

INTRODUCTION TO BASIC CURRICULUM WORK

CECILE OSEASOHN

Associate Professor

The two following articles deal with the first and second year of our baccalaureate curriculum at McGill University. The students come to us after two years in CEGEP, having successfully completed the Health Science (academic) core for the Health Professions.

It is interesting that both articles deal with the notion of learning to nurse families. Our faculty is committed to this concept. But the tradition in nursing and the knowledge (biology and science) and the skills (comfort, safety, nutrition, etc.) that are basic to nursing do not easily or readily lead to the elaboration and specification of the knowledge, attitudes and skills needed to nurse families. Nursing and social science literature are just beginning to explore this area. We are struggling to identify strategies that will be effective in the Teaching/Learning process and that will entice the students to learn and to value working with families. At the same time we need to develop tools that can measure the outcomes of our interventions with families.

The curriculum committee of our baccalaureate program has met as a committee of the whole for the past three years and has reviewed and revised the curriculum. The new curriculum went into effect September 1981. We began by inviting members of faculty to present their views on the direction the curriculum should take. We listened and questioned each other, reviewed the literature, met in small groups and slowly evolved the direction to follow to implement the school's philosophy.

The first year was spent in studying the teaching-learning process and in determining the relative merit of the various methods for *monitoring student progress* in the program. Both papers refer to the use of such tools as clinical observation, paper and pencil tests and term papers.

Health and Family have emerged as major concepts of our curriculum and much of our time in the second and third year was devoted to operationalizing these concepts. The notion of health includes such ideas as 'health is a process of developing and living', 'health is potentially measurable by an ability to rally from insult', 'health behavior is learned', and 'the individual participates in the health of the family/group(s) to which he belongs'. The family is the social and economic unit of our society. It is the primary source for learning beliefs and values, roles and norms which influence health behaviors and practices.

These two articles demonstrate the result of faculty effort in the

development of the new curriculum. The articles by Mimi Mansi and Margaret Ross describe some of the learning experiences designed to assist students to learn to nurse families and the strategies used to monitor student progress. Learning experiences include an early exposure to families of various ages and ethnic backgrounds, families at varying developmental stages and in various situational crises. The emphasis is on ways to recognize and promote healthy behaviors including positive coping and problem-solving in individuals and in families. The unit of care is increasingly the family.