



National
Association of
Neonatal
Nurses

Advanced Competency in Developmental Care



2008
Candidate Handbook

The NANN Advanced Competency in Developmental Care

Introduction

Developmental care is a philosophy that embraces the concept of dynamic interaction between the infant, family, and surrounding environment. Developmentally supportive care provides a framework in which the environment of care and the process of delivering care are modified and structured to support the individualized needs of the developing newborn and family. In support of developmental caregiving for the neonatal infant and family, NANN has established the *Advanced Competency in Developmental Care*.

The purpose of this program is to promote excellence and professionalism by acknowledging healthcare practitioners who have acquired a body of knowledge and expertise in the field, as assessed through portfolio evaluation and online testing. Portfolio evaluation will be based on in-hospital care of the newborn and infant with a family focus.

To access information relative to the competency program, please click on the links below. When you are ready to begin preparing your portfolio, please download and print the entire Candidate Handbook.

Eligibility Requirements

- 1.** Candidates must hold a current, active RN license in a state or territory of the United States or Canada; or hold licensure or registration as a physician, speech therapist, occupational therapist, respiratory therapist, developmental therapist, or physical therapist.
- 2.** Candidates must have **2 years or 3,000 hours** experience in the care of critically ill neonatal patients in a neonatal unit of a hospital. This includes all levels of neonatal care.
- 3.** Candidates must complete the **portfolio forms** and submit them with the **appropriate fee**, all of which must be received in the NANN office prior to the application deadline.

NANN does not discriminate against candidates on the basis of race, religion, sex, national origin, marital status, sexual orientation or disability.

Candidates who have credentials other than those listed in item (1) above, but **do** have the required 2 years or 3,000 hours experience in the care of critically ill neonatal patients in a neonatal unit of a hospital, may request that NANN consider their eligibility for participation in this program. Candidates will be required to submit a request via email. Please include your current credentials, and a 1-2 sentence rationale for your participation in the program. Emails should be sent to: info@nann.org

Portfolio Submission/Online Examination Dates, Fees, Payment

For current portfolio submission and online examination deadlines, please visit the NANN website at www.nann.org.

Portfolio Submission Fees:

\$90 NANN Members

\$125 Nonmembers

Online Examination Fees:

\$125 NANN Members

\$200 Nonmembers

If a candidate does not pass the portfolio submission or the online testing component of the Advanced Competency in Developmental Care Program, the following fees will apply. For details regarding portfolio resubmission and retesting, please see page 40.

Portfolio Resubmission Fees:

\$50 NANN Members

\$75 Nonmembers

Retesting Fees:

\$125 NANN Members

\$200 Nonmembers

Payment may be one of the following methods: credit card, check, or money order. Credit card payments can be made by completing the required information on the Application Form for Portfolio Submission or by making an online payment at the Online Store www.nann.org (see page 42).

Portfolio Evaluation

- Each portfolio will be reviewed by 2-3 members of the Advanced Competency in Developmental Care Taskforce.
- Each section of the portfolio has an assigned point maximum and minimum value. The reviewers will rate sections 2 through 5 of the portfolio based on key elements.
- The maximum number of points that can be earned in these sections is **289**.
- The minimum number of points required for your portfolio to be accepted is **150**.
- **If a portfolio does not receive an acceptable score, the candidate will be notified and may resubmit only the necessary section(s) within one year (see fees on page 4). Failure to resubmit within one year will necessitate submitting an entire, updated portfolio accompanied with the full portfolio submission fee.**

Note: The minimum number of required points must be earned in *each* category for your portfolio to be accepted.

Section 2 - Maximum point value: **25**; minimum point value required: **10**

Section 3 - Maximum point value: **125**; minimum point value required: **45**

Section 4 - Maximum point value: **50**; minimum point value required: **25**

Section 5 - Maximum point value **89**; minimum point value required: **70**

The minimum number of required points must be earned in each category for your portfolio to be accepted.

Application Audits

Applications may be audited to verify employment, work hour information or educational preparation. Your state board of nursing or other licensing entity may be contacted to verify current licensure. While you are not being asked to submit certificates of completion for CE activities or copies of educational materials you developed, these should be available if requested by the portfolio reviewers.

Purpose of Portfolio

The nature of clinical experience and execution of clinical expertise is often outside the scope of a knowledge-based exam. Such is the case with the integration of family-centered developmentally supportive caregiving into routine practices in newborn and neonatal care. In developing this advanced competency, it became apparent that the assessment of the integration of skills would be a complex challenge. While dealing with this issue, those who developed the program became aware of the work of the Genetics Nurses Association and their use of Portfolio Assessments¹ as a means to best evaluate continued competence in a specialty. The framework for the Advanced Competency in Developmental Care has been modified to fit our specialty, yet is similar to the framework of Portfolio Assessment that the Genetic Nurses Association developed and is currently using to support demonstration of advanced competence in Genetic Nursing.

¹Monsen, R. (2005). *Genetics Nursing Portfolios: A new model for the profession*. ANA, Washington, DC.

Assembling and Submitting the Portfolio

There are 6 parts to the portfolio:

1. Your current Resume or Curriculum Vita
2. Your Personal Philosophy Statement of Developmental Care
3. Developmental Care Education Documentation
4. Developmental Care Case Presentation
5. Supervisor, Peer and Self Review Checklists.
6. Application Form

The portfolio includes checklists, peer review documents, reflective practice exercises and other documents to support your knowledge and experience base in developmental care.

Portfolio submission will be by mail (USPS) and must be accompanied by the appropriate fee (see Portfolio Submission/Online Testing Dates, Fees, Methods).

Below is the portfolio table of contents and descriptions. Please use this table as a check off as you assemble the documents for submission. Read all instructions below before you begin.

