project methods

The primary research question for the CaNE pilot study addressed NFP program fidelity, which was evaluated following the delivery of the Canadian NFP model to PHNs and nurse supervisors.⁸

An important secondary research question addressed the acceptability of the NFP Canada model of education among NFP PHNs and NFP supervisors.

A single, descriptive mixed methods case study was conducted to answer these research questions.

Four Ontario public health units piloted the process for implementing and delivering NFP as part of their local Healthy Babies Healthy Children programming. To prepare the nursing workforce to deliver the NFP home visitation program, all participating PHNs and supervisors were required to complete the NFP education. A novel curriculum,³ developed for the Canadian context, was used to achieve this goal.

RESEARCH QUESTIONS

What are NFP public health nurses', supervisors' and NFP educators' perceptions and experiences of the content and delivery methods of the NFP Canada model of education?

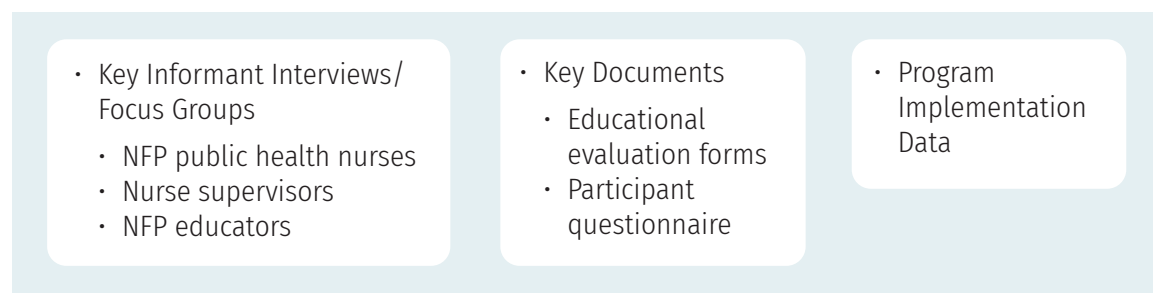
What is the overall level of acceptability of the NFP model of education to NFP public health nurses and supervisors?

Public Health Units involved in the CaNE pilot project:

- Middlesex-London Health Unit
- City of Toronto (Public Health Division)
- Regional Municipality of York, Public Health Branch
- Niagara Region Public Health and Emergency Services

All PHNs and supervisors hired to deliver NFP in their communities were invited to participate in the CaNE pilot project. The NFP educators also participated in this evaluation. In-depth interviews (both one-on-one and focus group) and documents (e.g., written feedback on education sessions and a demographic questionnaire) were the primary data sources for evaluating acceptability of the NFP Canada model of education. Conventional content analysis (Hsieh & Shannon, 2005) was used to code, categorize and synthesize these qualitative data.

DATA TYPES & SOURCES



Participant Characteristics

From the four participating public health units, 22 participants took part in the CaNE pilot study evaluation; this included 16 NFP PHNs (Niagara n=3; York n=4; Toronto n=4; Middlesex-London n= 5), four NFP supervisors, and two Canadian NFP educators (Table 1).

Table 1: Participant Characteristics

Characteristic (years)	NFP PHNs (n=16) <i>M (range)</i>	NFP Superisors (n=4) <i>M (range)</i>	NFP Canada Educators (n=2) <i>M (range)</i>
Age	43.4 (25-64)	47.25 (38-59)	49.0 (34-64)
Nursing experience	19.1 (1.5-33)	23.5 (16-32)	26.0 (10-42)
Public health experience	15.4 (2.5-28)	17.8 (14-30)	17.5 (10-25)
Home visiting experience	13.4 (3-28)	13.5 (3-20)	14.5 (10-19)

Acceptability of the Canadian Nurse-Family Partnership Education Model to Public Health Nurses and Supervisors in Ontario

Overall Acceptability of the Canadian NFP Education Model

Internationally, this is one of the first studies to describe and document nurses' and supervisors' experiences of completing NFP-specific education. There was overall consensus among participating PHNs and supervisors, that the CaNE three-phase model of education was highly acceptable and supported them in developing knowledge, skills, and confidence to implement the program model with fidelity to core model elements.

