



JA PreventNCD
Joint Action Prevent Non-Communicable Diseases



Task 6.5 – BFC&HS
Baby-Friendly Community & Health Services



CENTRO NAZIONALE
**PREVENZIONE DELLE MALATTIE
E PROMOZIONE DELLA SALUTE**



WHO Collaborating Centre for Breastfeeding
Promotion and Child Obesity Prevention
Italian National Institute of Health – Rome

The Competency verification toolkit: Ensuring competency of direct care providers to implement the Baby-Friendly Initiatives

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Declaration of conflict of interest



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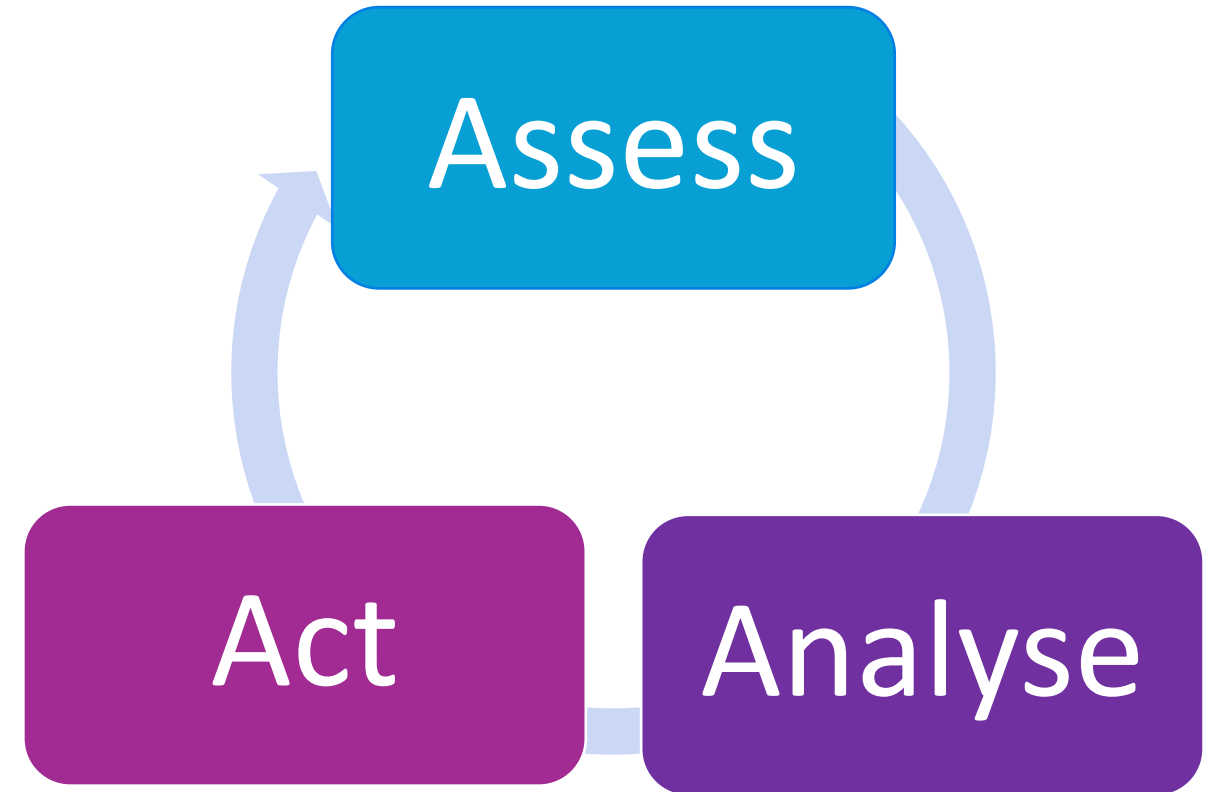
- | | |
|--|-----------|
| 1 – Shareholder or stakeholder, member or employee of private companies in the health sector | NO |
| 2 – Consultant or member of a scientific panel of private companies in the health sector | NO |
| 3 – Paid speaker or author or editor of articles or documents for private companies in the health sector | NO |
| 4 – Payment of travel, accommodation or registration fees for conventions, conferences or events by private companies in the health sector | NO |
| 5 – Involvement in research/studies by private companies in the health sector | NO |
| 6 – Activities falling within the scope of the International Code of Marketing of Breast-milk Substitutes and subsequent WHA resolutions, or related to the marketing of products from the private health sector, alcohol or tobacco companies | NO |