NOTE: You will use (3) separate envelopes in assembling your documents: Candidate, Peer, and Supervisor. When all items have been completed, you will place the (3) envelopes into one large envelope for return to the NANN national office as stated on the Application Form (p. 38).

Section	Content	How to Submit	Date	Check(✓)
1	Background and Formal Education	CV: Print a current version of your CV and place in “Candidate Envelope” Background and Formal Education Table: Complete table, and give to your supervisor to sign item 2.1. Give your supervisor the “Supervisor Envelope.” Your supervisor should keep this envelope until he/she has completed #5 and #6 (if necessary), then seal, sign and return to you for submission.		
2	Personal Philosophy Statement	Create a word document, print, and place in “Candidate Envelope”		
3	Education Documentation (insert link)	Education Documentation Table: Save document to your computer, complete the table, print, and place in “Candidate Envelope”		
4	Developmental Case Presentation	Create a word document, print, and place in “Candidate Envelope”		
5	Supervisor, Peer, and Self Review (insert link)	Review Form: Print (3) copies of the review form. Complete the Candidate Review and place in “Candidate Envelope.” Give your selected peer reviewer a form and “Peer Envelope.” Instruct your peer reviewer to complete the form, place in “Peer Envelope,” seal the envelope and sign across the seal. The envelope can then be returned to you. Repeat these instructions for supervisor review using “Supervisor Envelope.”		
6	Application Form for Portfolio Submission	Complete form and attach a photocopy of your license. Place in “Candidate Envelope.” If you are unable to photocopy your license, ask you supervisor to complete Section 2 of the form and place in “Supervisor Envelope.”		

Section I: Background and Formal Education

Resume or Curriculum Vitae

This section is to introduce the reviewers to your commitment to Developmental Care and to your history in caring for newborns. Your resume or curriculum vitae must be included with your application. Points are not awarded for this section.

Standard 1. Formal Education

Complete this form as your Education Documentation. While it is not necessary to submit copies of certificates of completion or education materials, which you developed and are using, these materials may be requested by the portfolio reviewers.

Formal Educational Documentation		Explanations
1.0 Resume or CV		
1.1 Those seeking the credential must hold a current, active RN license in a state or territory of the United States or Canada; or hold licensure or registration as a physician, speech therapist, occupational therapist, physical therapist, respiratory therapist, or developmental therapist. Candidates must have 2 years or 3,000 hours experience in the care of critically ill neonatal patients in a neonatal unit of a hospital. This includes all levels of neonatal care.		
1.2 Please indicate your Neonatal Specialty	RN__ RT__ OT__ MD__ DO__ ST__ PT__ DT__ Nurse Practitioner ____	
1.3 Professional Association Membership (i.e. NANN) or Professional Certifications/Credentials	NANN ____ NCC____ RT Cert ____ CCRN____ IAIM____ Other advanced certification_____ List organizations:	

Standard 2. Experience

2.1 2 Years neonatal experience or no less than 3,000 hours at the bedside working with critically ill neonatal patients in the neonatal in-hospital environment Current supervisor verification is required: Signature_____ Print Name _____	# of Hours/Yrs Completed_____	2 years neonatal work experience or no less than 3,000 hours are required to submit a portfolio for review
---	-------------------------------	--

Section II: Personal Philosophy Statement

Brief Essay - Your Personal Developmental Care Philosophy Statement

In this brief essay (250-300 words) describe your personal philosophy about developmental care. Writing from the "first person" is preferred. Reviewers are looking for how you have integrated the philosophy of Developmental Care into your approaches, thoughts, judgments and practice.

(A sample appears below. The reviewers will be looking for evidence of the integration of knowledge and clinical practice).

Maximum point value **25**; minimum point value required is **10**.

Sample Personal Philosophy Statement

Dianne Kutz MS, RNC/NNP

April 2, 2007

Personal Philosophy of Developmental Care

The philosophy developmentally supportive care in the Neonatal Intensive Care Unit (NICU) has been discussed in the literature for well over a decade. Developmentally Supportive Care should not be considered a separate philosophy from Family-Centered Care.

The biological and evolutionary expectation is that the trajectory of development occurs 1) before birth; in the mother's womb, 2) after birth; in close proximity to the mother's breast and parents' bodies and 3) throughout life; within the family social group. The practices that support infants and families as they move along the trajectory of development are strongly based on the Synactive Theory of Development described by Dr. Heidelese Als in 1982. The Synactive Theory provides us with a framework within which caregiving is provided to infants and their families. According to Als, infants demonstrate behaviors in four subsystems; autonomic, motor, state organization and attention/interaction systems. Systems organization is an interplay between the four sub-systems. Stability in one system promotes stability in other systems; conversely, instability in one system produces instability in other systems. Als cataloged and defined stability and instability within each sub-system as observable behaviors. Paying attention to the infant's behaviorally based cues we are able to develop a relationship with the infant and provide and relationship-based care.

Truly providing family-centered developmental care that matches this philosophy requires an ideology as well as specific practices. My personal ideology is one of empowerment; helping families understand the ongoing development of their vulnerable newborn and giving them the tools to become the most important people in the infant's life. My goal as a family supportive and developmentally minded caregiver is to support this process in whatever way that I am able.

Section III: Education Documentation

Standard 1. Continuing Education – Maximum number of points your can earn in this section is **125**; a minimum of **45** points is required to successfully complete Section 3. Points must be earned within a three-year period of application. The number in parenthesis indicates the maximum number of points allowed for each element of the Education Documentation Standard. Points must be earned from several elements. **Each section is limited to 25 points** so that a comprehensive education is documented as completed for preparation in the integration of developmental caregiving.