Four overarching themes were developed describing participants' perceptions of the overall level of acceptability of the CaNE curriculum:

1. the NFP model of education is purposefully and thoughtfully delivered;
2. the NFP model of education facilitates building relationships and supporting women in making behaviour changes;
3. learning how to implement the NFP program is a process that takes time; and
4. engagement in NFP education creates a foundation for an NFP community of practice.



NFP model of education is purposefully and thoughtfully delivered.

Participants described how the model of education was purposefully and thoughtfully delivered to support their learning. In comparison to participation in previous professional development opportunities, nurses expressed that the format of the NFP education provided enough substantive time to immerse themselves in learning – as well as provided learning activities that allowed them to take the new information and apply it to their home visitation practice.

“Sometimes [other courses] are really rushed and then it's like, “ok!” You know you go to other training and then nothing really comes of it because you just have to get back into your work. But with [the NFP education] we really had the time to go through it and learn”

There was consensus that the integration of multiple, diverse teaching and learning strategies, delivered using a phased approach, actively promoted participant engagement in learning .

"[The CaNE Curriculum]... it's very thoughtful. Everything has a purpose. And you know when you look back in hindsight you can just see how, how nicely it flowed to do some self-study and then to get together and have that face-to-face and then have a little bit of time to implement and then have your shadowing opportunity and then the integration phase."



The NFP model of education facilitates building relationships and supporting women in making behaviour changes.

In the NFP program, nurses provide home visiting to pregnant women and first-time mothers, from early in pregnancy until the infant's second birthday. The trusting, therapeutic relationship that is established and nurtured between the nurse and the young mother is essential and central to maintaining clients in the program and in supporting them to set and achieve their personal and parenting goals. There was an overall appreciation among participants for aspects of the education perceived as helpful for building relationships and supporting women in making change.

In the NFP education, nurses explore strategies on how to deliver this program guided by **five client-centered principles**:

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

"but that's something that you hear language from individual nurses or teams all the time is really embracing and applying those five client-centered principles."

Participants described transformation in their thinking, as a result of the NFP education, toward more client-centered and strengths-based principles.

"I mean it really transforms your thinking in how you work with people and how you see people and how you are able to pick out those small successes or small strengths."

Discussion and reflection on the NFP principles also helped to shape nurses' attitudes and reinforce the importance of approaching clients without any judgment, and in recognizing the importance of client self-determination or that the client is the "expert of her own life."

"[NFP Education] helped me be able to support her with that decision without any judgement."

This development and transformation of PHN home-visiting practice was corroborated by the NFP supervisors. From interviews with the supervisors, it was also pointed out that the educational program had prepared the nurses for home visits with families who are experiencing significant levels of social and economic disadvantage.

"I think that [the NFP nurses] feel like they have the knowledge that they need to be able to tackle these very complicated and complex situations and practice with these young women that they're working with..."



Learning how to implement NFP is a process that takes time.

Within the CaNE curriculum, many of the teaching and learning activities are focused on increasing nurse and supervisor knowledge of the NFP program core model elements, and the importance of implementing and delivering the program with fidelity to these elements.

Among the first cohort of nurses to complete the first two phases of the CaNE curriculum, participants expressed feelings of concern and worry that they may fall short of program expectations to deliver the program with fidelity to the core model elements. Awareness of these feelings led NFP educators to temper messages about fidelity and to increase messaging around nurses "trusting clinical judgment". Educators also had to balance nurses' expectations of reaching levels of expertise following the NFP training, with the reality that learning takes time. Overall, nurses described how their concerns started to diminish once they began to actually implement the program, and despite concerns during the education sessions, that once they were building their caseloads and delivering NFP, their level of confidence in using the Visit-to-Visit Guidelines and completing the Nursing Assessment forms increased significantly.

"The nurses want to be the experts and they want to leave the education feeling they know... what they need to know and that they feel confident and skilled to go out and do it. And they can't because they're just... we've, we've just barely begun and we tell them that... So, I think that that's something that supervisors need to be not only aware of but have a plan in place about how they are going to manage that."

At the beginning I thought, 'oh god', but you know now I'm really embracing it. I think it, it really adds structure to your visit... I look at that one for my next visit and it really helps me prepare and then during the visit it helps me to remember what it is that, that you know she needed to be following up on and what I needed to be following up on. So I find that whole part of the program is, is great.