The paradigm shift in Baby Friendly Step 2: competency verification

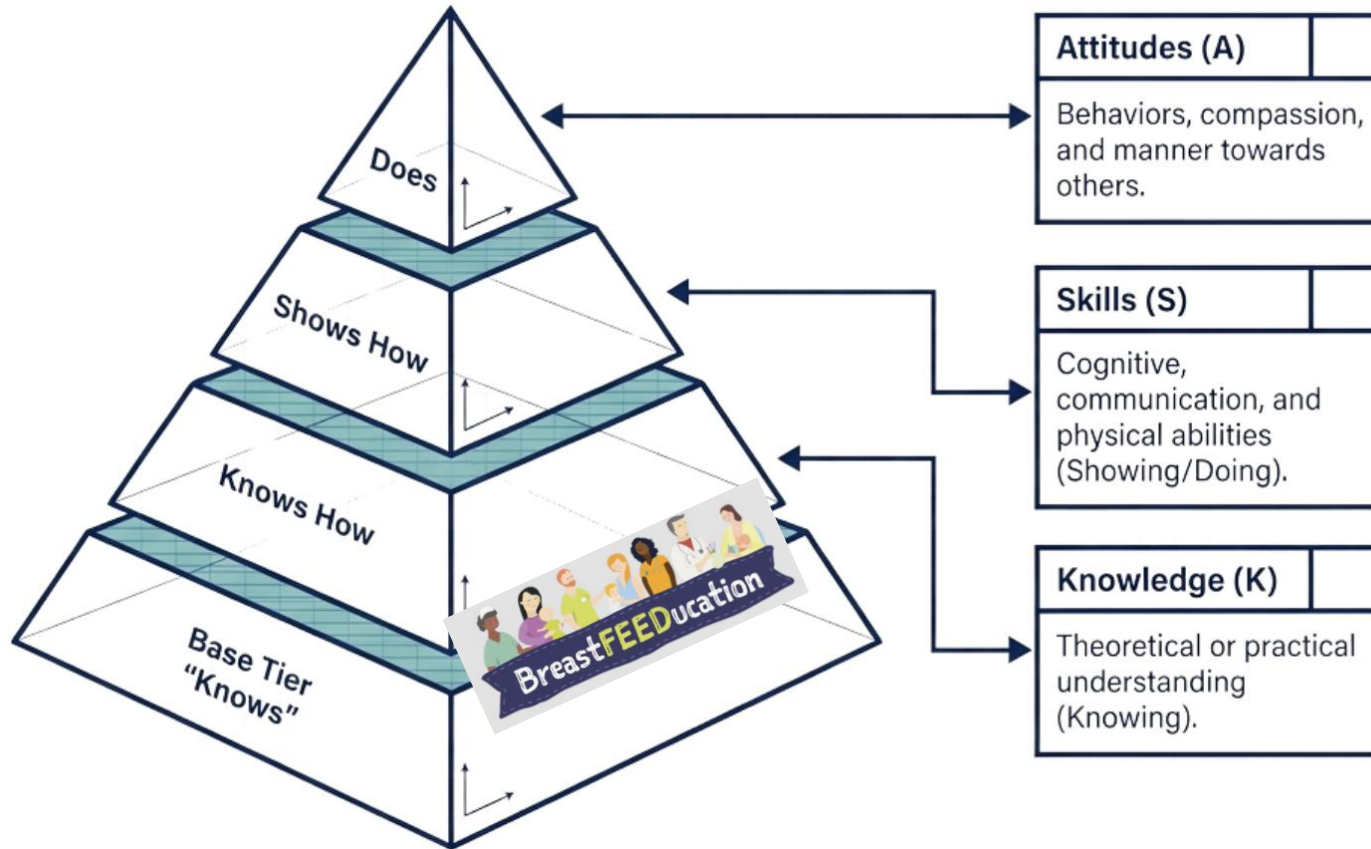
- Outcome-based evaluation
- Verifies actual Knowledge, Skills, and Attitudes (KSA)
- Individualized gap-filling and remediation
- Focuses on clinical reasoning and behavioral change
- Competencies comprised of multiple Performance Indicators (PIs)