<p>Developmental Training Maximum points toward total 25</p> <p>These programs do not have to be within the last 3 years.</p>	<p>___ NIDCAP Certification (15) ___ NIDCAP Maintenance (10) ___ Children’s Medical Ventures Programs hour per hour</p> <p>Other Developmental Care Training: Please circle i.e. Assessment of Preterm Infants' Behavior (APIB) NAPI, Brazelton etc. (15)</p>	<p>Completion Date (s) : _____ _____ _____</p> <p>Total Hours in this subcategory _____</p>
<p>Please list title and date of completion of each in right column</p> <p>Expand the table as needed to include all presentations within the past three years</p>	<p>___ Hospital In-service original presentation hours 2 to 1, repeat presentation hour for hour to a maximum (6)</p> <p>___ Parent /Family Conference (3)</p> <p>___ Poster Presentation (3)</p> <p>___ Regional Lecture (i.e. multi hospital system, state meeting) original presentation hours 2 to 1, repeat presentation hour for hour to a maximum of (6)</p> <p>___ National/International Lecture original presentation hours 2 to 1 Repeat presentation hour for hour to a maximum of (5)</p> <p>___ Teaching in an accredited nursing course related to Developmental Care or Family Centered Care program - 3 points per credit hour to a maximum (10)</p>	<p>Formalized Education Class or Support Group for Parents</p> <p>Maximum points toward total 25 Total hours submitted in this subcategory _____</p>

<p>Authoring publications, marketing materials, brochures, Standards of care/policies, or flyers showing applicant's contribution.</p> <p>Please list title and date of completion of each in right column</p> <p>Expand the table as needed to include all publications within the past three years</p>	<p><input type="checkbox"/> Unit/Parent Handout (5)</p> <p><input type="checkbox"/> Newsletter (5)</p> <p><input type="checkbox"/> Standards of Care/Policies (6)</p> <p><input type="checkbox"/> Journal Article (7)</p> <p><input type="checkbox"/> Web Link for Online (8)</p> <p><input type="checkbox"/> Chapter in a Text Book(8)</p> <p><input type="checkbox"/> Text Book (15)</p> <p><input type="checkbox"/> Other (2-5)</p>	<p>Max points toward total 25</p> <p>Total hours submitted in this subcategory _____</p>
<p>Continuing Education Course Attendance</p> <p>1 Nursing contact hour equals 1 point</p> <p>Please list title and date of completion of each in right column</p> <p>Expand the table as needed to include all continuing education within the past three years</p>	<p><input type="checkbox"/> Dev Care In-service</p> <p><input type="checkbox"/> Local Conference</p> <p><input type="checkbox"/> National Conference</p> <p><input type="checkbox"/> Regional Conference</p> <p><input type="checkbox"/> Other In-service</p> <p><input type="checkbox"/> Other Related Courses</p> <p><input type="checkbox"/> College Course (1 credit hours =15 contact hours)</p> <p>Related Course Examples: Leadership, Personal Communications, Crisis Intervention, Reflective Process Courses, Creating Respectful Work Environments, Age specific competencies, Human Growth and Development.</p>	<p>Maximum points toward total 25</p> <p>Total hours submitted in this subcategory _____</p>

<p>Self-instruction Maximum points toward total 25</p> <p>Please list title and date of completion of each in right column</p> <p>Expand the table as needed to include all self-instruction within the past three years</p>	<p>_____ On-line CE courses</p> <p>_____ Professional Journal Article Testing On-line CE course</p> <p><i>1 Nursing contact hour equals 1 point</i></p>	<p>Total hours submitted in this subcategory</p> <p>_____</p>
---	---	---

Section IV: Developmental Case Presentation

The literature² describes practice standards on the implementation and support of Developmental Care in the Neonatal Intensive Care Unit. These are described below.

These standards will be used in the next two sections. In this section, please describe one example of your care giving with an infant and their family. Choose an infant and family you have worked with and summarize the care that you provided. **Do not provide information which identifies a specific infant or family.** You may choose any case in which you were the primary caregiver and had the ability to impact care that demonstrates your integration of developmental practices. This case should be an exemplar of the care that you deliver routinely to infants and their families. Include in the 'Case Presentation' your assessment of the infant's behaviors, your plan for nursing interventions and an evaluation of your interventions – what worked, what didn't work, what you could have done differently etc. Please include not only your interventions but the interactions of the whole team. Please remember to speak to the standards listed below. The maximum length of the description should be 500 – 1000 words. **Maximum point value=50; minimum number of points needed=25.**

Standard 1: A flexible and individualized approach is taken toward all hands-on care giving interactions, with continual responsiveness to each infant's competencies, vulnerabilities, and thresholds.

1. The individualized developmental care plan is identified and reviewed prior to the infant's care.
2. Begins care when the infant is showing a natural change of state, recognizing that state changes are often very subtle.
3. Caregiving is guided by the infant's behavior cues.
4. Approaches infant gently with soft touch or whisper before beginning any procedures, assessments or care giving tasks.
5. Care is flexible, protecting infants who are in a quiet sleep state.
6. Works with other team members and family members while being careful not to overwhelm the infant (i.e., family teaching during care giving or assessments by other team members done simultaneously).
7. Avoids prone positioning when doing any procedures, assessments or care giving tasks.
8. Caregiving is accomplished in a timely manner because adequate preparation was done prior to initiation of caregiving (i.e., everything that the caregiver will require is at the bedside and within reach).
9. Stops caregiving if infant is showing signs of distress and allows infant to reorganize and recover.
10. Is aware of how fluctuations in perfusion may influence how the infant feeds following hands on care giving.
11. Recognizes and allows infant a period of quiet alertness following caregiving, before supporting a smooth transition back to a restful sleep.
12. Recognizes and assesses pain during all procedures, assessments and care giving tasks.

