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Implementing Program Philosophy Through Curricular Decisions

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L'article décrit la logique interne, la réalisation et les résultats de l'expérience clinique dans un programme novateur en sciences infirmières. Les étudiants, détenteurs d'un baccalauréat es arts ou es sciences, abordent directement les sciences infirmières dans le cadre d'une maîtrise. Ce programme original a été conçu pour former des infirmiers capables d'assumer des fonctions de responsabilité dans le système canadien de prestations de soins en matière de santé, tout en tenant compte de la constante évolution du système. Le programme d'études constitue une tentative ayant pour but le développement de valeurs profondément enracinées au suiet de la santé, de la famille et de la discipline. Enfin, les auteurs présentent les résultats des décisions relatives au programme d'études durant le premier semestre en vue d'une mise en application de la philosophie sous-jacente.

Introduction

This article represents curriculum development in progress. It describes for the reader the rationale, implementation, and outcomes of the first clinical nursing experience for a different type of student in a different nursing program.

The program in question is an innovative program in graduate nursing education (M.Sc.(A).) initiated at McGill University School of Nursing in September 1976. The program has certain unique features in that it draws baccalaureate graduates of arts and science who have no preparation in nursing. An emergent curriculum style closely adapted to the needs and characteristics of this new type of student would prepare the person according to a strongly valued model of nursing which itself has certain unique properties and emphases. The following is a description of the first clinical experience these students undertake upon entry into the program, the rationale behind it, some observations of its effect, and the implications these observations have for future curriculum development.

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Curricular Rationale

In making decisions about this first critical learning experience, three sets of factors were considered: the characteristics of the students, the beliefs about teaching and learning held by faculty, and the approach to nursing valued by the school.

Student Characteristics

While not much was known about baccalaureate, non-nurse graduates as recruits for master's programs in nursing, these students were expected to be mature, highly motivated individuals with a sound academic background who could bring fresh perspectives to nursing. They were also thought to possess a high degree of self-direction in their approach to learning and to be able to tolerate a certain amount of ambiguity and insecurity. With appropriate learning experiences, they could be helped to develop their nursing in potentially different and creative ways given the different basis from which they would begin.

Beliefs about Teaching and Learning

The faculty members in the program held strong beliefs about the most appropriate ways of helping graduate students learn about nursing. For students, these included discovering meaningful/relevant knowledge for themselves, learning to manage/direct their own learning and nursing, deriving knowledge and skill in nursing through the description and analysis of their own nursing and its effects, and using rational and defensible means to accomplish the above. For faculty, certain approaches were also strongly valued. These included structuring the broad parameters of experiences which fostered the approach to nursing valued by the school, and working with students' educational needs and interests as they arose within the curricular situations in which students were placed.

Beliefs about Nursing

As it is not appropriate here to document fully the approach to nursing valued and fostered by the school (Allen, 1979), a description of its more important features follows.

A primary focus of nursing must be on health. Health is seen as not merely an absence of illness, nor as simply a capacity to cope with problems as they arise. Rather it is viewed as an active process where one learns from all life events and uses this knowledge to function in more

thoughtful, autonomous, and productive ways. Illness and other crises, as part of life events, are only one aspect of nursing's concern. This view of health and nursing is broad and suggests few limits to the type of problems which legitimately fall within the nurse's purview.

The primary unit of concern for the nurse is seen to be the *family* unit. The nurse therefore defines health/illness situations in terms of the family rather than the individual. For example, she is concerned with the development of children in healthful ways, with the adaptation families make in coping with illness and other life events. Issues of this kind tend to be broad, complex, and changing, influencing and influenced by other family/life events. They are viewed, understood, and often best worked with *over time.* In helping families/individuals to deal with and learn from these events, the nurse must meld her professional knowledge and expertise with the understanding she has gained of the family with whom she works. This results in a broad range of possible approaches to the practice of nursing in a single situation.

