



A POLYTECHNIC INSTITUTION

School of Health Sciences

Program: Bachelor of Technology in Nursing

Option:

NURS 3032**Family Nursing Theory****Start Date:** January, 2006**End Date:** May, 2006**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 4032 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:

Your Family Genogram & Ecomap	10%	Comments: 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.
Conversation with a Family	45%	
The 15-minute Family Interview Assignment	45%	
TOTAL	<u>100%</u>	

■ 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 Cummins
Authoring Instructor

Dec 15, 2005
Date

I verify that this course outline has been reviewed.

J. Hunk
Program Head/Chief Instructor

Dec 15, 2005
Date

I verify that this course outline complies with BCIT policy.

Sheena
Dean/Associate Dean

Dec. 15/05
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, Thursday and Friday	Office Phone: 604-456-8116 E-mail Address: 1) use MyBCIT portal 2) dorothy_cumming@bcit.ca as backup if MyBCIT is down
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■ Learning Resources

Required Texts:

1. Wright, L., & Leahey, M. (2005). *Nurses and families: A guide to family assessment and intervention* (4th ed.). Philadelphia: F.A. Davis.
2. Bomar, P. J. (2004). *Promoting health in families: Applying family research and theory to nursing practice* (3rd ed.). Philadelphia: Saunders.

Required Readings:

See weekly schedule of required text readings.

The additional required reading is on reserve in the BCIT Library:

1. Tapp, Diane M. (2000, June). Therapeutic conversations that count. *Canadian Nurse*, 96(6), 29–32.
2. Additional required readings may be announced.

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 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.

Instructor's Welcome:

Welcome to Family Nursing Theory. Together we shall bring family nursing theory to life. Simply put, you will learn to "think family" and to provide nursing care that maintains and promotes the well-being of families you care for in wellness and illness health care encounters.

Your family-focused care will facilitate family maintenance or family promotion of family health and family prevention of illness.

We meet every Friday for 3 hours. Class time will be used to make family nursing concepts 'real' so that you can use them to guide your nursing practice. To this end, you are required to prepare for and participate in small group and full class learning activities. Required readings, reflections (no writing required) and written exercises are listed in the Class Schedule. The required readings are front end heavy - more reading in the first three weeks.

The course introduces you to the Calgary Family System Model, an internationally acclaimed integrated family nursing model developed in Canada. It consists of two parts: the Calgary Family Assessment Model (CFAM) and the Calgary Family Intervention Model (CFIM) (Wright & Leahey, 2005). The course emphasizes family assessment and introduces family intervention.

The Bomar (2004) text was selected to complement and expand on the theories and concepts applied in the CFAM and CFIM (Wright & Leahey, 2005) and to introduce the concept of family health practices. Both texts will be useful references throughout your nursing program particularly during the family- and community-focused level 6 and 7 practicums.

Please note the required text is the 4th edition of Wright and Leahey (2005) not the 3rd (2000) edition. The latest edition has updated the models with latest research, added genograms for complex blended families, added a chapter, *How to avoid the 3 most common errors in family nursing*, (not required reading), added real-life specific clinical vignettes and edited for greater clarity.

Because all of us have families, you will likely find this course invites you to think about your own family in new ways. This reflection is important as a basis for providing unbiased family-focused care to our clients.

I hope you enjoy N3032; I am available to help you in whatever way I can.

Weekly Schedule January 13-March 3, 2006

Week 1: Friday, January 13, 2006

Topic: Families and family nursing within the health care system

Assigned Readings

Course Outline, Class Schedule, Assignments

Bomar

Ch 1 by Bomar: Introduction to family health nursing and promoting health; 3-37

Ch 2 by Blundo and McDaniel: The 21st century family; 38-60

Wright & Leahey

Ch 3: The Calgary Family Assessment Model; pp.57-95 stopping at "In the CFAM developmental category . . ."

A few guiding questions for week 1 reading:

Bomar (2004) CH.1

1) "The process of increasing capacity of families to promote health is a salient responsibility of family nurses and health care professionals" (Bomar, 2004, p. 3)

2) What assumptions underlie this chapter thesis statement?

3) Describe in your own words the four approaches to family nursing practice? What approach have you used in levels 1 and 2? How does Bomar define "family"?