Engagement in NFP education creates a foundation for an NFP community of practice

Engagement and completion of NFP Fundamentals provided an opportunity for PHNs and Supervisors to create an NFP community. The format of NFP Fundamentals was conducive to team-building, connecting with, and drawing from, other nurses' experiences. This was considered important within their own teams, as some of the nurses had not worked together previously.

"We really came together, and I feel like now because we had that opportunity we really trust each other and can rely on each other and talk to each other in a really open way. I think that having that time together and learning together really helps support that."

Connection with team members during a focused week of teaching and learning helped to establish and strengthen team cohesion. Participation in NFP Fundamentals also created an opportunity for PHNs to meet nurses from other public health units, which allowed them to begin to create an NFP community of practice within the province.

"I liked being around other nurses that were going to be implementing the program, talking about our excitement and our fears and, and making that connection with our team as well. So kind of having that time together as a team. I found connecting with other nurses and learning the experiences and being able to share with each other was really, really valuable."

As supervisors participated with the nurses in NFP Fundamentals, they also observed that the time and resources invested in in-person training not only consolidated nurses' skills but also created an opportunity for teams to come together to share strategies about how to integrate NFP within existing public health programs.

"It was such a benefit to be able to meet with the other public health units going through this training to be able to draw on everyone's experience in home visiting. Because these nurses bring with them a wealth of experience, right? And knowledge that fits very nicely with implementation of NFP. So the training enhances our knowledge and skills but we can really leverage them too, to learn from each other even before we're implementing NFP."

NFP Fundamentals, as well as the additional time for the focused Supervisor Education, also provided time and space for the small team of supervisors to meet, discuss strategies for programming, and to build their own community of support.

One supervisor commented, "And for me... to be able to meet with the supervisors after hours and build those relationships, wow! It just really helped with the implementation of the program and to be able to reach out when you have questions and I just appreciated that opportunity."

Acceptability of the CaNE Curriculum Elements

Content & Sequence of Learning

NFP Foundations

There was consensus that the NFP Foundations content provided an essential and substantive introduction to the NFP program elements, its theoretical foundations, and the nature of the intervention and “set the stage” for the next phases of education. Upon completion of NFP Foundations, learners felt prepared to start the next phase of NFP education – NFP Fundamentals.

“I found the modules were like pretty much the foundation for me. Like if you didn't do the modules you wouldn't have been able to survive the in class you know because you learned a lot from the modules.”

NFP Foundations curriculum, in reviewing concepts and theories central to the work of public health home visiting nurses, both built the case for the work of the NFP program and provided language to articulate the components of home visiting that they already intrinsically valued.

For experienced PHNs, they identified that some of the content in NFP Foundations was not new information but provided a “good review” of what they perceived to be common, foundational public health nursing knowledge.

The theories underpinning the intervention, introduced in NFP Foundations, were not new to many of the learners. However, appreciation was expressed about how key concepts in each theory were explicitly linked to elements of the NFP program model.

“The theory was laid out so well and it anchored the work that we do...the theory was tied so well to the work of why NFP is laid out the way it is, the work that's done in NFP, they tied the theories so well to it. I appreciated hearing that and thought it was done very comprehensively and it, and it helps... it just strengthens the practice.”

NFP Foundations content that was perceived as new knowledge was well received by participants. New content, whether it was an area that had not been addressed in previous training at participating health units OR because it was specific to the NFP program and intervention, was met with enthusiasm.

The most commonly referenced topics that provided new and valuable knowledge to the learners included:

1. NFP Intimate Partner Violence (IPV) intervention and clinical pathway;
2. Trauma- and Violence-Informed Care (TVIC) principles;
3. STAR Framework;
4. NFP History, Evidence, and Theories; and
5. NFP client-centered principles.

NFP Fundamentals

NFP Fundamentals content was the most highly critiqued aspect of the novel education curriculum CaNE participants received – particularly by those who were part of the first cohort of face-to-face education.

Many learners expressed that sessions during the first couple of days of face-to-face training were repeating material covered in phase one, and that overall much of the content was a review for a group of experienced nurse home visitors. NFP Educators responded to this critique by making real-time changes to the agenda and curriculum.

Participant recommendations for how the training could have better met their needs included: less review of content from NFP Foundations; more hands-on or interactive stations for observing and/or practicing visits (e.g., how to conduct a consent visit, how to conduct a first pregnancy visit etc.); more interaction with, and learning from, PHNs experienced in delivering NFP; an opportunity to practice completing different NFP nursing assessment forms; strategies for using different facilitators in practice and more time for questions.

