



A POLYTECHNIC INSTITUTION

School of Health Sciences

Program: Bachelor of Technology in Nursing

Option:

**NURS 3032****Family Nursing Theory****Start Date:** January, 2005**End Date:** May, 2005**Total Hours:** 27 **Total Weeks:** 9**Term/Level:** 3 **Course Credits:** 2**Hours/Week:** **Lecture:** **Lab:****Shop:** **Seminar:** 3 **Other:****Prerequisites****Course No. Course Name**

NURS 1040 Professional Practice Seminar 1

NURS 1050 Interpersonal Communication

NURS 2000 Applied Nursing Science 2

NURS 2030 Nursing Practicum 2

PSYC 1101 Introductory Psychology 1

**NURS 3032 is a Prerequisite for:****Course No. Course Name**

NURS 4030 Nursing Practicum 4

**NURS 3032 is a Corequisite for:****Course No. Course Name**

NURS 3034 Family Practicum

**■ Course Description**

Family nursing theory is an introductory course that provides opportunities in the classroom, community, and practice setting to acquire and apply knowledge regarding the nature of healthy structure, development and function 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 the family. Students form partnerships with stable childbearing and/or child rearing families in the community and clinical setting for the purpose of assessment.

**■ Detailed Course Description**

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

**■ 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.

## ■ Evaluation

Marks are derived from the following:

Family Assessment Assignment	50%	<b>Comments:</b> A final grade of 50% or higher is required for successful completion of the course. All assignments must be completed to achieve a passing grade.
The 15-minute Family Interview Assignment	50%	
TOTAL	100%	

## ■ Course Learning Outcomes/Competencies

At the end of this course, the student will be able to:

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. identify central issues and trends 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 judgment.
  - 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 judgment.

## ■ Learning Process Threads

**Professionalism:** Students further develop an understanding of the professional nurse's role. They develop a nursing knowledge base that is required for safe practice and to analyze contextual influences. With assistance, students consider theoretical perspectives relevant to understanding individual and family issues. They begin the process of assessing and intervening with families. They pursue shared meaning with families to establish partnerships. They understand healthy development in families and interact to facilitate this process. They begin to consider the impact of health and illness on the family and the influence of family interactions on health and illness. They understand nursing in the context of family. They evaluate their care and incorporate a code of ethics consistent with professional practice. Students' experience with family visits broadens their understanding of the continuum of care.

■ Learning Process Threads (cont'd.)

**Communication:** Students critically discuss verbally and in writing. They use relevant research and literature to gain a broad perspective on family issues. They dialogue with colleagues and teachers in the process of learning. With increasing independence, students establish relationships with individuals based on shared meaning and partnership in the context of family. They begin to understand family communication patterns and incorporate this into their assessments. They utilize effective communication skills and evaluate the impact of these interactions on the family. With assistance, students document family assessments.

**Systematic Inquiry:** Students are increasingly independent with critical thinking and use a variety of sources of knowing to guide care. They use a variety of theoretical perspectives to guide their thinking. They use word processing and access databases and Internet sites for information.

**Professional Growth:** Students take responsibility for their learning and for preparing information that is accurate and relevant. They critically read articles and textbook chapters to discuss family issues. They reflect on their beliefs about family. They share knowledge and experiences with colleagues and consult with a variety of health professionals in the community. Also, they are responsible and accountable for their actions and are becoming committed to professional growth.

**Creative Leadership:** Students critically explore family issues. They appreciate the role of nurses in the health care system. They work to establish collaborative partnerships with colleagues. Self-direction and dialogue are essential to partnerships.

■ Verification

I verify that the content of this course outline is current.

Dorothy Cumming  
Authoring Instructor

July 14 / 04  
Date

I verify that this course outline has been reviewed.

DM Fraser  
Program Head/Chief Instructor

July 14 / 04  
Date

I verify that this course outline complies with BCIT policy.

Freeman  
Dean/Associate Dean

July 14 / 04  
Date

Note: Should changes be required to the content of this course outline, students will be given reasonable notice.

### ■ Instructor(s)

Dorothy Cumming (Course Leader)	Office Location: SW12–Pod H Office Hrs.: By appointment, Monday & Friday	Office Phone: 604-456-8116 E-mail Address: 1) use MyBCIT portal 2) dorothy_cumming@bcit.ca as backup if MyBCIT is down
Marie Labelle (term B)	Office Location: SW12–Pod F Office Hrs.: TBA	Office Phone: 604-451-6947 E-mail Address: 1) use MyBCIT portal 2) marie_labelle@bcit.ca as back up if MyBCIT is down

### ■ Learning Resources

#### *Required Texts:*

1. Wright, L., & Leahey, M. (2000). *Nurses and families: A guide to family assessment and intervention* (3rd ed.). Philadelphia: F.A. Davis Co.
2. Bomar, P.J. (2004). *Promoting health in families: Applying family research and theory to nursing practice* (3rd ed.). Philadelphia: Saunders.
3. Instructor will hand out weekly reading schedule.

