Cross-Cultural and Inter-Professional Knowledge Translation of Developmentally Supportive Care in an Indian NICU

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Cross-Cultural and Inter-Professional Knowledge Translation of Developmentally Supportive Care in an Indian NICU

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Synopsis:
A cross-cultural, and inter-professional NICU Team, including an American OT, used knowledge translation (KT) frameworks to apply current global evidence in developmentally supportive care in ways that were useful, cost effective, and meaningful to the families and staff in their tertiary care NICU setting in Gurgaon, India. The team used Pre & Post videotaping of routine care and procedures to measure the change in practice.

Objectives:
1. Increase NICU nurses’ use of DSC during routine care and procedures
2. Decrease the use of non-supportive behaviors

Methods:
Subjects: A DSC team explored DSC practices and facilitated implementation in NICU care through the KT initiative. The team consisted of the director/neonatologist, the pediatric intensivist, a senior resident, the lactation counselor/family educator, and the occupational therapist (OT). Nine NICU nurses in 2 cohorts participated in the KT.

Procedure: The DSC team conducted a needs assessment reviewed literature and created a 5 week KT program based on the modified CIHR model and informed by contextual knowledge organized using the Interaction-Focused Model.

Results: Mean scores for the occurrence of DSC behaviors increased in 5 of 6 categories and mean score for the occurrence of (developmentally) non-supportive behaviors decreased in 6 of 6 categories. The overall percentage of DSC behaviors increased and the overall percentage of non-supportive behaviors decreased in the post DSC KT videos.

Discussion: Findings support OT facilitated inter-professional collaboration using KT frameworks to integrate new knowledge into clinical care in cross-cultural settings.

Knowledge Translation Insights:
- KT is a fluid process; an interaction among/between clinical educators and knowledge users that can be highly influenced by contextual factors.
- Addressing these contextual factors seemed to increase the amount and complexity of information that participants could absorb.
- The initial strength-based visioning and the instructional techniques used seemed to empower nurses and increase their engagement.

Contextual and Inter-Professional Insights:
- Flexibility for addressing contextual factors (i.e. cultural diversity, learning mires, communication, and inter-personal) of the NICU contributed to success.
- Nursing engagement improved when the senior DSC team physicians were present and involved; thus all team members attended each class.
- Differences in primary languages (English, Hindi, Malayalam) added a degree of complexity that was resolved by flexibility of instructors and allowing time for paraphrasing information across languages.
- Through participatory implementation planning, nurses and the DSC team localized global knowledge with setting specific solutions to dampen sound, make nappies fit better, provide non-nutritive suck experiences, and support positioning of infants.

Conclusion: KT models were useful. DSC practices were integrated into NICU care measured post KT.