Given these beliefs, the data collection and assessment phases of the nursing process are seen as open, exploratory, and ongoing. The nursing plan, with its focus towards health, makes use of the strengths, resources, and other positive forces in the family rather than weaknesses, lacks, and limitations which may exist. The *collaboration* of nurse and client is seen as important at every phase of the nursing process. This results in a unique nursing plan where the nurse's response is tailored to each situation she encounters.

Curricular Design

What first experience would best fit these learner characteristics and these strongly valued beliefs about nursing, teaching, and learning? First, the philosophical emphasis on health and family suggested a community and family experience away from the individual and illness-orientation of the usual hospital institution. It also suggested a selection of families who were not experiencing illnesses of a severe nature. Second, the perspectives about the complex nature of nursing problems, about the importance of exploratory, ongoing assessments and situationally tailored plans, suggested a longitudinal experience with families where students might become familiar with particular family health concerns, and begin to work with these in some deliberative and relevant fashion. Third, the view of the prospective learner as intelligent and mature, capable of considerable self-direction, suggested an experience where the student could work independently with fami-

lies without *a priori* instruction or modelling of "the way it's supposed to be." For these reasons, in their first clinical experience, students were assigned two healthy families in the community, with whom they would work closely for at least their first academic year. The bulk of the work would take place in their clients' homes, for the most part independent of faculty or other direct supervision. For the initial four months of their program these families would comprise the only clinical contact with patients the student would have. The direction and supervision of this experience was to be done through fieldnotes, tutorials, seminars, and assignments of various kinds.

Selection of Families

The selection of families for this experience was given careful consideration. Faculty wanted students to focus on health and healthy living. Therefore families with members with severe, acute, or major debilitating chronic illnesses were to be avoided. Such families could be healthy but beginning students, operating with a lay perspective of what nurses do, might become preoccupied with the more obvious disease process and difficulties it caused. Severe and obvious illness can create "noise" in the healthy family system and disguise from the student the normal patterns of family living. Moreover, at this early stage the students were not prepared to deal with the very specific nursing needs such families might present.

Other factors were considered. Faculty wanted families who would represent different stages of both family and individual growth and development, who were typical of major utilizers of health care services, and who would provide opportunities for students to contact other agents and agencies of the health system. Such a scheme would enable students to see the array of resources available and to develop some idea of nursing's place among them.

Two types of contrasting families were chosen: the first, an elderly family; the second, a young and developing family expecting a baby in the near future. The former would provide the student with opportunities to gain first-hand experience with the problems and solutions of growing older in today's society. The latter would enable the student to learn about and participate in a common experience of family life — the birth and incorporation into the family unit of a new infant. Hereby, the students would nurse the expectant mother in the prenatal, perinatal, and postnatal periods in hospital and at home.

To secure elderly families, voluntary agencies providing services for the elderly were approached and permission to enter their clients' homes was obtained from both agency and client. Entrance was typically via some kind of Friendly Visitor program which provided social and other (shopping, transportation) services for these families. While this provided easy access to a bank of elderly clients, entry via a Friendly Visitor role sometimes led to client expectations of the student which were not intended by the program and which could be difficult for the student to alter. Faculty also learned, after the first year's experiences, that some clients so gained were not families in any sense of the word but were widows or widowers, lonely, without social networks of any kind, making it more difficult for a student to develop a concept of "family."

Expectant families were chosen whose date of delivery was in late January. This gave students the opportunity to begin to know and work with the families prenatally, as well as to complete a clinical experience in an obstetrical unit. These experiences would help to prepare the student to nurse the family throughout the period of labour and delivery and thereafter.