4) How is "family health" defined according to: a) family scientists b) family therapists c) developmental theorists d) sociologists e) Bomar (family nurse)?

What bodies of literature are relevant to family nursing?

5) Consider the italicized definition of family health p. 10 and family health promotion p.11. Identify how your family promoted or maintained family health/well being. Be prepared to share your story.

Bomar Ch. 2

1) Be prepared to analyze demographic trends in terms of "What is the impact of this trend on families?"

2) What are your thoughts about the "strength's perspective"?

You may wish to write some notes for class reference or not - be prepared to apply to class/learning group discussion.

Wright and Leahey (2005) - read for familiarity of content. We will be watching a movie class 2 and analyzing the structure elements of the family. I have split the Ch.3 reading between class 1 and 2.

Week 2: Friday, January 20, 2006

Topic 1: The use of family nursing framework in nursing practice

Overview of CFAM

Topic 2: Family-Focused Nursing in Acute Care Settings

Assigned Readings

Required to make sense of a "heavy" content class

Wright & Leahey: Ch 3: 95-151

Wright & Leahey Ch 8, pp. 263-276

Related reading when you can:

Bomar

Ch 6 by Bullock: Family Social Support; 142-157

Explain the concepts of social support and social network

What is the purpose of assessing "potential social support" in addition to "available social support"?

Ch 8 by Warner-Robbins & Bomar — **Optional**

Canadian perspectives by Pangman — **Required: what is your response?**

Ch 9 by Bomar & Glen: Sociocultural influences on family health promotion and health protection; 222-254

How does the perspective of Bomar and Glen (2004) on the value of assessing

"race" differ from that of Wright and Leahey (2005)? What is your perspective?

Tapp, M. (2000) Therapeutic conversations that count. *Canadian Nurse*, 96(6), 29-32.

Assignment #1 –Due in class 0830 – see Assignments p. 10

Genogram and Ecomap Construction

Week 3: Friday, January 27, 2005

Topic: The use of family nursing framework in nursing practice; additional focus on family function and development elements

Assigned Readings

Bomar

Ch 5 by Kim-Goodwin — **Optional**

Box 5-1 Informal Roles p. 129 — **Required**

Canadian Perspectives p. 126-127 — **Required**

Ch 7 by Crawford & Tarko: Family Communication; 162-185

Ch 17 by Roth & Simanello: Family Health Promotion during transitions; 477-506

A few guiding questions for Week 3 readings

Family Roles:

Identify the informal roles held in your family during the year of your genogram. Which ones enhanced family health/well-being? Explain. Which ones impeded family health/well being? Explain.

Family Communication:

If a student had the opportunity to OBSERVE your family for one "typical" day (in this current year) what would he/she observe with respect to your family's communication? For example, would the nurse observe that all members express a range of emotion? Who would the nurse identify as the "one who pays attention to emotional communication? Would the nurse observe clear and direct verbal communication, circular communication? Do family members listen to each other? What non-verbal communication behaviours are expressed/attended to?

What observations would the nurse make about your family's ability to "take perspective" - "to adopt another's viewpoint to examine the situation from the other's perspective?" (Lobchuk, as cited in Bomar, 2004, p. 181).

Pick any one of the family variables (Bomar, p. 182 Chapter Highlights) that affected family communication during the year of your genogram (or some other year if preferred) and explain how that variable affects/affected (positively or negatively) your family communication.

Family Health Promotion during transitions:

Identify a normative or non-normative transition (including illness) experienced during the year of your genogram (or other year if no transitions experienced). What family function (CFAM) processes [(family communications, problem-solving, roles, influence and power (decision-making), beliefs, alliances/coalitions] needed to be negotiated/renegotiated? How were they negotiated/re-negotiated?

Why is the transition to parenthood identified as being a major life stressor for both women and men?

What 5 categories of significant events in the immediate postpartum period did De Montigny (Bomar, 2004, p. 482) identify in her research?

Week 4: Friday, February 3, 2006

Topic: Communication with families; creating a context for change
Introduction to A-B-C-X crisis model of family coping

Assigned Readings

Wright & Leahey Ch 4; 157-185

Arnold, E. (2003). Communicating with families in E. Arnold & K. Underman Boggs (Eds.), *Interpersonal relationships: Professional communication skills for nurses* (4th ed., pp. 332-364). St. Louis: Saunders.

