The search for a means by which to "monitor the longitudinal family study" has led one educator to adopt the following tool. Many of you may have engaged in a similar exploration. What have you found to be alternative solutions to this teaching-learning problem? We would like to hear from you and to publish a variety of ideas around this important concern.-Ed.

Le système "POR" est la réponse que propose un professeur en nursing à la question de savoir "comment contrôler l'étude longitudinale de la famille". Peut-être vous êtes-vous également penchés sur ce problème d'ensignement-apprentissage? Nous aimerions savoir quelles solutions vous y proposez, afin de publier des opinions diverses sur cette question importante.—Ed.

POR: THE NURSE EDUCATOR'S SOLUTION TO THE "FAMILY FILE"

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The changing focus of health care delivery from acute care to community settings has tremendous implications for nursing and nursing education. Nurses must be prepared to move from the structure and specialization of their traditional hospital roles to function more autonomously in more generalized community-based programs. Although diploma programs for nurses are now incorporating some community experience into their two or three year programmes in Canada, the mandate for preparing nurses to function in community health settings continues to lie mainly at the baccalaureate level. Baccalaureate preparation is now generally seen as a minimum requirement for practioners in this field.

Although community health nursing has been integrated in a variety of ways into the baccalaureate programs across Canada, one consistent component of all of these programs is the "longitudinal family study". Throughout their educational preparation students are assigned to one or more families whom they visit regularly during each academic year. The assigned families vary in structure, developmental stage and level of wellness to correspond with student skill, interest and concurrent learning objectives.

Unlike the clinical situation where an instructor is always available for assistance and supervision, the family visiting experience requires students to be relatively autonomous. The task of monitoring student progress to provide supervision and assistance becomes more difficult for the nurse educator. Perhaps the most common tool that has been utilized for this purpose has been the "family file" or "family diary" in which the student maintains an ongoing narrative account of the family visits. This report is regularly submitted to faculty for comments and suggestions and is combined with faculty-student interviews to provide supervision. In the experience of the writer these "diaries" have traditionally been a "bugbear" for both student and faculty. Various ideas for structure and recording have been implemented but inevitably the result has been lengthy narrative accounts of visits in which it is difficult to clearly identify significant family data, student skills, problem identification and intervention. These narratives are great time consumers both for students to record and for faculty to evaluate.

After a trial period of one academic year using problem oriented recording to monitor the longitudinal family study, this author is convinced that a solution to these problems may have been found. Problem oriented recording, or POR as it is abbreviated, is the method introduced by Dr. L. Weed in 1968 which has been rapidly adopted by numerous acute care, community, and educational settings. Basically the system was designed to help organize and standardize medical recording of pertinent data and to provide a framework for the practice of medicine (Weed 1971). The basic components of POR include (1) the acquisition of an adequate data base (2) the identification of patient problems (3) planning and carrying out management for each problem (4) follow-up through the use of numbered and titled progress notes (Weed 1971, Wooley 1974). The application of this recording system to nursing is a logical one as it basically incorporates all the steps of the currently acceptable "steps of nursing" i.e. the nursing process.

The purpose of this article is to illustrate how problem oriented recording has been adapted in one educational setting to the longitudinal family study and how this system basically parallels the steps of the nursing process. The setting discussed is the second year of a baccalaureate programme during which the focus is the child-bearing and child-rearing family. Although there are numerous theories of nursing process, each with its own vocabulary, for the purpose of this article the nursing process as defined by Yura and Walsh (1973) is utilized. To facilitate comparison of the basic steps of POR and nursing process see Figure 1.

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NURSING PROCESS	POR
I. *ASSESSMENT* (a) Nursing History (b) Nursing Diagnosis	I. (a) Data Base (b) *S*ubjective Data (c) *O*bjective Data (d) *A*ssessment - problem identification
II. *PLANNING* (a) Goal Setting (b) Possible Nursing Actions	11. *PLAN* (a) Goal Setting (b) Possible Treatment Plans
III. *IMPLEMENTATION* - Nursing action	(c) Treatment, teaching Follow-up visits
IV. *EVALUATION*	

Figure 1

The initial steps of both nursing process and POR are concerned with data collection and problem identification. In nursing process this phase is titled "Assessment" and "begins with the nursing history and ends with the nursing diagnosis" (Yura and Walsh: 72). In POR this phase includes the (1) patient history, former patient records, results of physical exam and laboratory values, (2) problem list, (3) progress notes - *S*ubjective, *O*bjective, *A*ssessment.

