



BRITISH COLUMBIA INSTITUTE OF TECHNOLOGY

Operating Unit: Health Sciences

Program: Nursing

Option:

Course Outline**NURS 3032****Family Nursing Theory****Start Date:** January, 2000**End Date:** May, 2000**Course Credits:** 2**Term/Level:** 3**Total Hours:** 27**Total Weeks:** 9

Hours/Week:	Lecture:	Lab:	Shop:	Seminar: 3	Other:
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Prerequisites**NURS 3032 is a Prerequisite for:**

Course No.	Course Name
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Course No.	Course Name
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NURS 1050 Interpersonal Communication 1

NURS 1040 Professional Practice 1

NURS 2030 Nursing Practicum 2

NURS 2000 Nursing and Health Issues 2

PSYC 1101 Introductory Psychology 1

Course Calendar Description

Family nursing theory is an introductory course which provides opportunities in the classroom, community, and practice setting to acquire and apply knowledge regarding the nature of healthy development in families and the role of the nurse in supporting and facilitating this process.

The focus of learning includes novice level assessment, planning and intervention within the context of family. Students form partnerships with childbearing and/or child rearing families in the community who are stable in nature for the purpose of assessment.

Definitions

In this course childbearing refers to pregnancy and care of the neonate (newborn until the age of 1 month). Preferably, students will choose a family who is experiencing a pregnancy in the second or third trimester, or who has just delivered.

Child rearing refers to families that have children in the infant stage (1 month–1 year), early childhood (1–6 years), middle and later childhood (7–12 years) and adolescents (13–19 years).

Stable families refer to families whose health status is consistent and not fluctuating rapidly.

Course Goals

The goal of NURS 3032 is to introduce students to family theory and its application to nursing practice. The course will emphasize assessment of health promotion and illness prevention activities utilized by childbearing and child rearing families.

Evaluation

Marks are derived from the following:

A final grade of 50% or higher is required for successful completion of the course.

Family Assessment Assignment	50%
Community Assignment/Presentation	Satisfactory
The 15-minute Family Interview Assignment	45%
Attendance and Participation	5%
TOTAL	100%

Course Learning Outcomes/Competencies

Students will:

1. develop a theoretical knowledge base related to nursing within the context of families.
2. apply a conceptual framework to understand how the family system works.
3. pursue shared meaning by communicating effectively with families.
4. use a family assessment tool(s) to explore family health and illness, and identify strategies to promote health and prevent illness.
5. gain knowledge of the nurse's role in promoting health and preventing illness within the context of families in the community and clinical practice settings.
6. demonstrate systematic inquiry by:
 - recognizing the uniqueness of each family and family member and responding with appropriate judgement.
 - raising questions about nursing of families to explore alternatives and considering research as a basis for practice.
 - reflecting on own nursing competencies related to knowledge, skills, attitudes and judgement.

Learning Processes Involved in this Course

1. Professionalism — with assistance, students consider theoretical perspectives relevant to understanding individuals and family health issues and begin the process of assessing and intervening. Students pursue shared meaning with clients and families to establish beginning partnerships. They begin to consider the impact of health and illness on the individual's family and the influence of the family interactions on health and illness.
2. Communication — with increasing independence, students interact with individuals in the context of family. Students begin to understand family communication patterns and incorporate this into their assessments. Students utilize effective communication skills and evaluate the impact of these interactions on the individual/family.
3. Systematic Inquiry — students are increasingly independent with critical thinking and use a variety of sources of knowing to guide care. They are learning to use an understanding of theoretical perspectives to guide their practice.
4. Learning — students are becoming committed to professional growth. They share experiences and insights in learning conferences with colleagues and instructors. They evaluate and modify their practice.
5. Creative Leadership — students work to establish collaborative partnerships with others. Self-direction and dialogue are essential to partnerships. With assistance, students will develop increased confidence, assertiveness and initiative in the provision of nursing care in this setting.

Course Content Verification

I verify that the content of this course outline is current, accurate, and complies with BCIT Policy.

Program Head/Chief Instructor

Date



BRITISH COLUMBIA INSTITUTE OF TECHNOLOGY

Operating Unit: Health Sciences

Program: Nursing

Option:

NURS 3032

Family Nursing Theory

Instructor(s)

Cheryl Segaric

Office No.: SW12-418

Office Phone: 451-6948

Learning Resources

Required Readings:

The following readings are on reserve in the BCIT Library:

Wright, L., & Leahey, M. (2000). The Calgary family assessment model. In: *Nurses and families: A guide to family assessment and intervention* (3rd edition). Philadelphia: F.A. Davis Co.