Note: p. 333-342 is a useful review of previous content
p. 342-344, i.e., Theoretical Models of Coping,
p. 350-364 from "Gathering Assessment Data"

Robinson, C. A. & Wright, L. M. (1995) Family nursing interventions: What families say makes a difference. *Journal of Family Nursing*, 1(3), 327-343. (on library reserve). **Optional.**

Questions to check comprehension of Wright and Leahey (2005) chapter 4 (CFIM):

What is the focus of CFIM?

What are the elements of CFIM

What are the 3 domains of family functioning that may be targeted for intervention?

What is the intended purpose of asking linear questions?

What is the intended purpose of asking circular questions?

Explain the concept of "fit" in your own words.

What does the nurse do to discover the most useful fit for a family?

What is the desired outcome of interventions aimed at the cognitive domain?

What two interventions are directed at the cognitive domain?

What is the desired outcome of interventions aimed at the affective domain?

What three interventions are used to reduce or increase emotions that may be blocking families' problem solving efforts?

What is the purpose of intervening in the behavioural domain?

How can the nurse facilitate change in the behavioural domain of family functioning?

**Week 5: MONDAY February 6, 2006, Assignment #2 Due @ 0830 my box
"15-Minute Interview" See Assignments p.12**

Week 5, Friday, February 10, 2006

Topic: Family-Focused Nursing in Acute Care Settings

Assigned Readings: NONE – catch up

Week 6: Friday, February 17, 2006

Topic: Family health practices and transitions

Assigned Readings

Bomar

Ch 14 by Bomar, Denny & Smith: Family Stress Management; 373–419

Ch 16 by Fomby: Family Routines, Rituals, Recreation, and Rules; 450–472

Assigned Exercise:

Bring to class one story from your own family that reflects some aspect of the assigned readings. No need to write it down unless you want to.

Week 7: Friday, February 24, 2006

Topic : Family health Practices and transitions continued:

Assigned Reading:

Bomar

Ch 12 by Langford: Family health protection; 304–338

In-class group work with scenarios; applying CFAM and CFIM; one group presents today.

Week 8: March 3, 2006

Assignment #3 "Conversation with a family in the community" due in class @ 0830.

See Assignments p. 17

Topic : Remaining group presentations of last weeks work

Course and instructor evaluations

■ **Assignments**

1. Genogram and Ecomap Construction (10% of course grade).

Due Jan 20th 0830 in class. Hand in one copy and reserve one copy for in-class use.

You are required to construct a genogram and an ecomap; the structural assessment tools may be hand drawn or computer generated.

Genogram

A genogram is a clinical diagram valuable for assessing structure and relationships in family. By including three generations, we can "see" changes in relationships and health issues over time.

Directions

1. **Read:** Your text by Wright and Leahey (2005) offers instructions about constructing a genogram on pp. 79-889 The Bomar text offers instructions on drawing a genogram on pp. 284-285. Please use style and symbols from either source but remain consistent.
2. Choose any year of your family's life that stands out as *important* to you. The importance may or may not be associated with family illness. Choose a year when your family's household includes you *and at least one other person*. The ages of family members in your genogram and ecomap will reflect the chosen year. Feel free to choose the current year as the time frame for your genogram.
3. Briefly state what was important about this time in your family's life. (for context; no marks)
4. Using the symbols recommended in your texts, on paper **11" x 14" or larger (join 2 regular sized pages together)**, draw a **three-generation genogram** focused on your family-of-origin (growing up family), or on your family of procreation (the family you have formed with another person). For this exercise, you will be the "IP" (Index Person or Identified Patient). Put a double circle around yourself to indicate this. Provide details about your family. Should you feel uncomfortable providing any of the information asked for below, feel free to alter data to protect your family's privacy (e.g., names, causes of death). Also, feel free to limit the number of people for whom you provide detailed information. For example, your parents have multiple sisters and brothers; focus on the member or members most central to the situation at the time of the genogram.
5. **Your genogram is to include the following data:**
 - a. names, ages, birth and death dates, causes of death
 - b. pregnancies and miscarriages
 - c. dates of marriage/common-law relationships; divorces and separations
 - d. health status of family members including health issues/ diseases (e.g., cardiovascular disease, diabetes, smoking, obesity, depression, high blood pressure, etc.,). If people are healthy, write "healthy" next to their names
 - e. cultural/ethnic/religious background of members
 - f. an abbreviated history of significant events for the family (called a chronology or significant events in your readings) including the family's immigration history (put this history in the lower right hand corner of the genogram.)

