

INTEGRATING DEVELOPMENTAL RETARDATION INTO THE NURSING CURRICULUM

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A continuing responsibility of the nurse has been to care for the developmentally retarded child and the family. This service has taken place in the hospital, in a community setting and in the home, wherever health care and supervision have been needed. The ability of the nurse to understand the particular problems of these patients and to provide for a successful intervention depended largely upon his or her own ingenuity. Rarely was there any organized program to assist her in acquiring the appropriate skills and knowledge nor was there any systematic evaluation or follow-up of her activities in this specialized area.

Identifying The Problem

The pediatric nursing faculty at the University of British Columbia has felt very strongly that a more methodical approach to the organization and teaching of content relating to developmental retardation was needed. Such a program would benefit not only the student in her approach to the nursing care and guidance of these children and their families, but would also benefit the individuals directly.

The CELDIC Report (1970) indicates that retarded children comprise 3 per cent of the school age population and for many of these children there are limited, if any, special facilities for their care, supervision and follow-up. The faculty also recognized that after graduation many nurses are in a position to influence decisions about the kind of care patients receive; therefore it was important that their university program include an in-depth study of the long term care of the mentally retarded child. We had been working to develop teaching "models" for our pediatric nursing content, and felt that "developmental retardation" could typify our model for illustrating a "long-term condition" with a "community problem" emphasis. (Taba, 1962).

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Theoretical Framework

One generally accepted educational principle is that real life experiences, coupled with a theoretical backdrop, provide the best learning laboratory for people. (Commission on Educational Planning, 1972) Students integrate knowledge best when involved directly in the situation which they are expected to learn about and/or influence. Involvement in the actual situation gives students the opportunity of feeling, thinking, questioning and implementing some new ideas gained from formal instruction or independent study. (Dewey, 1963; Tanruther, 1967).

Postman and Weingartner state that the critical content of any learning experience is the method or process through which the learning occurs. While nursing education, perhaps in an attempt to achieve academic respectability, has tended to pull away from the clinical setting to a more formal learning environment, it is becoming more evident that direct patient care has much to offer the student as a place for integration of knowledge.

Our curriculum innovation was based on the premise that to learn about the retarded person, one needed to work with and interact with retarded people.

In the fall of 1968, we decided to devote two weeks of the 9-week pediatric nursing experience to the study of and practice with the developmentally retarded person. We were fortunate in having a part-time faculty member working with us who was financed by a grant from the British Columbia Mental Retardation Institute, (B.C.M.R.I.) and who had advanced preparation and experience working with retarded persons. The B.C.M.R.I. was a 5-year project funded by federal and provincial grants for the purpose of creating and expanding professional curricula and preparation in the area of service for the retarded.

Laying the Groundwork

The following fundamental questions were considered.

1. Could the students be provided with an experience that would successfully alter some of their pre-existing, negative attitudes about developmental retardation?
2. Could we teach some interventions that would help the student in her encounters with the retarded person and the family?
3. Could we show the student the love, patience and understanding possessed by individuals who successfully work with the developmentally retarded?

4. Could we demonstrate the power of a team approach to working with the developmentally retarded which would show the broad range of training and expertise such groups may bring to the problem?
5. Could we foster in the student the optimism and the necessary skills to work for improving the acceptability of the retarded in the community and increasing the opportunities and alternative life styles available to the retarded?
6. Could we successfully help students utilize their knowledge of normal growth and development to intervene appropriately with the child and the family?

"Yes" answers to these questions essentially were our aims for the program, bearing in mind that the University of British Columbia baccalaureate program is designed to prepare the new graduate to be a generalist and to practice at a first level position in a variety of health agencies. Our goal was not, therefore, to educate a developmental retardation specialist but to provide a broadly based experience with wide applicability.

The Setting

In New Westminster, British Columbia we are fortunate in having the Woodlands' School for the retarded with a client population of 1200 persons. It was here that we have been able to provide student learning experiences that we felt would fulfill the objectives of our educational program. Students from other educational programs in nursing as well as from other disciplines, receive experience at the Woodlands' School so the staff has become accustomed to being involved in the education of students from various backgrounds.

The Content

It was decided that a minimum of two weeks of the nine week pediatric experience were needed to familiarize the student with the mental retardation content, to involve her directly with the children to identify and deal with preconceived negative attitudes towards the retarded person, and to adjust to a new educational setting. It was felt that the student would require time to try out and evaluate some of the interventions which she was learning.

Our nursing students had encountered children with developmental problems and behaviour disorders during their pediatric nursing experience in the general hospital setting. In their final year, as participating students in Child Health Conferences, in conjunction with local public health departments, they were expected to utilize

a wide base of developmental knowledge in counselling parents and in assessing children. We felt it imperative that they be conversant with developmental theory and principles, able to identify real or potential developmental problems and to utilize appropriate nursing skills.