With an emphasis on communication skills



Miller's pyramid of competencies – the K-S-A model

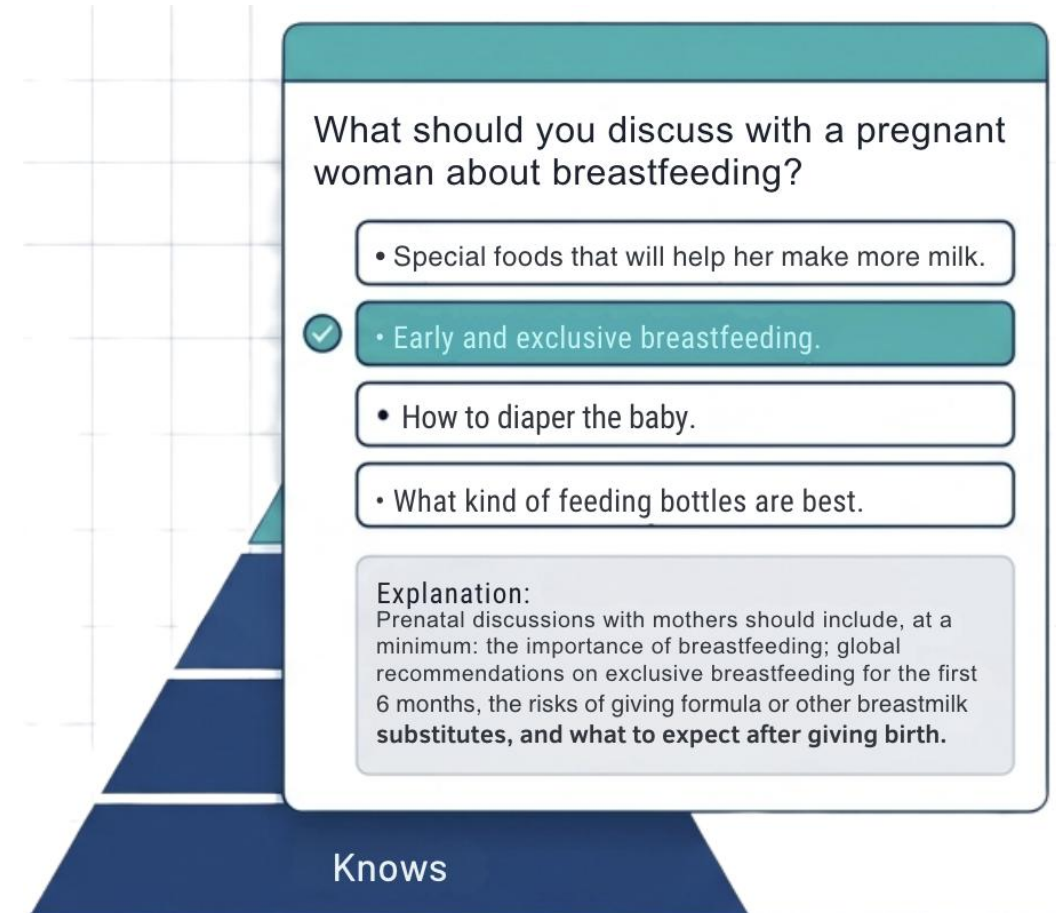


Verifying Knowledge: Multiple-Choice Questions



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- **What it is:** At least one objective MCQ per Performance Indicator.
- **What it tests:** Baseline theoretical Knowledge (K) and the 'Why' behind evidence-based practices.
- **Application:** Screening new staff, orientation, or pinpointing broad knowledge gaps before investing time in training or clinical observations.

A diagram illustrating a multiple-choice question interface. It features a blue pyramid on the left with the word "Knows" at its base. To the right is a white box with a teal header containing the question: "What should you discuss with a pregnant woman about breastfeeding?". Below the question are four rounded rectangular options. The second option, "Early and exclusive breastfeeding.", is highlighted in teal and has a white checkmark icon to its left. Below the options is a grey box labeled "Explanation:" containing text about prenatal discussions with mothers.

What should you discuss with a pregnant woman about breastfeeding?

- Special foods that will help her make more milk.
- ✓ • Early and exclusive breastfeeding.
- How to diaper the baby.
- What kind of feeding bottles are best.

Explanation:
Prenatal discussions with mothers should include, at a minimum: the importance of breastfeeding; global recommendations on exclusive breastfeeding for the first 6 months, the risks of giving formula or other breastmilk substitutes, and what to expect after giving birth.