- g. geographic locations of members
- h. household lines (circle the various households)
- j. "significant others," such as boyfriends, girlfriends, lovers
- k. pets, if significant

This assignment is worth 10% of your 3032 course grade.

Marks will be awarded for:

Neatness of presentation, hand drawn or computer generated	5 marks
Correct use and placement of conventional symbols	10 marks
Inclusion of complete legend	5 marks
Inclusion of data a-k	<u>20 marks</u>
Total	40 marks

Ecomap

An ecomap is a clinical tool that is a visual depiction of a household's connections to larger systems and its support network.

Directions:

1. **Read** pp. 88-91 of Wright and Leahey; and pp. 142-161 and 286-287 in Bomar.
 2. Using the symbols in your required reading, on 11" x 14" paper or larger (join 2 regular sized pages together), **draw an ecomap** for your household family in the year of the genogram.
- 2. The "15-Minute Family Interview" Assignment (45% of course grade)**
Due Monday February 6th 0830 in my mail box.

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 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.

2. Following the interview, students will submit a written interview summary and analysis for grading.

The "15-Minute" Family Interview* – Assignment Guidelines

1. Your clinical instructor is an important resource for you to successfully complete this assignment. Please advise your instructor of your intention to carry out this assignment so he/she can select your patient assignment with this family interview in mind. You may advise your instructor the week before during clinical contact or by email.
****15-minute interview is a trademark of the Calgary Family Assessment 'mini' interview process. It is expected that interviews may initially take somewhat longer to complete however, students should limit their interview time in the clinical setting to no more than 30 minutes.***
2. The course content directly related to this assignment is taught in class 5. You are advised to conduct the interview weeks 6 or 7 of the course. Postponing the interview until week 8 is risky because you may miss clinical for any number of reasons.
3. You are expected to interview your assigned family to incorporate family nursing into your usual practice. You are expected to conduct the interview in "one sitting" so that you stay purposefully focused. Wright and Leahey (2005) recognize integration of task-oriented patient care with interactive, purposeful conversation as a time-effective mini interview. You may take that approach in future practice; for this learning experience you are expected to sit and have a family focused conversation.
If there is a significant barrier to interviewing your assigned family your instructor will help you find an alternate family to interview.
4. As many family members as possible should be present and included in the interview.
5. Verbal consent to write a course paper based on the family interview must be obtained and a brief description of the process included in the paper. You may set a more relaxed tone by referring to the family interview as a "conversation with the family."
6. On the day you interview you must complete the "15-minute Interview Family Description" form and have your instructor sign to verify that you interviewed the family you will write about in the paper.
7. Papers must be submitted using APA style and format. (First person pronoun, "I," may be used—otherwise academic language only, i.e. no colloquialisms, contractions, etc.) Papers must be word processed; diagrams may be hand drawn.

8. Papers must not exceed 8 pages of text (i.e., excluding title page, appendices, references). All students must strive for a concisely written paper regardless of length. Any papers over the 8-page limit will be deducted 10%.
9. Late assignments will be deducted 10% per school day.

Interview and Assignment Guidelines (read before conducting the interview):

1. Family Description – 5.0 marks

Provide a general description of the family interviewed. Include information such as:

- What is the family form? Who is in the family? What are their roles, responsibilities, cultural background/influence, etc. Please identify their developmental life cycle and stage; this is who they are as a family outside of the hospital experience.
- Clinical setting/reason for hospitalization/relevant medical history/nursing concerns or issues/length of hospital stay, etc.
- What family members are present during the interview? Who is not present and why?
- How might the presence of certain other family members have been helpful or informative to the family assessment process? Be specific.
- Other relevant information that will describe the family to the reader.

2. The Five Key Elements:

1. Manners – 5 marks

- Reflecting on the relationship established between yourself and the family before and during the interview, describe the 'manners you used and **how they did or did not contribute to the helping relationship with the family.** Be specific.