"We had the chance to have a panel... As s they were talking about their experience we just had more and more questions. I think it was such a great time to hear from people who had been working in it and who believe in the program and who shared with us that it's working and how it's working."

Recognizing the need to speak to, and be mentored by, experienced NFP nurses, arrangements were made to have a guest panel of nurses from the NFP Team at Hamilton Public Health Services. This created an opportunity for new NFP nurses and supervisors to ask questions and, in return, receive information on strategies related to program implementation, home visit structure, strategies for working with NFP clients etc.

Learning activities to increase nurse skill and knowledge in how to navigate the NFP Canada website, and to locate relevant forms, tools, and facilitators for practice, was built into NFP Fundamentals. This change was positively received and identified as “very helpful.” The curriculum was further adapted to refine the presentation of the STAR framework to PHNs and supervisors.

Similar to their experiences with the online curriculum, participants in both cohorts of NFP Fundamentals placed high value on content related to the NFP IPV intervention and TVIC.

NFP Consolidation and Integration

Job Shadowing: In response to a need identified by learners in the first cohort to be mentored by an experienced NFP PHN, the NFP Clinical Lead organized opportunities for new PHNs and supervisors to spend time observing experienced NFP staff. At least one of the NFP supervisors, and several PHNs from

two of the four health units participated in the optional job shadowing component of NFP Consolidation and Integration. Some of the PHNs shared positive experiences with their job shadowing experience.

"I had a consent visit which was helpful to see exactly what, what the nurses do on their consent visit and it included like this client had support workers with her as well. So you know that, just seeing how that whole visit went and the importance of you know what it is that she had made sure she had included in the consent."

"I also saw [names person] do some reflective practice. So I saw some not just a visit part of the NFP program but some of the other aspects of the program I was able to see so that I knew what to expect when we started."

Other PHNs described enjoying their time with the hosting PHN, but not benefitting greatly from the job shadowing experience. PHNs who did not perceive a high number of benefits were typically more experienced nurse home visitors, who felt confident in scheduling and managing a home visit and engaging with families in a home environment. PHNs who valued the opportunity for job shadowing however, felt the overall experience could have been improved by providing clearer goals and expectations of the job shadowing experience to both the mentor and mentee.

Team Meeting Education Modules (TMEMs): A number of TMEMs were developed for use by the teams and the intent was for teams to self-select which topics will address the professional development needs of the local team. It was acknowledged by participants that some of the modules were “basic” and provided a review of content originally presented in earlier education sessions, whereas other modules provided new information that created an opportunity to further refine and practice an NFP-related skill.

Participants identified two common barriers that limited teams’ capacity to complete the recommended 10 TMEMs/year: 1) time and 2) competing yet required training offered by their local public health unit. It was identified that it should be left up to the discretion of each individual NFP team to identify their ongoing professional development needs and identify the best strategy (TMEM or other learning resource) to meet that need.

It was identified that, at this stage in the pilot project, more detailed instructions about how to complete the NFP Consolidation and Integration phase, including use of TMEMs, is required.

NFP IPV Education

One of the education innovations being evaluated in this project included the NFP IPV intervention, with its focus on how to safely identify and respond to women exposed to abuse and violence in their intimate relationships. When asked what parts of the education were most valuable for supporting participants to implement NFP, nurses overwhelmingly answered that it was the NFP IPV education.

"IPV was the best part of the education... It's different than what we were doing before asking a very generic abuse question and interactions with clients whereas this teaches us really an application."

IPV education was delivered throughout all phases of the CaNE pilot curriculum:

- During **NFP Foundations**, participants completed five online modules which established baseline knowledge about the epidemiology of violence, strategies for asking about IPV in practice, and skills to conduct a risk assessment (including certification to administer the Danger Assessment).
- In **NFP Fundamentals**, participants were given opportunities to practice the Universal Assessment of Safety, how to initiate an indicator-based assessment, how to conduct, score, and interpret the Danger Assessment, and finally how to develop a tailored plan of care.
- In **NFP Consolidation and Integration**, NFP teams were instructed to complete the IPV system navigation module, which included organizing guest speakers to talk about protection orders and “field trips” to local agencies that provide supports and services to abused women and their children.