Nature of Supervision

Students began home visits to clients within three weeks of their entry into the program. In seminar during the preceding period, students had an opportunity to read and discuss some of the concepts central to the program (nursing, health, family, etc.). Despite their seemingly sophisticated background, most students had traditional ideas about nursing in this early period. Though they had access to information available about their prospective clients, students were not given specific guidelines for how to handle a home visit, nor were they accompanied by a faculty member. Students reacted to the absence of such guidelines in different ways. Some decided to use their first visit to gather information, to "get to know" the family, and did not think they could prepare themselves in advance. Others felt the need for more structure and went to elaborate lengths to find books or articles that outlined "all the things you need to know" to enter a client's home and begin to "nurse." An example of such an attitude is the following:

> *First when I went in, I read about the elderly and goals and home assessment and stuff and I went [with] a head full of ideas [and]... objectives. Looking for skid mats, looking for hand rails... sweet smells, fresh paint, kitchen utensils. I guess I spent a couple of months fishing around really trying to meet ideals, you know, wanting her to move into the most*

modern [apartment], getting her a roommate. All these ideas I had for the ultimate in what I thought elderly people should be living like.[1]

The belief that these students should be allowed to discover and develop their nursing identities while capitalizing on their unorthodox backgrounds precluded the use of "modelling" in this first experience. It was the faculty's view that the student would become aware of her own strengths and limitations, as she experienced successes and difficulties, as she established rapport, learned communication skills and planned care in collaboration with her clients. It was only after the student became more confident in her own skills that she could be expected to examine the work of others. For this reason it was generally a few months into the experience before the teacher might choose to "model" a particular approach in an effort to assist the students to solve problems they were encountering.

The curricular events to guide the independent experience consisted of weekly individual tutorial sessions where there was examination of fieldnotes of family visits, as well as seminar discussions of important concepts and clinical experiences, and term papers which forced students to look back and review these longitudinal experiences that they might see more clearly both their own and their clients' change and development.

Fieldnotes and Tutorials

For each family visit, students submitted detailed fieldnotes describing events to their faculty advisor. These were intended to be a complete description of the physical and social environment, the verbal and non-verbal communication, and the student's interpretation of these. As such, they formed the basis for the advisor's work, with the student providing information about the student's perspective and analysis of the situation at this early point in the program. Since these notes provided the primary source of data about the students' work with clients, it was crucial that they quickly learn (through coaching, questioning, challenging) to provide as complete a picture as possible. It was in these intensive sessions that faculty provided the support and guidance which pushed students to follow their own leads, to direct their own learning, and to begin to develop their own nursing. Students were encouraged to observe and assess, to plan and act, to evaluate and

[1]All student remarks are taken from C. Attridge's unpublished research data, 1976–1980.

revise. The faculty directed students to an orientation which fit the philosophy of the program through the questions they asked and the alternatives they raised.

For example, in the following interaction the student illustrates how her advisor took her report of a prescriptive first client visit, and with simple questioning pointed her towards the concepts of responsiveness and collaboration, so important in the School's philosophy of nursing.

> Student: *When I went into this situation [pregnant family] the very first time I had very definite ideas about what I was going into this for... [I was to be] a sort of resource, an information resource for her, and it would be an opportunity for me to see what pregnancy was all about, and to see a labour and delivery. So when I went in there I must say I had not psyched out the situation [laughing]. I just sort of walked right in and said, "That's what I'm here for."*
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> Interviewer: *Where did you get that idea from?*
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> Student: *In my head...nobody said anything [about what I should do], so... that's what I came up with. So I went in the first day and told her [client] we are going to talk about these things and those things and if you have any questions you can ask about these things and if I don't know the answers I can look them up for you. Which in retrospect is amusing 'cause she didn't want any information at all hardly. And I had no sense — I mean, I was completely insensitive to what she wanted!*
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> Interviewer: *Mmmmm*
>
> Student: *So, after I handed in fieldnotes, Marie [the advisor] said in the fieldnotes, "Did you ask what she wants?" [laughs], which I thought was a very wise question. It really got me thinking. That was the first inkling I had, and it didn't come from me, it came from Marie, that there are other approaches to take and that the purpose of my being there was broader than just to give her information on health, breast-feeding and things like that. That sort of made me back up, loosen up, and let her [the client] take the controls a bit over what was going on.*

When students focused on the problems, weaknesses, lacks, and limitations of their clients, as they invariably did, advisors countered by guiding the students to see and use the strengths, the potentials and resources, their families possessed. Communication skills, relationship establishment and termination, nursing process, social networks, family roles, and the like were themes arising from clinical work that were discussed in both tutorial sessions and seminar. Advisors had to operate from a broad, generalized knowledge base, to resist the temptation to

nurse clients through the student, to tread the fine line between too much and too little direction and support, and to be prepared to risk student error in judgement or intervention. Every attempt was made to direct students to needed resources and information without usurping their roles as primary workers in their client situations. As many avenues as possible were opened but it was the student who had to develop and use them.