Standard 2: Family-centered care is supported from birth

1. Shows respect and is welcoming towards families.
2. Is flexible regarding family needs.
3. Allows families to participate in rounds by using low tones to maintain confidentiality, encouraging their input and questions into the discussion.
4. Includes families in caring for the infant in a meaningful way from the time of birth and throughout the infant's hospitalization.

5. Documents the families teaching and capabilities to ensure continuity of care by all caregivers.
6. Reserves “family” activities for families (i.e. bathing).
7. Continuously encourages families to watch for infant behavior cues and explains how to interpret and react to their infant’s communication.
8. Explores, identifies and supports a family who is interested in skin to skin holding.
9. Explores opportunities for siblings to be involved with the infant.

Standard 3: All caregivers practice collaboratively.

1. Supports the family at the bedside during infant’s stressful procedures.
2. Collaborates with other caregivers when planning to perform a procedure or examination on an infant.
3. Discusses the procedure and what the infant will need with other caregivers prior to beginning.
4. Continues to be flexible by integrating care giving or assessments while the infant is available for another procedure rather than disturbing the infant at a later time.
5. Always seeks assistance of another person to support an infant who is undergoing a stressful experience such as procedures or care giving activities such as bathing and weighing.
6. Is always available to other colleagues who need assistance of another person when an infant is undergoing a stressful experience such as procedures or care giving activities such as bathing and weighing.
7. Consistently shares information about the infant’s behavioral competencies, vulnerabilities and thresholds when communicating with colleagues during rounds or shift change.
8. Respects and supports the roles of other caregivers involved in the infants care.

Standard 4: A developmentally appropriate environment is provided for every infant and family.

1. Adequately supports all infants with a consistently calm, relaxing environment, with muted sound and lighting between and during care giving interactions.
2. Considers and identifies all sources of light, sound, movement, smell and taste confronting the infant during care and eliminates all inappropriate or unnecessary sources of stimulation.
3. Is continuously aware of sound levels and acts appropriately by being mindful of voice levels, responding to and silencing alarms as soon as possible, and recognizing and monitoring other sounds produced in the nursery.
4. Shields infant’s eyes, while being mindful of infant’s attempts to gaze at the caregiver, when turning on over-the-bed lights for hands on care or assessments.
5. Provides the infant with bedding and other physical supports to obtain optimal position and support tone, and allow the infant to remain either in a quiet, restful sleep, or a relaxed comfortable wakefulness.
6. Supports family care giving by providing as much space and comfort as possible, keeping charts and equipment nicely organized and avoiding clutter.
7. Allows and encourages families to personalize their infant’s bed space by making the environment more home like.
8. Works at providing stability for the family by advocating for the infant during census changes, i.e., allowing the infant to remain in the same bed space and/or to make as few changes to the environment as possible.

²Robinson, L. (2003) An organizational guide for an effective developmental program in the NICU. JOGNN 32: 79-3

Section V: Supervisor Recommendation Peer and Candidate Review

The portfolio must include support from one peer and your supervisor as demonstration of developmental care integration into your standard practices in the NICU. Below is a table which is used to describe and evaluate abilities in delivery of Developmental Care. Each Practice Standard is worth a maximum of one point. **Candidates must receive a score of 35 out of each possible total (43 for Supervisor Review, and 44 for Peer Review) for a combined total of 70 points** required to accomplish this portion of the portfolio. Points are awarded as follows:

- all the time = 1 point
- some of the time = .75 or $\frac{3}{4}$ of a point
- seldom = .5 or a $\frac{1}{2}$ point

SUPERVISOR REVIEW

Supervisor Name: _____

Position Title: _____

Candidate Name: _____

Position Title: _____

In signing and completing this evaluation form, the supervisor is attesting to the fact that the candidate has demonstrated these attributes in caregiving practices on a regular basis.

IMPORTANT: If you have not observed the activity, please select “seldom” and provide a comment explaining your choice. If you mark any practice standard indicator as “seldom”, a comment is **REQUIRED**. Any comments provided will help the portfolio reviewers to better understand the rating given.

Practice Standards for Individualized, Family-centered Developmental Care

Standard 1: A flexible and individualized approach is taken toward all hands-on caregiving interactions, with continual responsiveness to each infant’s competencies, vulnerabilities, and thresholds. Three copies of this section are required for final documentation: peer, supervisor, and candidate. **The candidate’s documentation is not scored by the reviewers. It is included as a comparison for both the candidate and the reviewer.**

Practice standard indicator	Supervisor	Comments
1.1 If an infant has an individualized developmental care plan, the candidate reads it carefully and uses it as a guide for timing and structuring patient care.	<input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom	
1.2 The candidate is mentally and emotionally engaged with each infant in his/her care, continually guided by the behavior of the infant.	<input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom	
1.3 The candidate stays attuned to every infant between care periods, so that the candidate responds promptly if an infant needs attention or added support to stay relaxed and restful even if the candidate is not the infant’s assigned care giver. The candidate is ready to begin care when the infant is showing a natural change of state, recognizing that state changes are often very subtle.	<input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom	

<p>1.4 The candidate is flexible in timing their care to support and protect a quiet sleep state</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>1.5 The candidate carries out care that can be flexibly timed together with procedures for which timing is less flexible, being careful to avoid overwhelming the infant.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>1.6 The candidate makes ongoing judgments about the necessity of interventions for each infant and makes collaborative decisions to delay or eliminate interventions that may create unnecessary stress.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>1.7 If necessary to wake a sleeping infant the candidate approaches the infant gently with a soft touch of whisper, and spends the necessary moments to help an infant move smoothly and comfortably to a higher state before doing any assessment of procedure.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>1.8 The candidate avoids doing any procedures, assessments or care giving tasks with an infant in a prone position where the candidate is unlikely to be able to use self-comforting abilities.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>1.9 The candidate thinks through his/her care giving and collects everything needed before approaching the infant so that he/she does not leave the infant on his own or supported once their hands-on care has begun.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	