During initial family contacts the student completes health histories on each family member. These provide a data base from which general family and individual functioning including existing health problems are identified. Health histories are kept at the front of the family file and any new information which is gathered as the student learns more about the family can be added to the basic histories. From this data base the student diagnoses actual or potential problems and these become part of an on-going problem list which remains at the front of the file for continuous reference and updating. The problems are titled and numbered and the date they are identified and the date they are resolved is indicated. Problems retain their original numbering throughout the record to allow for quick and clear reference. Following each family contact a student records each area of concern or identified problem separately, incorporating the basic SOAP format (Subjective Objective Assessment Plan) which Weed utilizes to document progress notes.

Subjective data is data collected from the client which indicates his perception of the problem, how he feels, his "point of view", and his symptoms (Weed 1971:50, 1975). Under subjective data the student records anything the family or individual relates concerning the problem as well as any relevant information the student has solicited from the family through the interviewing process.

Objective data as described by Weed includes any other relevant data about the problem usually obtained by medical examination and laboratory findings. For nursing this step was interpreted as "the nurse's perception of the problem" and includes any other data the student has collected regarding physical or psychosocial status of the client. Recorded here would be physical parameters such as height and weight, results of screening tests, information obtained from other data sources e.g. family physician, verbal and non-verbal behavior of the client, and observed patterns of interaction in the family. At this point, one adaptation to Weed's method is made to meet specific student learning needs. As the student is expected to identify the significance of collected data, through the use of literature and other resources, it is beside or following subjective and objective data that documentation of the normal or possible implications of the discovered data is provided. For example, if the student had been collecting data about the nutritional intake of a newborn infant she would document normal infant nutritional requirements beside the collected data to provide a comparison for her.

The next step as titled by Weed is assessment, which he describes (1975:3) as "the interpretive statement resulting from the combination of the first two statements i.e. subjective and objective data in light of the physician's judgment." The student therefore, after examining the collected subjective and objective data and by utilizing appropriate resources to aid this process, draws specific conclusions and labels the problem. Essentially this step is equivalent to "nursing diagnosis" which is receiving increasing attention in nursing literature. "The nursing diagnosis concludes the assessment phase and indicates that (a) no problem exists which demands intervention or (b) the precise problem would have to be resolved to maintain optimum wellness" (Yura and Walsh:92). The assessment is expected to be succinct and meaningful and at this point should be well validated by data collected in subjective and objective steps, review of the literature and consultation with faculty or others.

As with the next steps of the nursing process, planning and implementation, the student using POR is now ready to move to the action phase of care. "Planning means setting goals. . . designing nursing action to resolve problems and is followed by implementation by which the nurse puts into action these plans" (Yura and Walsh:28). In problem oriented recording this phase is entitled PLAN and is represented by the final letter in SOAP abbreviation. Goal setting and decision making re: action to be taken are included in Weed's definition of PLAN (1975:23). The goal for each problem is to be stated by the student in family centered terms and in

measurable terminal behaviors. Thus the student is to identify an ideal behavioural state for the particular family or client to be arrived at upon completion of her care. Making this goal specific, meaningful and measurable is a high level skill. By the second semester of year two of this program many students were grappling well with this skill, for example, "that Mrs. B. understand the importance of immunization" is much less specific and measurable than "Mrs. B relate the appropriate schedule and rationale for immunization of her child up to twelve months of age".

For the sake of specific student needs, and to make the PLAN step more meaningful to the nursing process this step has been divided into three components, intervention, evaluation and future plans. Intervention includes the specific care given by the student during the particular visit, including support, teaching and counselling. Rationale for the care given must be identified and documented. During evaluation step the student looks at the effectiveness of her intervention by identifying specific client verbal or non-verbal response to that action. The student utilizes the goal established for the problem to assess the effectiveness of the intervention. In future plans the student, on the basis of the preceding two steps, indicates the intervention that will be implemented in relation to the problem in future visits.

For every visit recorded each problem is titled, numbered and recorded separately in this SOAP format. Point form is used but thoroughness is encouraged.