Recommended Books:

Friedman. (1992). *Family nursing: Theory and practice* (3rd ed.). Norwalk, CT: Appleton & Lange.

RNABC. (1998). *Competencies required of a new graduate*. RNABC, BC.

Wegner, G., & Alexander, R. (1999). *Readings in Family Nursing* (2nd ed.). Philadelphia: Lippincott.

Wright, Lorraine M., Watson, Wendy L., & Bell, Janice M. (1996). *Beliefs: The heart of healing in families and illness*. New York: Basic Books.

Wright, L.M., & Leahey, M. (2000). *Nurses and families: A guide to family assessment and intervention* (3rd ed.). Philadelphia: F.A. Davis.

Recommended Readings:

The following articles are on reserve in the BCIT Library (call numbers will be provided by instructor):

Ahmann, Elizabeth. (1994). Family-centered care: Shifting orientation. *Pediatric Nursing*, March-April, 20(2), 113-117.

Davies, Betty. (1995). Windows on the family. *The Canadian Nurse*, October, 37-41.

Friedemann, Marie-Luise. (1989). The concept of family nursing. *Journal of Advanced Nursing*, Vol. 14, 211-216.

Loos, Francis, & Bell, Janis M. (1990). Circular questions: A family interviewing strategy. *Dimensions of Critical Care Nursing*, 9(1), January-February, 46-53.

MacPhee, Maura. (1995). The family systems approach and pediatric nursing care. *Pediatric Nursing*, 21(5), 417-423.

Robinson, Carole A., & Wright, Lorraine M. (1995). Family nursing interventions: What families say makes a difference. *Journal of Family Nursing*, 1(3), 327-345.

Wright, L., & Leahey, M. (1999). Maximizing Time, Minimizing Suffering: The 15-minute (or less) Family Interview. *Journal of Family Nursing*, (5)3, p. 259.

- Wright, L., & Leahey, M. (2000). The Calgary family intervention model. In: *Nurses and families: A guide to family assessment and intervention* (3rd edition). Philadelphia: F.A. Davis Co.
- Wright, Lorraine M., & Leahey, Maureen. (1994). *Calgary family intervention model: One way to think about change*, 20(4), 381–395.
- Wright, Lorraine M., & Leahey, Maureen. (1994). How to prepare for family interviews. In *Nurses and families: A guide to family assessment and interventions*. Philadelphia: F.A. Davis Co.
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BCIT Policy Information for Students

1. Students are required to adhere to the BCIT Policy on Conduct and Appearance outlined in the BCIT Full-time Calendar, 1999–2000, pages 5–6.
 2. For the purpose of community visits, students will be required to wear BCIT photo ID and follow BCIT policies for dress and appearance. Refer to Student Guidelines, Policies and Procedures in the Nursing Program.
 3. Written assignments must:
 - A. be word processed.
 - B. be submitted to achieve a mark for the course. Marks for late assignments will be deducted 15%/school day.
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ASSIGNMENTS

1. The 15-Minute Family Interview Assignment – 45%

Preamble

Dr. Lorraine Wright and Dr. Janice Bell of the Family Nursing Unit at the University of Calgary, agree that routinely involving families in nursing care hasn't been ritualized in nursing practice. This is due, in part, to the multitude of constraining beliefs that many nurses have about acknowledging families and including them in nursing care.

Prior to the 15-minute family interview assignment, both constraining and facilitative beliefs related to family nursing will be examined. The goal of the assignment is to provide an opportunity for students to discover how they can embrace important facilitative beliefs of family nursing amidst the realities of the clinical practice setting.

Purpose

- A. To conduct a mini interview with a family in the obstetric/pediatric clinical setting utilizing the 5 key ingredients of the 15-minute interview developed by Dr. Wright and Dr. Bell. The 5 key ingredients include: manners, therapeutic conversation, genogram/ecomap, therapeutic questions, commendations.
- B. Following the interview, students will submit a written interview summary and analysis for grading.

Assignment details and evaluation criteria to be provided by course instructor.

ASSIGNMENTS (cont'd.)

2. Family Assessment Assignment – 50%

The purpose of this assignment is to:

Part A

1. Select an appropriate family for interview (see Criteria and Guidelines for choosing a family [below]).
2. Use the Calgary Family Assessment Model (CFAM) to determine family structure, development and function.
3. Hypothesize about health promotion and illness prevention within the context of family based on data collected.