The tutorial format, one-to-one, had distinct advantages. First, the beginning characteristics and subsequent learning of each student could be individually assessed and teaching strategies carefully tailored and paced to her educational needs. For example, students who entered the program with well-developed interpersonal skills could move quickly into other areas of learning. Second, the format also drew into sharp focus individual obstacles to learning, such as rigidly held values, inadequate knowledge, poor judgement, and the like. There were some disadvantages. The approach demanded considerable time and energy from advisors who were dealing with students on an individual basis. Since the student group was small in number the task was easier.

Term Papers and Seminars

Through written assignments, students were forced to summarize and examine their long-term family experiences as a related sequence of activities. For many students, this served to crystallize their progress. It helped them to look at development in themselves and in their clients over time, phenomena which are less clear to students when immersed in their day-to-day work with clients. Assignments later in the year asked students to generalize from their particular family circumstances, to select and discuss concepts which were applicable to a wider variety of families.

The seminar experience created opportunities for students to learn vicariously from each other's experiences and to examine concepts which seemed common to many or all students. Parts of these three-hour sessions were carefully structured to introduce content which could be used for concept-building. At other times, the discussions arose from the descriptions of their own nursing that students brought to the group. Seminars worked more or less well in this early stage, dependent as they were on the nature of the group dynamics involved, the ability of students to risk in public, the degree to which they were able to assume responsibility for seminar direction. At times seminars were successful; at others they seemed slow-paced and less productive.

Effects: Process and Outcomes

While, with most students, the experience planted the seeds of important features of the program's approach to nursing and learning, it also produced some unanticipated effects.

The Nature of Nursing: Client, Focus, and Process

First, for most students, the experience set firmly in place a perspective which sees the client — individual or family — as part of a much larger life-space. He has a history and a future; he is a part of a complex milieu and his milieu is a part of him. The students saw, experienced, and learned to value this definition of client. They carried it to other settings where they nursed and they experienced frustration when there was only limited access to clients' broad circumstances.

Second, the experience began to widen students' perception of the situations with which nurses worked. Most students entered the program with an image of nursing that was predominantly illness-oriented, physical/technical care-centred, and hospital-based (see Attridge, 1981). The community experiences began to broaden these parameters to include a variety of concerns other than illness, many of which might be seen to fall within the realm of health and healthful living.

> Student: *[describing some of the things she was doing with her pregnant client] I mean she was going through a lot of transitions in a foreign culture with a new husband whom she had never met before she married [him]...she needed somebody to be there to support her through those transitions...*

The occasional student resisted altogether the push of the faculty away from a strictly illness orientation, and eventually left the program.

Third, students began to realize that almost everything they did in their client situations was legitimized by faculty as part of nursing as long as it met certain criteria. It must be rational: that is, it must be based in some kind of reasonable evidence. It must fit: that is, it should suit the particular circumstances within which the student was working. It must be constructive: that is, directed towards some positive benefits for the clients involved. Students assumed a variety of roles and functions. They acted as facilitators, problem-solvers, advocates, information researchers, negotiators, coordinators, companions, care-givers, emotional supporters. There were some restrictions here

which students soon learned. The companion, Friendly Visitor role was not approved by faculty if this role did not soon develop beyond the level of friendship. Students themselves were uncomfortable with the limitations of this role and strove to go beyond it to incorporate professionally defensible activities although they learned to accept and value friendship as an important part of relationships with their clients.