The program relied quite heavily on teaching by members of the staff of the Woodlands' School in a variety of departments: nursing, social service, psychology, medicine, education, recreation. Representatives from these departments presented material pertinent to their own specialties and related it to the on-going program of development for the children. Seminars were conducted by the nursing faculty member associated with the B.C.M.R.I., the in-service Coordinator of Nursing at the Woodlands' School, and the pediatric nursing faculty. These seminars were held daily and dealt with topics needing clarification, elaboration or with attitudinal concerns the students presented. They were held either informally over a bag lunch or scheduled into the program. Ongoing supervision was a regular part of the learning experience and included direct feedback, anticipatory guidance, clarification and highlighting of behaviours demonstrated, and suggested interventions. At least one faculty member was directly involved with the students and available to them at all times during the experience. Students were taught to assess the developmental levels and behavioural manifestations of the children prior to arriving at an individualized plan for care.

Selected nursing interventions, based on theories of growth and development and knowledge of behavioural change with anticipated outcomes formulated the theoretical framework for nursing action.

While the first week of the two week experience was devoted largely to lectures and discussions, the students were introduced to the children who were participating in a ward activity training program which included training in visual, auditory and motor skills. It was the student's responsibility to select one, two, or three children upon which to focus for an in-depth study of behaviour.

During the second week the students were to observe, participate in and evaluate the children's behaviour and progress in the training program. It was here that the student worked with the children in the areas of self-care activities — feeding, dressing, toileting, teeth-brushing, washing, etc.

The students found it useful to observe the individual children for whom she was responsible as well as to see them in a broader context interacting with the other children whose special needs and problems deserved consideration as well. They observed the problems faced

daily by the staff in the training of the children as well as solutions for dealing with these problems. The realities of institutional care for the retarded were recognized and proposed alternatives were explored in seminar discussions.

Most of the students had an opportunity to observe families and their children in the Out-Patient's Department who were being considered for admission to the institution, or who were offered guidance and supervision for the home care of their retarded child. Determining the role of the Public Health Nurse in developmental retardation was an important aspect of the experience.

A major role of the instructor was to help the student to narrow her range of observation and concentrate on one or two children at a time. This was so that she could learn at close range the behavioural manifestations of the child and to intervene by attempting to change inappropriate behaviours and to encourage those behaviours considered socially acceptable, such as feeding, dressing, toileting, etc.

The students also felt it was important for them to be a part of the on-going ward situation. They requested a chance to begin the day at 7 o'clock, when the rest of the staff came on duty. The faculty recognized this as an important factor in the student's development of her relationships with colleagues and her professional self-image. The experience of being with the children over a longer period of time allowed the students to understand more fully the role of parents and staff who work with these children on a day to day basis.

Assessing the Results

Evaluation is an important part of curriculum development and we kept this in mind as we proceeded with our curriculum innovation. (Tyler, 1967). The evaluation was based on our aims and objectives for the program and we decided to use a variety of measuring methods in the evaluation process. The students were examined by test questions incorporated into their final pediatric nursing exam. They were also observed as they related to and worked with the children under their care. Daily seminars gave students the opportunity to examine issues pertinent to retardation and to display their breadth of reading and application of knowledge. Most of the students expressed a change in attitude about retarded people.

I can understand that if the retarded individual is given training and helped to develop to his potential he can live in the community and function, even if it is in a very limited capacity, as a member of that community.

In dealing with these children — I am beginning to fully appreciate what can and should be done to help these kids develop their full potential.

By training retardates for jobs they can successfully manage in the community they are helped towards a fuller life as a functioning member of society.

As important as it was for the student to narrow her focus for her learning, it was also important to encourage the student to widen her perspective to view the total picture of the problem of developmental retardation, as it affects the individual, the family and the community. The students appreciated a diversity of activity which included field trips to other agencies who provide various services for the retarded.

Although geography, curriculum restrictions and other factors helped to determine the content and development of this part of the program, it was not intended that this nursing problem be confined to one part of the total educational program.

The faculty involved in the process found it a valuable learning experience to be involved from the beginning in an innovative approach to pediatric nursing. Once the program was established, the B.C.M.R.I. member began phasing out her involvement in order to ensure continued integration through permanent curriculum and faculty planning.

We are satisfied that we have recognized and developed a most important aspect of our curriculum. But more important than curriculum change is the contribution to the overall preparation of the nurse and to improved service to the developmentally retarded and their families.

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Acknowledgements

The authors wish to acknowledge the assistance of Ms. Dorothy Curle, Director of Nursing, The Woodlands' School, New Westminster, and Ms. Doris Schultz, formerly Co-ordinator of In-Service Education, The Woodlands' School, without whose work and encouragement, the program could not have been developed. They also recognize the significant contribution of the other members of the staff of the Woodlands' School and of the faculty of the School of Nursing of U.B.C. who worked with and supported the program.