2. Genogram and Ecomap – 2.5 marks each

- Draw a 'mini' family genogram outlining 3 generations (child and siblings, parents, and grandparents—**siblings of parents and grandparents need not be included unless relevant**). As much information as possible should be included.
- Draw a 'mini' ecomap outlining the family's relationship with health care professionals and or other resources that promote family health and/or prevent illness.

3. Therapeutic Conversation – 7.5 marks

Guiding remarks:

Tapp (2000) reminds us that a conversation is therapeutic when it is related to the experience or concern of the family and differs from conversations that focus on clinical assessment data. Nursing skills that promote therapeutic conversations with families include:

- 1) accepting the legitimacy of the other
- 2) skilful questioning and inviting the family members to reflect on their own

experience.

3) inviting emotional shift e.g. offering hypotheses – new reflections, possibilities Wright and Leahey (2005) remind us that nurses frequently believe when they listen to family stories they must “fix” whatever problems or concerns are raised. “However, in many cases, the most therapeutic move, intervention, or action on the part of the nurse can be showing compassion and offering commendations” (p.266).

Assignment Guidelines:

- Clearly state the hypothesis/hypotheses you formulated about the family prior to conducting the 15-minute interview? What data (chart, kardex, report, previous interaction with the patient and/or family) contributed to the identification of this/these hypothesis/hypotheses?
- Clearly state the therapeutic purpose of this conversation with the family. If you formulated more than one hypothesis formulate a single purpose for this time limited conversation. Occasionally, multiple related purposes may be attempted in a brief conversation.
- Briefly summarize the content of the conversation.
- Answer the following questions – How do you think the therapeutic conversation benefited (or did not benefit) the family? Did the therapeutic purpose change during the course of the conversation? If so how?

4. Therapeutic Question – 5 marks

Guiding remarks:

The therapeutic conversation will suggest an appropriate, relevant therapeutic question. Therapeutic questions in the “15-minute” interview provide opportunities to explore family functioning related to the specific context of practice in three different **themes**:

Sharing of information, for example: What is the one question you would most like to have answered during your hospital stay?

Expectations, for example: How can I/we (nurses) be most helpful to you and your family or support system during your hospitalization?

Challenges, for example: What is the greatest challenge facing your family (a) during this hospitalization (b) upon discharge? You may choose to focus on one or both time frames.

Assignment guidelines:

- State the therapeutic question (and related theme) you chose to ask the family. You may compose an original question related to one of the themes or use one the sample questions above.
- Briefly discuss why you asked this question. What hypothesis (formed before or generated during the interview) about this family influenced your selection?
- To which member or members of the family did you pose the question and why?

- Summarize the family member or members' response and identify how this was useful to the helping relationship and/or family relationships. Was your hypothesis confirmed or rejected?

5. Commendations – 7.5 marks

Describe the following:

- What family strengths did you identify?
- What impressed you the most about this family?
- What commendations did you provide the family (or individual family members) and how did this enhance the (a) helping relationship? (b) family relationships?

6. Summary – 5.0 marks

Describe the following:

- What do you consider to be the advantages and/or disadvantages of the 15-minute family interview?
- What facilitative and/or constraining beliefs do you feel are associated with your response?
- How do you envision using the 15-minute interview (or variation) in your nursing practice in the future?

7. APA style and mechanics – 10 marks

Mark Criteria:

Family Description (5.0) Full marks will be awarded for discussion that reveals understanding of the required elements described in adequate detail.

Manners (5.0) Full marks will be awarded for discussion that reveals understanding of manners as described in text and evaluation of student's application before and during this interview.

Genogram(2.5) Full marks will be awarded for neat and legible presentation, use of standard conventions, inclusion of complete legend and relevant family data.

Ecomap:(2.5) Full marks will be awarded for neat and legible presentation, use of standard conventions, inclusion of complete legend and relevant family data.

Therapeutic Conversation (7.5) Full marks for: hypothesis that is logically related to the family data; purpose that is family focused and logically related to the hypothesis; adequate summary of conversation that is focused on the family's experience, concerns, issues, includes significant nurse responses, and identifies shift in purpose if shift occurred.