As would be expected, the purposes of using POR for the student are somewhat different than for the independent practitioner. Several other adaptations to this recording system were made quite smoothly to achieve these. Since most of the families selected for the students in year two of the program are "normal healthy" child-bearing families many of the students do not diagnose specific "problems". Nevertheless they are expected to identify developmental tasks or usual areas of concern that these families are coping with during this normal developmental crisis. Since calling these areas "problems" was not always appropriate, Bonkowsky's (1972) category of "Routine Area of Health Supervision" was adopted. Into this category students were asked to classify all minor problems which would be considered within the range of "normal" or "expected", which could be easily handled through counselling and quickly resolved. These included most aspects of growth and development assessed by the student as part of prevention and health promotion, such as nutrition, preparation for labor and delivery, family planning. The area of "Routine Health Supervision" retained a specific number

throughout the record and appeared on the problem list. Each separate area discussed under this broad category was usually lettered e.g. 1(a) Infant Nutrition, 1(b) Normal Growth and Development. If the problem became acute or not easily resolved then it was listed separately on the problem list and considered as a separate problem in recording.

Interpersonal relations and communication is a consistent component maintained throughout the four years of the program. As it seemed important to focus on the application of these developing skills within the family visiting experience another area of concern called the "nurse-client relationship" was adopted. This area was also numbered and appeared on the problem list. Students were expected to periodically document specific client behavior, student feelings and behavior relevant to assess the stage of trust in the student-family relationship. Students then documented specific interviewing techniques or communication skills they were implementing at this phase with the family and attempted to evaluate how effective these skills were. From an instructor's point of view this adaptation of POR was helpful to identify student progress in utilizing effective communication skills and often provided a point for further discussion at interviewing time.

From an instructor's point of view POR was most helpful in facilitating assessment of the student's understanding of the normal childbearing family, depth of understanding of the particular assigned family and utilization of the nursing process. Students were evaluated basically on these criteria.

At the end of two terms, students were asked for their reactions to the use of POR for the family study. Most of their responses were favourable. They reported that initially, it was time consuming to understand and utilize but later it became easy and logical to use. As compared to narrative recording which they had used in the previous year of the programme POR was identified as more meaningful and less time consuming. Specific comments included: "It was more organized". "You knew where to put your information and what was important to record". "It was useful to review the file to plan future visits". "It was good to separate my observations from the family's statements. It made my assessments more accurate". "It flows easier". "In narrative recording everything was mixed up and jumbled. Errors were more easily made."

The impressions of this author of POR seem to support what is being reported in the literature from a variety of educational and

Problem #3: Induction of labour and delivery.

Goal: That Mrs. D. understand what induction of labour means and will state that she is less anxious about the process.

S: Told by a friend that it was "fast and furious"; said she would prefer to let nature take its course; does not know why the doctor is planning to induce her; knows some drug is given to carry out the process; wonders how it will affect the baby.

O: Appears tense and anxious; plans to bring a book along because she feels she won't be able to sleep; appears alert and receptive to instructions given.

A: Anxiety re: planned induction which may decrease her ability to cope possibly due to lack of knowledge re: induction.

P: a) *Intervention*
            - Defined induction of labour as the artificial bringing on of labour after viability, i.e., when the baby can survive outside the mother.
            - Explained use of syntocinon to stimulate the uterus to contract, i.v. route to be started at 0800 the next day; close monitoring of BP, pulse and fetal heart; control of rate of drug administration depending on her progress; labour sometimes a faster process with induction but response is individual; no effect of drug on baby but baby's response to labour would be closely checked. Fitzpatrick et al. Maternity Nursing, 1971, pp. 440-442).
            - Said I did not know specific reason for her induction but reminded her that she was ten days overdue and that doctor must feel that it would be best for her and the baby.

        b) *Evaluation*
            - Said she understood my explanation of the procedure but still felt uneasy about it.

        c) *Future Plan*
            - Provide support and explanation to Mrs. D. during the induction.

Next Day

Evaluation - Mrs. D. said she appreciated my coaching; thanked me and said that I would make a good nurse.

Figure 2. Example of POR.

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service settings. At least one attempt has been made to validate similar impressions using formal research methods in an acute care setting (Mitchell and Atwood 1975). It would be interesting to adapt such a project to study the performance of nursing students applying POR in a community and family setting.

The application of problem oriented recording to the longitudinal family study and its relationship to nursing process has been described in some detail. Although philosophy, curriculum and design are unique to each baccalaureate programme in nursing, many of the problems and issues in one setting are shared by others. It is hoped

that this discussion of one teaching method will be relevant for other nurse educators who continue to face the dilemma of the longitudinal family study and the "family file".

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