#### *Required Readings:*

The following readings are on reserve in the BCIT Library:

1. Robinson, Carole A., & Wright, Lorraine M. (1995). Family nursing interventions: What families say makes a difference. *Journal of Family Nursing*, 1(3), 327–345.
2. Tapp, Diane M. (2000, June). Therapeutic conversations that count. *Canadian Nurse*, 96(6), 29–32.

#### *Recommended Books:*

Denham, S. (2003). *Family health: A framework for nursing*. Philadelphia: F.A. Davis.

Fadiman, A. (1997). *The spirit catches you and you fall down*. New York: Farrar, Strauss & Giroux.

Friedman, M., Bowden, B.R., & Jones, E.G. (2003). *Family nursing: Theory and practice* (5th ed.). Upper Saddle River, NJ: Prentice Hall.

Spector, R.E. (2004). *Cultural diversity in health and illness* (6th ed.). New Jersey: Prentice Hall.

Waxler-Morrison, N., Anderson, J., & Richardson, E. (Eds.). (1990). *Cross-cultural nursing*. Vancouver: University of British Columbia Press.

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

## ■ Information for Students

**Assignments:** Late assignments will be deducted 10% per school day. Assignments will be done both on an individual basis and in pairs as specified in the assignment guides. Assignments must be word processed (where applicable) and be completed to achieve a mark for the course.

**Makeup Tests, Exams or Quizzes:** There will be **no** makeup tests, exams or quizzes. If you miss a test, exam or quiz, you will receive zero marks. Exceptions may be made for **documented** medical reasons or extenuating circumstances. In such a case, it is the responsibility of the student to inform the instructor **immediately**.

**Ethics:** BCIT assumes that all students attending the Institute will follow a high standard of ethics. Incidents of cheating or plagiarism may, therefore, result in a grade of zero for the assignment, quiz, test, exam or project for all parties involved and/or expulsion from the course.

**Attendance:** The attendance policy as outlined in the current BCIT Calendar will be enforced. Attendance will be taken at the beginning of each session. Students not present at that time will be recorded as absent. 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.

**Illness:** A doctor's note is required for any illness causing you to miss assignments, quizzes, tests, projects or exam. At the discretion of the instructor, you may complete the work missed or have the work prorated.

**Attempts:** Students must successfully complete a course within a maximum of three attempts at the course. Students with two attempts in a single course will be allowed to repeat the course only upon special written permission from the Associate Dean. Students who have not successfully completed a course within three attempts will not be eligible to graduate from the appropriate program.

**Course Outline Changes:** The material or schedule specified in this course outline may be changed by the instructor. If changes are required, they will be announced in class.

**Community Visits:** Students are required to adhere to the BCIT Policy on Conduct and Appearance outlined in the BCIT Full-time Calendar. 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.

## ■ Assignment Details

### 1. Family Assessment Assignment

The purpose of this assignment is to:

1. conduct a family interview to determine family structure, development, and function based on the Calgary Family Assessment Model. Please refer to the section of this course outline entitled: Criteria for Choosing a Family for Assessment.
2. construct and analyze a family genogram and ecomap.
3. hypothesize about health promotion and illness prevention within the context of family based on the structural, developmental, and functional data collected.
4. complete a self-evaluation of the interview process outlining student strengths and areas for continued improvement in relation to family interview and assessment skills.

This assignment is worth 50% of the final grade.

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

## ■ Assignment Details (cont'd.)

### Criteria for Choosing a Family for Assessment

1. Students are responsible for finding a stable childbearing or child rearing family willing to allow the student to make one home visit for the purpose of conducting a family assessment. The goal is to interview the whole family. In the event that all family members are unable to participate, the student should make every effort to interview a minimum of two family members old enough to actively participate in the interview process.
2. Students may not select families who are:
  - a. personal friends
  - b. family members
  - c. solicited from the clinical setting.

Suggestions for finding appropriate families will be discussed in class.

3. Students must clearly explain the purpose of the visit to the family and written consent must be obtained. Consent forms will be provided by the course instructor and must be returned prior to or at the same time as the Family Assessment Assignment is due. The consent form should be **placed in a sealed envelope and be submitted directly to the instructor.**
4. Students will maintain confidentiality about the family. Actual surnames **will not** be used in written assignments. Written family assessment data is restricted to the student and the course instructor.
5. The course instructor may choose to contact participating families for the purpose of obtaining feedback about the student visit and the assessment process.

## 2. The 15-Minute Family Interview Assignment

### 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 has not 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

1. To conduct a mini interview with a family in the obstetric/pediatric clinical setting utilizing the 5 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.
2. Following the interview, students will submit a written interview summary and analysis for grading.

This assignment is worth 50% of the final grade.

Assignment details and evaluation criteria to be provided by NURS 3032 instructor.

Assistance in selection of a family in the clinical setting will be provided by clinical instructors.