Knows

Pilot testing the MCQs in Task 6.5 – thanks to ISS



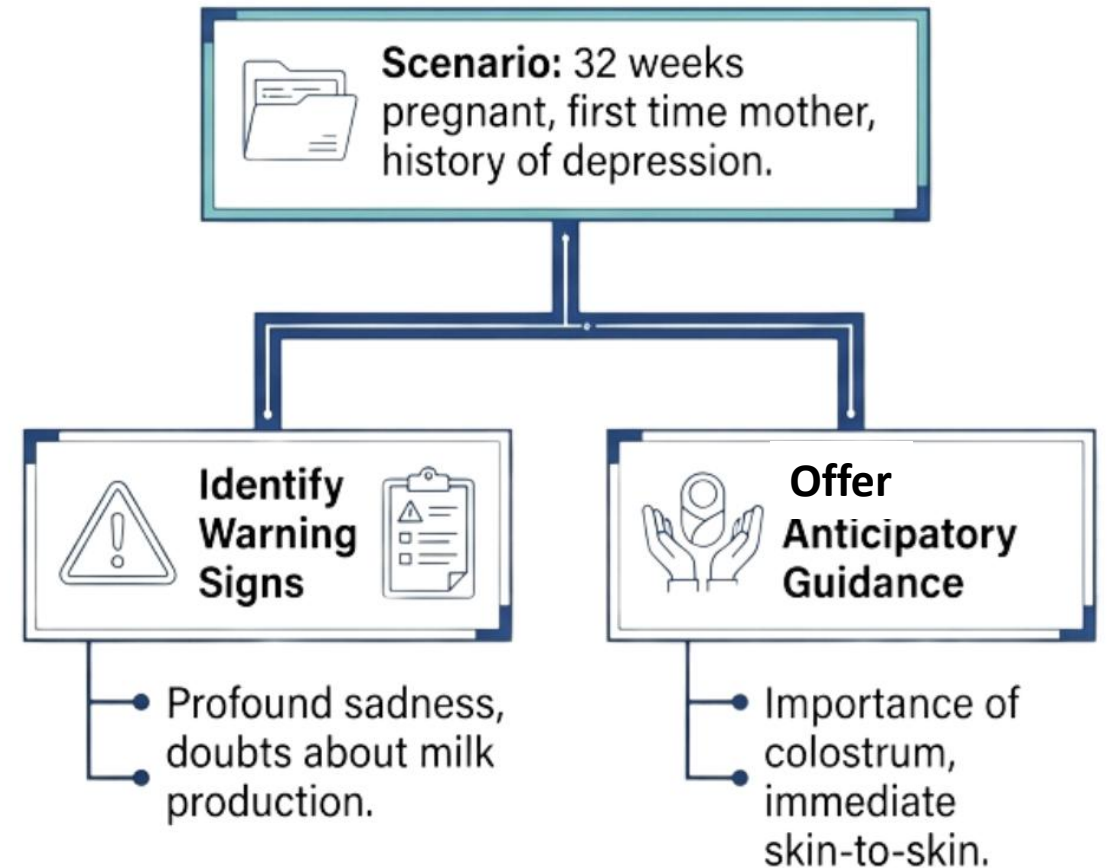
- Translation and back-translation of MCQs
- Pilot testing with over 500 university students and healthcare providers
- Psychometric testing to show which MCQs needed improvement
- Revision of MCQs
- Retesting with part of the sample group

Verifying Clinical Reasoning: Case Studies



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- **What it is:** Simulated clinical scenarios with comprehensive open-ended or branching questions.
- **What it tests:** Nuanced application of K-S-A when a real mother-infant dyad is unavailable.
- **Application:** Promotes critical curiosity, testing if a provider knows when to use specific tools.



Verifying Practice: Observation Tools



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- **What it is:** Checklists of observable behaviors linked directly to PIs.
- **What it tests:** The peak of Miller's Pyramid ('Does') Verifies Skills (S) and Attitudes (A).
- **Application:** Direct observation of provider-mother/family interactions. Crucial for assessing sensitive language, active listening, and practical support.

ELEMENT OF OBSERVATION	Y	N	U	N/A	REMARKS
Use of Foundational skills throughout interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Creating a comfortable environment to facilitate the let-down reflex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

A recurring cycle of using appropriate tools



Offer practical support

Listen and learn

Build confidence and support

Offer anticipatory guidance

Assess and document

Analyze and decide

Competency verification: driving quality care in the first 1000 days



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Takeaway: Shifting from a training-first" to a "verification first"

- an approach honors the existing expertise of providers
- while guaranteeing consistent, compassionate, and evidence-based care for every dyad.





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Grazie!



Co-Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or European Health and Digital Executive Agency (HADEA). Neither the European Union nor HADEA can be held responsible for them.