In their reflections about how the IPV education impacted their nursing practice, PHNs expressed that they had increased confidence and were better situated to provide tools and resources to women. It was expressed that, through using these resources with clients, women could become more aware of how their experiences of violence were impacting their lives and health. Table 2 summarizes ways in which participants described the NFP IPV education for shaping nursing knowledge, competencies and professional performance.

**Table 2:
Impact of NFP IPV Education on Nurse Knowledge, Skills and Confidence**

Active Engagement in Home Visit Encounter/Discussions

Knowledge

- Awareness of clinical tools to use in practice
- Access to a pathway to guide clinical decision making

Skill Development

- How to initiate conversations about safety in relationships
- How to conduct an indicator-based assessment
- How to respond empathically to a disclosure of abuse
- “What to do next” following a disclosure of abuse
- How to conduct a risk/lethality assessment using the Danger Assessment
- How to develop a tailored plan of care in collaboration with the client to increase safety

Confidence/Competence

- Using a reflective approach over time to discuss a complex issue with clients
- Tools and process allow them to support clients to have hope and see a safer future for self and child

Instructional Methods

NFP Foundations

NFP Foundations is delivered to learners via the online learning management system Moodle. This method was well-received by the NFP PHNs and supervisors participating in the CaNE evaluation. Overall, their experiences with the platform suggested that it was user friendly and easy to navigate.

"I liked the fact that a lot of it built on each ... every chapter built on another piece and it actually was really good at always bringing in the core model elements to me. So that to me was very good because it's making me realize that everything you're doing actually is about a structure that is truly supporting why it's a program, right? As opposed to haphazard pieces of information that were added in."

The organization of the modules was further complimented by the nature of the content within each module, specifically that information in one module built upon concepts established in early modules. Learners were most engaged in NFP Foundations when completing an online module that included "interactive" elements such as videos, quizzes, case studies and storyboards.

NFP Fundamentals

NFP Fundamentals is an intensive 5-day workshop that provided learners with the opportunity to deepen their knowledge about the NFP program and to develop advanced nursing assessment and intervention skills. Learners spoke with high regard about the NFP educators and commented specifically on their facilitation skills, their creative use of a wide variety of teaching methods, and the passion and experience they brought to their work. Given the length and intensity of the training, it was identified that use of a variety of teaching and learning strategies was effective in keeping the learners highly engaged and attentive. These strategies included quizzes, video clips, small group work, individual work, writing on flipcharts, and role playing.

"It was engaging which was nice. It wasn't the same old just sit and listen blah, blah, blah all day for 3 hours. So, it was nice to have like that variety."

It was observed by supervisors that a unique aspect of all elements of the face-to-face training in NFP is that the educators were particularly skilled in role modelling how to sensitively engage and communicate with all learners. It was recognized that this is important modelling of the "parallel process," and that how the educator worked and communicated with the supervisor, provided a model for how the supervisor can work and reflect with PHNs during supervisory sessions.

"... the parallel process. How [the educator] was with us, is how we should be with our staff, right? ... It was a nurturing, learning environment that was very supportive and informative."

Acceptability of Supervisor Education

Supervisor Education provided NFP supervisors with the opportunity to learn more about, and practice, techniques for reflective supervision. The only suggestion that arose for the supervisor education was that it would have been helpful to have spent more time going over the supervisor forms – and to have asked more questions of experienced NFP Supervisors regarding their use of the forms.

Recommendations and Conclusions

The CaNE three-phase model of education was highly acceptable to PHNs and supervisors and supported them in developing knowledge, skills, and confidence to not only implement the NFP program model with fidelity to core model elements but to also be skilled in implementing interventions to support behaviour change among home-visited women.

Minor challenges to be addressed to NFP Foundations delivery, NFP Fundamentals content and delivery, and NFP Consolidation and Integration content and coordination include:

- transform text-based modules to interactive e-learning modules
- increase number of learning activities that involve use and application of NFP tools, nursing assessment forms and facilitators
- develop checklist and expectations for mentors/mentees engaged in job shadowing opportunities
- develop local capacity within participating health units to provide job shadowing opportunities
- develop and disseminate guidance for supervisors on how to better coordinate, implement and facilitate NFP Integration and Consolidation phase

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