Part B

1. Collect data on community resources, services, or agencies that are utilized by the family to promote their health and prevent illness. **Note:** This data will form the basis of the community presentation.

Assignment details and evaluation criteria to be provided by course instructor.

Criteria and Guidelines for Choosing a Family for Assessment

1. Students are responsible for finding a stable childbearing or child rearing family willing to participate in a student visit and completion of a family assessment in their home. Students may **not** select families who are:
 - A. personal friends
 - B. family members
 - C. solicited from the clinical setting.
2. Students must clearly explain the purpose of the visit to the family. Part of the assessment will include identification of resources, agencies or services the family uses in health promotion and illness prevention. A community assignment presentation will be completed and shared with fellow classmates.
3. Students will maintain confidentiality about the family. Actual family surnames will not be used in written assignments. Written family assessment data is restricted to the student and the course instructor. Students must obtain a signed consent from the family agreeing to the family's participation in the Family Assessment Assignment. Consent forms will be provided by the course instructor.
4. The course instructor may choose to contact participating families for the purpose of obtaining feedback about the student visit and the assessment process.

Community Presentation – Satisfactory

Purpose

1. To determine what community resources, agencies or services the family utilizes to promote their health and prevent illness.
2. To share findings with fellow students, and to understand the influences and roles a variety of community resources play in families' health promotion and illness prevention.

Guidelines

The community assignment involves three steps:

1. Data Collection — completed during the family visit (see Family Assessment Assignment)

At the time of the family visit each student will collect data on community resources, services or agencies that are utilized by the family to promote their health and prevent illness. Students need to recognize that there are a great variety of health promoting resources families use in their communities.

2. Community Visit

The student will initiate a visit to the community resource that the student, in consultation with the family, has identified as the most significant or meaningful resource for promoting family health and preventing illness.

Please refer to 3. *Presentation* (below) for information about the data that should be collected during the community resource visit. The student may attend with a family member as a guest, or investigate the community service independently.

3. Presentation

Students will keep all names of families confidential, and not use any information that would identify a particular family during their presentations.

Each student will present their findings about the community resource they have researched to their class members during a 10-minute presentation.

A. A satisfactory presentation will include the following elements:

- name & location of the primary resource used by the family that was investigated.
- frequency in which the resource is utilized by the family.
- how the family connects with the resource.
- financial implications.
- the meaning of the resource to the family.
- the significance of the community resource in terms of promoting health and preventing illness from:
 - a) the family's perspective.
 - b) the agency's perspective (philosophy, programs, services, etc.).

- what, if any, are the disadvantages of the resource used.
- any other information about the resource/agency obtained during the visit that would be useful for others to know.

B. Other considerations include:

- organization of the presentation.
- application of relevant pamphlets, articles, etc.
- presentation style and creativity.
- use of teaching aids.
- student involvement.

Attendance and Participation Guidelines – 5%

1. Attendance and punctuality are required in this course. If students are absent for more than 10% of the planned activities for other than medical reasons, they may be prohibited from completing the course. Lateness is disruptive to the learning process and a deduction of up to 2.5% of the participation mark may result if students are late (and/or absent), more than once without valid reason.
2. Your learning is directly related to the effort you put into assigned readings and class activities. In addition to attendance and punctuality, participation includes the following:

A. Complete assigned reading assignments and attend class prepared for class discussions.

Preparation suggestions:

- (1) Summarize the main thoughts, ideas presented in the readings.
- (2) Summarize your own thoughts or interpretation of the readings.
- (3) List questions you have related to the readings or topic.
- (4) Journal your lived experience related to the topic.

B. Complete class preparatory assignments.

- C.** It is a requirement of the course that students actively contribute to both small group and larger class discussions on a weekly basis. It is expected that students will talk actively on their own initiative although students will sometimes be called upon randomly to share their thoughts.

Behaviors that indicate active participation in class discussions include the following:

- (1) offering information and opinions on own initiative.
- (2) seeking information and opinions from others.
- (3) clarifying information, thoughts and ideas of others.
- (4) elaborating on, interpreting and questioning thoughts and ideas in a way that adds to the discussion and learning.
- (5) asking relevant questions about the research.
- (6) sharing lived experience with class members.
- (7) striving to understand the viewpoint/perspective(s) of others.