<p>1.10 The candidate ensures every feeding experience is a positive, pleasant and nurturing time regardless of the size or age of the infant or the route or volume of the feed.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>1.11 The candidate is aware of the infant's fragile digestive systems during hands on care before feedings and work to carefully avoid fluctuations in perfusion that may influence how the gut accommodates and digests feeds.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>1.12 If an infant has difficulty remaining stable and organized in spite of the candidate's careful handling, the candidate slows down or stops, helping the infant recover completely, and reconsiders his/her approach before continuing.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>1.13 The candidate responds to and supports the infant's efforts to spend time quietly awake in relaxed engagement with his caregivers, recognizing the development of quiet alertness as the necessary foundation for each infant's formation of social relationships.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>1.14 The candidate stays with the infant and supports a smooth transition back to restful sleep before stepping away from the bedside.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>1.15 The candidate provides appropriate pain management when noxious procedures are necessary.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	

1.16 The candidate integrates a pain assessment tool into his/her practice.	<input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom	
---	---	--

Standard 2: Family-centered care is supported from birth.

		Comments
2.1 The candidate's manner toward families and their supports is warm, respectful and welcoming.	<input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom	
2.2 The candidate's manner toward families is consistent with my words.	<input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom	
2.3 The candidate maintains flexibility to welcome and support families consistently at all times of the day.	<input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom	
2.4 The candidate accommodates the presence of families in the nursery during rounds or shift change by sharing information in a tone of voice that preserves confidentiality.	<input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom	
2.5 The candidate models careful, nurturing and supportive care giving for families.	<input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom	
2.5 The candidate forms relationships with families, showing genuine interest in their experience and respects their central role in the life of their infant.	<input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom	

<p>2.7 The candidate includes families in caring for their infant in a meaningful way from the time of birth and documents his/her care giving activities so that other care givers can support them in a consistent way.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>2.9 The candidate supports families in understanding and supporting their infant's behavioral and developmental goals from the earliest possible time and nurtures their confidence in supporting their infant's goals.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>2.10 The candidate supports families in supporting their infants during potentially stressful procedures.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>2.11 The candidate reserves family activities for families (bathing)</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>2.12 The candidate helps families understand how their infant's behavior communicates how their infant is handling their interaction and helps them use these behavioral cues as their guide for pacing, positioning and interacting with their infant.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>2.15 The candidate ensures that families see all infants consistently treated with the support and respect they would want for their own infant when they are not around.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	

Standard 3: All caregivers practice collaboratively.

Comments

<p>3.1 The candidate stays at the bedside to support infants in their care through stressful procedures.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>3.2 If the candidate needs to perform a procedure or examination on an infant who is in the care of another person (nurse or parent), the candidate respectfully discusses the need with that person and agrees on a time that is in the mutual interest of all.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>3.4 The candidate shows flexibility whenever possible by gently completing his/her own care giving or assessments while the infant is available for another procedure rather than disturbing the infant again later.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>3.5 The candidate seeks another person to support an infant in his/her care during a potentially stressful experience, including bathing and weighing.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>3.6 The candidate is willingly available to his/her colleagues to provide support for infants in their care during potentially stressful procedures.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>3.7 The candidate consistently shares information about infant’s behavioral competencies, vulnerabilities and thresholds when communicating with colleagues during rounds or shift change.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	

<p>3.8 The candidate respects and supports the roles of other individuals and disciplines in the lives of infants in their care.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
--	--	--

Standard 4: A developmentally appropriate environment is provided for every infant and family.

		Comments
<p>4.1 The candidate adequately supports all infants with consistently calm, relaxing environment with muted sound and lighting between and during care giving interactions.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>4.2 The candidate considers all the sources of light, sound, movement, smell and taste confronting an infant during care and eliminates all inappropriate or unnecessary sources of stimulation.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>4.3 The candidate is mindful of their own voice and other sounds they produce in the nursery.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>4.4 The candidate silences alarms as soon as possible and avoids unnecessary alarms</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>4.5 If the candidate needs to use an over-the-bed light for hands on care, they carefully shield the infant's eyes but not blind fold so they can respond and support the infant is he or she attempts to gaze at them.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	

<p>4.6 The candidate provides infants with the bedding and other physical supports they need to maintain optimal tone and position and to remain either in a quiet, restful sleep or a relaxed, comfortable wakefulness.</p>	<p>__all the time __some of the time __seldom</p>	
<p>4.7 The candidate is continually mindful of structuring an infant’s visual field to support alert wakefulness as appropriate (without overwhelming), transition to sleep, or quiet, restful sleep.</p>	<p>__all the time __some of the time __seldom</p>	
<p>4.8 The candidate provides as much space and comfort as possible for family care giving, keeping charts and equipment nicely organized and avoiding clutter.</p>	<p>__all the time __some of the time __seldom</p>	
<p>4.9 The candidate encourages families to personalize their infant’s bed space and make the environment more home-like.</p>	<p>__all the time __some of the time __seldom</p>	

PEER REVIEW

Peer Name: _____

Position Title: _____

Candidate Name: _____

Position Title: _____

IMPORTANT: If you have not observed the activity, please select “seldom” and provide a comment explaining your choice. If you mark any practice standard indicator as “seldom”, a comment is **REQUIRED**. Any comments provided will help the portfolio reviewers to better understand the rating given.