Therapeutic Question: (5.0) Full marks for relevant question with theme identified, addressed to appropriate family members and insightful analysis of impact on the helping and family relationships.

Commendations (7.5) Full marks for discussion that reveals understanding of the concept appropriately applied and insightful

Summary: (5.0) Full marks for discussion that reveals thoughtful, scholarly response to each question, understanding of

Facilitative and constraining beliefs, and logical relationship between advantages/disadvantages and personal beliefs considered.

APA Style and mechanics (10.0) Scholarly writing style and correct format/mechanics

Total Marks: 50.0 marks

References

Tapp, D. (2000). *Therapeutic conversations that count*. The Canadian Nurse, 96(6), 29-32.

Wright, L. M. & Leahey, M. (2005). *Nurses and families: A guide to family assessment and intervention* (4th ed.). Philadelphia: F.A. Davis.

3. Conversation with a Family in the Community (45% of course grade). Due March 3rd @0830 in class

Criteria for Choosing a Family

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 learning how to engage in a conversation with family about family life and family health/well being. The goal is to converse with 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 conversation.
2. Students may not select
 - 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 information 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.

There are three main purposes to this assignment:

- To engage in conversation with members of a family to learn about your selected family
- To engage in a process of self discovery to discover your values, beliefs and "way-of-being" with one family

- To identify the components of the Calgary Family Assessment Model that seem to have relevance to the family at this particular time.

There are 3 questions you need to answer in this assignment. They are:

- 1) What did we learn about our selected family?
- 2) What did we each learn about ourselves?
- 3) What did we learn about the relevance of components of the CFAM for our selected family at this time?

Your description about what you have learned about your selected family should include who is considered "family," what aspects of family life are deemed important, valued with family rationale, what "family health" or "family well being" means to this family.

Your description of what you have learned about yourself should include identification of the attitudes, values, beliefs that were relevant to this conversation and how they impacted the conversation with this family. What did you pay attention to and what did you pay less attention to? Why? Were you inclined to attend more or less to one or other member of the family? Why do you think you attended more or less to various members of the family? What was your "way-of-being" with this family? Were you empathic, confident, connected, and so forth?

Your description of the subcomponents of the CFAM that were relevant to your selected family at this time requires you to know the language of the model, understand the subcomponents and recognize the subcomponents in the language/conversation of the family.

This assignment is worth 40% of your 3032 course grade. The marks will be distributed as follows:

What you learned about your family. 15 marks (30%)

Marks will be awarded for a thoughtful description of knowledge of the family gained through the conversation. The discussion must include knowledge related to family composition, aspects of family life valued or deemed important by the family including family rationale, and the meaning of family health or family well-being to the family.

What you learned about the relevance of CFAM subcomponents to your selected family. 10 marks (20%)

Marks will be awarded for appropriate identification of CFAM subcomponents embedded in the family conversation

What you learned about yourself. 15 marks (30%)

Marks will be awarded for thoughtful analysis of what each student learned about him or her self.

APA style 10 marks (20%)

Marks will be awarded for adherence to the APA Style Guide for scholarly writing and mechanics. Scholarly writing style requires economy of expression, clarity and precision.

Assignment process:

Students will work in pairs; if class size is uneven a student may volunteer to work alone with the family but may invite a pair to have reflective dialogue re what he/she learned about him/her self. If there are no volunteers a name will be drawn at random.

Student pairs will determine their process for preparing for the interview and writing the paper. Student pairs will receive one grade for the paper.

Each pair will find a family willing to have such a conversation. The family will give informed consent to participate in a student nurse-family conversation. Students are expected to encourage as many members of the family to participate as possible to ensure this is a conversation with a family.

The conversation should last 60-90 minutes and take place in the family home at a time mutually convenient to students and family. The conversation should be taped if the family will consent to taping. Families should be informed that you will not be able to remember everything the family members say. Taping allows you to engage in the conversation and not spend time writing things down. If the family will not consent to taping, students will need to take notes during the conversation.

The assignment must be word processed. Discussion of the relevance of CFAM will require in text and reference citation.

The paper must not exceed 6 pages. All students must strive for a concisely written paper regardless of length. Any papers over the limit will be deducted 10%. Late papers will be deducted 10% per day.