Certainly, almost all students widened their views of their clients, increasing considerably the amount, kind, and quality of the data they obtained and the number of interpretations they could draw. Some, however, were consistently hesitant in taking action, continuing to collect information and demonstrating a lack of certainty about when data were sufficient to warrant intervention. Some, in their efforts to be "collaborative" and "responsive," tended to assume a more passive than active role in their work with clients.

These were observations about some students which became clearer later in the program. How much of this hesitancy can be attributed to the nature of the early experiences is uncertain, but it is likely that the tendency to vacillate is not corrected by a program which explores the variety of approaches in nursing practice and which often deals with non-crisis events that do not call for immediate or predetermined interventions. Students who had this difficulty needed far more specific suggestions and follow-up of their nursing than did others within the program.

The Pacing of Work

Students learned to conduct their nursing according to the pace of family life and the demands of the situation. The passage of time in families and in the community proceeded much more slowly than in, for example, the more fast-moving institutional setting. Students learned they had time to collect data about clients, look up information, discuss with advisors, move back to their clients, and to repeat this process with generally no urgency to meet particular time pressures that were often inherent in acute-care nursing in institutional settings. Learning and nursing proceeded at the student's and the client's pace. Though this "slower" pace was suited to the independent learning that was demanded of the students, it caused, for many, the need to readjust suddenly and considerably when they entered more quickly paced nursing settings.

Familiarity with the Health Care System

As intended, most students came in contact with a variety of representatives and agencies of the health care system through their clients. It was not unusual, for example, that an elderly client became ill, was admitted to hospital or nursing home, or even died; that an expectant mother attended prenatal classes or clinics; that a young child had minor surgery in hospital; that a widowed spouse entered an elderly residential home. Students encountered physicians, nurses, social workers and acted as mediators between client and health care agents, informing, explaining, and facilitating interaction between them.

> Student: *At that particular time, she [the client] was viewed as a lady with low intelligence and someone that doesn't co-operate very well. This was the general attitude of staff. Since I was accessible and I knew her [to be different], I decided to change their image. I went on a quiet day...and had a chance to talk with a particular nurse who was very familiar with [the client]. [student goes on to describe how staff nurse agreed and decided the client just needed a little more time and understanding]*

An interesting and rather provocative observation was that students viewed these extensions of the formal health care system from within the client's perspective and, in several instances, assumed a client advocate role:

> Student: *The social workers got her a ticket to [go home to] Frobisher Bay the next day...and she just wasn't ready to go. She thought maybe things would change [for the better] now with the baby here and everything. I could very well understand her side, I mean "He's the father of my child and I don't want to leave right now" and...I conveyed this message... [but] they said no, she either goes tomorrow or she doesn't go at all.*
>
> Interviewer: *They were deciding what was best for her?*
>
> Student: *Yeah! And she realized this too — she said, "How can they?" and I said, "I agree with you."*

Students learned to value strongly the opportunity to be independent, responsible, and self-directed, values which are quite congruent with the program philosophy. However, their acceptance of these values resulted in considerable frustration when they encountered the more tightly controlled and much more constrained environment of the hospital centre. Some students had difficulty making an adjustment to that environment and voiced frequent and strong criticism of it.

Summary

This description of a small slice of a new three-year graduate program is intended to illustrate how faculty made curricular decisions which they hoped would reflect and implement strongly valued beliefs about nursing, teaching, and graduate education. It also highlights the fact that each decision results in a variety of effects — some anticipated and desired, some unintended and less productive. The fact that curricular planning may have a variety of outcomes is accepted (at least in theory) by those who make these decisions. However, the expectations in terms of outcomes tend towards an often unrealistic ideal. A careful consideration of the variety of outcomes, and the willingness to make judgements about the relative value versus the drawbacks of curricular decisions, becomes a critical element of whatever plans are made.

In this case the results of the curricular experience described here have, for the most part, been perceived as gratifying, and faculty are satisfied with the extent to which it has achieved the goals to which they aspired. It remains for faculty to examine and deal with some of the side effects of this experience, for example, its impact on student adjustment to the acute-care setting, and, by so doing, develop further its potential to achieve program goals.

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