Practice standard indicator	Peer	Comments
1.1 If an infant has an individualized developmental care plan, the candidate reads it carefully and uses it as a guide for timing and structuring patient care.	__ all the time __ some of the time __ seldom	
1.3 The candidate is mentally and emotionally engaged with each infant in his/her care, continually guided by the behavior of the infant.	__ all the time __ some of the time __ seldom	
1.3 The candidate stays attuned to every infant between care periods, so that the candidate responds promptly if an infant needs attention or added support to stay relaxed and restful even if the candidate is not the infant’s assigned care giver. The candidate is ready to begin care when the infant is showing a natural change of state, recognizing that state changes are often very subtle.	__ all the time __ some of the time __ seldom	
1.4 The candidate is flexible in timing their care to support and protect a quiet sleep state.	__ all the time __ some of the time __ seldom	
1.5 The candidate carries out care that can be flexibly timed together with procedures for which timing is less flexible, being careful to avoid overwhelming the infant.	__ all the time __ some of the time __ seldom	

<p>1.6 The candidate makes ongoing judgments about the necessity of interventions for each infant and makes collaborative decisions to delay or eliminate interventions that may create unnecessary stress.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>1.7 If necessary to wake a sleeping infant the candidate approaches the infant gently with a soft touch of whisper, and spends the necessary moments to help an infant move smoothly and comfortably to a higher state before doing any assessment of procedure.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>1.8 The candidate avoids doing any procedures, assessments or care giving tasks with an infant in a prone position where the candidate is unlikely to be able to use self-comforting abilities.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>1.9 The candidate thinks through his/her care giving and collects everything needed before approaching the infant so that he/she does not leave the infant on his own or supported once their hands-on care has begun.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>1.10 The candidate ensures every feeding experience is a positive, pleasant and nurturing time regardless of the size or age of the infant or the route or volume of the feed.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>1.11 The candidate is aware of the infant's fragile digestive systems during hands on care before feedings and work to carefully avoid fluctuations in perfusion that may influence how the gut accommodates and digests feeds.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	

<p>1.12 If an infant has difficulty remaining stable and organized in spite of the candidate’s careful handling, the candidate slows down or stops, helping the infant recover completely, and reconsiders his/her approach before continuing.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>1.13 The candidate responds to and supports the infant’s efforts to spend time quietly awake in relaxed engagement with his care givers, recognizing the development of quiet alertness as the necessary foundation for each infant’s formation of social relationships.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>1.14 The candidate stays with the infant and supports a smooth transition back to restful sleep before stepping away from the bedside.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>1.15 The candidate provides appropriate pain management when noxious procedures are necessary.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>1.16 The candidate integrates a pain assessment tool into their practice.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	

Standard 2: Family-centered care is supported from birth.

Comments

<p>2.1 The candidate’s manner toward families and their supports is warm, respectful and welcoming.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
---	--	--

<p>2.2 The candidate's manner toward families is consistent with my words.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>2.3 The candidate maintains flexibility to welcome and support families consistently at all times of the day.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>2.4 The candidate accommodates the presence of families in the nursery during rounds or shift change by sharing information in a tone of voice that preserves confidentiality.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>2.5 The candidate models careful, nurturing and supportive care giving for families.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>2.6 The candidate forms relationships with families, showing genuine interest in their experience and respects their central role in the life of their infant.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>2.7 The candidate includes families in caring for their infant in a meaningful way from the time of birth and documents his/her care giving activities so that other care givers can support them in a consistent way.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>2.8 The candidate can be counted on to support the same family inclusion that other colleagues have provided for families in previous shifts.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	

2.9 The candidate supports families in understanding and supporting their infant’s behavioral and developmental goals from the earliest possible time and nurtures their confidence in supporting their infant’s goals.	__all the time __some of the time __seldom	
2.10 The candidate supports families in supporting their infants during potentially stressful procedures.	__all the time __some of the time __seldom	
2.11 The candidate reserves family activities for families (bathing)	__all the time __some of the time __seldom	
2.12 The candidate helps families understand how their infant’s behavior communicates how their infant is handling their interaction and helps them use these behavioral cues as their guide for pacing, positioning and interacting with their infant.	__all the time __some of the time __seldom	

Standard 3: All caregivers practice collaboratively.

Comments

3.1 The candidate stays at the bedside to support infants in their care through stressful procedures.	__all the time __some of the time __seldom	
3.2 If the candidate needs to perform a procedure or examination on an infant who is in the care of another person (nurse or parent), the candidate respectfully discusses the need with that person and agrees on a time that is in the mutual interest of all.	__all the time __some of the time __seldom	

<p>3.3 The candidate talks with the other person about how to proceed and what the infant needs before they begin.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>3.4 The candidate shows flexibility whenever possible by gently completing his/her own care giving or assessments while the infant is available for another procedure rather than disturbing the infant again later.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>3.5 The candidate seeks another person to support an infant in his/her care during a potentially stressful experience, including bathing and weighing.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>3.6 The candidate is willingly available to his/her colleagues to provide support for infants in their care during potentially stressful procedures.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>3.7 The candidate consistently shares information about infant's behavioral competencies, vulnerabilities and thresholds when communicating with colleagues during rounds or shift change.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>3.8 The candidate respects and supports the roles of other individuals and disciplines in the lives of infants in their care.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	

Standard 4: A developmentally appropriate environment is provided for every infant and family.

		Comments
4.1 The candidate adequately supports all infants with consistently calm, relaxing environment with muted sound and lighting between and during care giving interactions.	<input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom	
4.2 The candidate considers all the sources of light, sound, movement, smell and taste confronting an infant during care and eliminates all inappropriate or unnecessary sources of stimulation.	<input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom	
4.3 The candidate is mindful of their own voice and other sounds they produce in the nursery.	<input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom	
4.4 The candidate silences alarms as soon as possible and avoids unnecessary alarms.	<input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom	
4.5 If the candidate needs to use an over-the-bed light for hands on care, they carefully shield the infant's eyes but not blind fold so they can respond and support the infant is he or she attempts to gaze at them.	<input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom	
4.6 The candidate provides infants with the bedding and other physical supports they need to maintain optimal tone and position and to remain either in a quiet, restful sleep or a relaxed, comfortable wakefulness.	<input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom	

<p>4.7 The candidate is continually mindful of structuring an infant’s visual field to support alert wakefulness as appropriate (without overwhelming), transition to sleep, or quiet, restful sleep.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>4.8 The candidate provides as much space and comfort as possible for family care giving, keeping charts and equipment nicely organized and avoiding clutter.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>4.9 The candidate encourages families to personalize their infant’s bed space and make the environment more home-like.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	

Each candidate must also complete a self-assessment.

IMPORTANT: If you have not observed the activity, please select “seldom” and provide a comment explaining your choice. If you mark any practice standard indicator as “seldom”, a comment is **REQUIRED**. Any comments provided will help the portfolio reviewers to better understand the rating given.

Self-Assessment

Candidate Name: _____

Position Title: _____

Practice standard indicator	Candidate	Comments
1.1 If an infant has an individualized developmental care plan, I read it carefully and use it as a guide for timing and structuring my care.	<input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom	
1.2 I am mentally and emotionally engaged with each infant in my care, continually guided by the behavior of the infant.	<input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom	
1.3 I stay attuned to every infant between care periods, so that I respond promptly if an infant needs attention or added support to stay relaxed and restful even if I am not the infant’s assigned care giver. I am ready to begin care when the infant is showing a natural change of state, recognizing that state changes are often very subtle.	<input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom	
1.4 I am flexible in timing my care to support and protect a quiet sleep state.	<input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom	

<p>1.5 I carry out care that can be flexibly timed together with procedures for which timing is less flexible, being careful to avoid overwhelming the infant.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>1.6 I make ongoing judgments about the necessity of interventions for each infant and make collaborative decisions to delay or eliminate interventions that may create unnecessary stress.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>1.7 If necessary to wake a sleeping infant I approach the infant gently with a soft touch or whisper, and spend the necessary moments to help an infant move smoothly and comfortably to a higher state before doing any assessment of procedure.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>1.8 I avoid doing any procedures, assessments or care giving tasks with an infant in a prone position where he/she is unlikely to be able to use self-comforting abilities.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>1.10 I ensure every feeding experience is a positive, pleasant and nurturing time regardless of the size or age of the infant or the route or volume of the feed.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>1.11 I am aware of the infant's fragile digestive systems during hands on care before feedings and work to carefully avoid fluctuations in perfusion that may influence how the gut accommodates and digests feeds.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	

1.12 If an infant has difficulty remaining stable and organized in spite of my careful handling, I slow down or stop, help the infant recover completely, and reconsider my approach before continuing.	<input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom	
1.13 I respond to and support the infant's efforts to spend time quietly awake in relaxed engagement with his care givers, recognizing the development of quiet alertness as the necessary foundation for each infant's formation of social relationships.	<input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom	
1.14 I stay with the infant and support a smooth transition back to restful sleep before stepping away from the bedside.	<input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom	
1.15 I provide appropriate pain management when noxious procedures are necessary.	<input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom	
1.16 I integrate a pain assessment tool into my practice.	<input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom	

Standard 2: Family-centered care is supported from birth.

		Comments
2.1 My manner toward families and their supports is warm, respectful and welcoming.	<input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom	
2.2 My manner toward families is consistent with my words.	<input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom	

2.3 I maintain flexibility to welcome and support families consistently at all times of the day.	__all the time __some of the time __seldom	
2.4 I accommodate the presence of families in the nursery during rounds or shift change by sharing information in a tone of voice that preserves confidentiality.	__all the time __some of the time __seldom	
2.5 I model careful, nurturing and supportive care giving for families.	__all the time __some of the time __seldom	
2.6 I form relationships with families, show genuine interest in their experience and respect their central role in the life of their infant.	__all the time __some of the time __seldom	
2.8 I can be counted on to support the same family inclusion that other colleagues have provided for families in previous shifts.	__all the time __some of the time __seldom	
2.9 I support families in understanding and supporting their infant's behavioral and developmental goals from the earliest possible time and nurture their confidence in supporting their infant's goals.	__all the time __some of the time __seldom	
2.10 I support families in supporting their infants during potentially stressful procedures.	__all the time __some of the time __seldom	
2.11 I reserve family activities for families (bathing)	__all the time __some of the time __seldom	

<p>2.12 I help families understand how their infant's behavior communicates how their infant is handling their interaction and help them use these behavioral cues as their guide for pacing, positioning and interacting with their infant.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>2.15 I ensure that families see all infants consistently treated with the support and respect they would want for their own infant when they are not around.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	

Standard 3: All caregivers practice collaboratively.

Comments

<p>3.1 I stay at the bedside to support infants in my care through stressful procedures.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>3.2 If I need to perform a procedure or examination on an infant who is in the care of another person (nurse or parent), I respectfully discuss the need with that person and agree on a time that is in the mutual interest of all.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>3.3 I talk with the other person about how to proceed and what the infant needs before we begin.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>3.4 I show flexibility whenever possible by gently completing my own care giving or assessments while the infant is available for another procedure rather than disturbing the infant again later.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	

3.5 I seek another person to support an infant in my care during a potentially stressful experience, including bathing and weighing.	<input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom	
3.6 I am willingly available to my colleagues to provide support for infants in their care during potentially stressful procedures.	<input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom	
3.7 I consistently share information about infant's behavioral competencies, vulnerabilities and thresholds when communicating with colleagues during rounds or shift change.	<input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom	
3.8 I respect and support the roles of other individuals and disciplines in the lives of infants in my care.	<input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom	
3.9 Participation (Preceptor/Mentor) in Developmental Care Orientation of New Staff Indicate level of participation	<input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom	
3.10 Serving on the Developmental Care Committee. Indicate level of participation	<input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom	

Standard 4: A developmentally appropriate environment is provided for every infant and family.

Comments

4.1 I adequately support all infants with consistently calm, relaxing environment with muted sound and lighting between and during care giving interactions.	<input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom	
--	---	--

<p>4.2 I consider all the sources of light, sound, movement, smell and taste confronting an infant during care and eliminate all inappropriate or unnecessary sources of stimulation.</p>	<p>__all the time __some of the time __seldom</p>	
<p>4.3 I am mindful of my own voice and other sounds I produce in the nursery.</p>	<p>__all the time __some of the time __seldom</p>	
<p>4.4 I silence alarms as soon as possible and avoid unnecessary alarms.</p>	<p>__all the time __some of the time __seldom</p>	
<p>4.5 If I need to use an over-the-bed light for hands on care, I carefully shield the infant's eyes but not blind fold so I can respond and support the infant is he or she attempts to gaze at me.</p>	<p>__all the time __some of the time __seldom</p>	
<p>4.6 I provide infants with the bedding and other physical supports they need to maintain optimal tone and position and to remain either in a quiet, restful sleep or a relaxed, comfortable wakefulness.</p>	<p>__all the time __some of the time __seldom</p>	
<p>4.7 I am continually mindful of structuring an infant's visual field to support alert wakefulness as appropriate (without overwhelming), transition to sleep, or quiet, restful sleep.</p>	<p>__all the time __some of the time __seldom</p>	
<p>4.8 I provide as much space and comfort as possible for family care giving, keep charts and equipment nicely organized and avoid clutter.</p>	<p>__all the time __some of the time __seldom</p>	

<p>4.9 I encourage families to personalize their infant’s bed space and make the environment more home-like.</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>Hospital-level Developmental Care Involvement</p>		
<p>5.1 I participate (preceptor/mentor) in developmental care orientation of new staff. Indicate level of participation:</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	
<p>5.2 I serve on the Developmental Care Committee. Indicate level of participation:</p>	<p><input type="checkbox"/> all the time <input type="checkbox"/> some of the time <input type="checkbox"/> seldom</p>	

Online Examination

Candidates whose portfolios are accepted via the review process will be eligible to take the *Advanced Competency in Developmental Care Online Examination*. Refer to “Portfolio Submission and Online Testing Dates and Fees” to determine when the exam will be offered.

The online exam consists of multiple choice questions as follows:

- Scenario Testing (75%)
 - Each candidate will be presented with 10 scenarios and asked questions based on the daily routine in the NICU relating to the scenario.
 - The Candidate is asked to select the best answer, based on developmental care principles.
- General Developmental Care Knowledge (25%)
 - Each exam will have 40 general knowledge questions related to developmental care that are not based on any of the scenarios.
- **Candidates will be given 2 hours to complete the exam.**

The exam must be taken at the workplace, and the candidate will be responsible for arranging for an exam proctor, e.g., supervisor or medical librarian. When the candidate is ready to take the exam, the proctor will conduct the login. Specific instructions regarding this process will be sent to the candidate following a successful portfolio review. Note: This will be a timed exam. Candidates will be given two hours to take the exam.

A sample scenario is available on the NANN website at www.nann.org.

Retaking the Online Examination

Candidates who pass the portfolio submission portion of the Advanced Competency in Developmental Care, but do not receive a passing score on the Online Examination, may retake the examination without resubmitting a Portfolio and Portfolio Fee as long as they retest within one year of notification and pay the retesting fee. Candidates who do not retest within a year will be required to submit a new portfolio, and pay the portfolio submission fee in addition to the testing fee.

References

Monsen, R. (2005). *Genetics Nursing Portfolios: A new model for the profession.* ANA, Washington, DC.

Reproduced with permission from JOGNN: Journal of Obstetrical, Gynecological and Neonatal Nursing, 32, 379-386. Robison, L. (2003). *An Organizational Guide for an Effective Developmental Program in the NICU.* Copyright ©2003 Association of Women's Health Obstetrics and Neonatal Nursing. All rights reserved.

Application Form for Portfolio Submission

You are required to complete this form and return in "Candidate Envelope." This form should be accompanied by a copy of your current license (see below). If you wish to pay by check, credit card, or money order, complete the required information. If you prefer to make an online payment, please check the online payment option on this form.

PLACE ALL THREE ENVELOPES INTO ONE LARGE ENVELOPE AND MAIL TO:

NANN
4700 W. Lake Avenue
Glenview, IL 60025
Attn: Jaime Andriopoulos

Name: _____

Position Title: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: () _____ Work Telephone () _____

E-mail Address: _____

Applicant's Signature: _____

Date: _____

Attach a photocopy of your current license to this application. If you live in a jurisdiction that prohibits the photocopying of licenses, your immediate supervisor must verify your current licensure, below and place in the "Supervisor Envelope."

I hereby affirm that I am the current supervisor of the applicant named above and that on the date I indicated below I observed the above named applicant's **current license** to practice their profession in this state.

Name of Immediate Supervisor (print) _____

Signature _____

Position/Title _____

Institution _____

Business Address _____

City _____ State _____ Zip Code _____

Office Telephone () _____

Date _____

FEES: \$90 NANN Members; \$125 NANN Nonmembers

Method of Payment: Visa _____ MasterCard _____ American Express _____ Discover _____

Credit Card Number _____ Expiration Date _____

Name as it appears on the card: _____

OR: Check # _____ Money Order # _____ Payment submitted through NANN **Online Store** on _____

(specify date)