

LEARNING TO NURSE FAMILIES: MONITORING CONTENT AND PROCESS

OMAIMA MANSI
Assistant Professor

The notion of valuing lies at the heart of the process of monitoring. Monitoring involves being deliberately engaged in a set of interrelated actions and processes, the intention of which is twofold. Given that the curriculum provides the conditions sufficient to promote learning to nurse families, the first is to observe the extent to which the essential components of learning to nurse families is actually being learned. The second is to provide feedback for adjusting curriculum structure and process so that learning of the valued components can be promoted. In other words, monitoring learning can be viewed as a process of formative evaluation culminating in summative evaluation at specific points in the program (Bloom et al, 1977; Tyler, ed., 1974), whereby both student progress in learning to nurse families and the conditions deemed necessary for that kind of learning are monitored.

Being an integrated curriculum, McGill's B.Sc.(N) program is characterized by some overlap in traditional content areas. In addition to that, concepts of family and health run as threads throughout the three-year program. With such a curriculum design, it is difficult to monitor learning without establishing mechanisms to increase the probability that (a) unnecessary repetitions as well as omissions in content are avoided, (b) learning conditions are set and sustained so that the above concepts continue to be developed as the student moves through the program, (c) expectations in terms of scope and depth in student's attitudes, knowledge and skills continue to expand towards achieving critical goals of the program and that (d) there are some means of eliciting, identifying and promoting students' behaviours which indicate progress in learning to nurse families. Two kinds of monitoring provide us with the above mechanisms. Since the curriculum can be perceived as the structural apparatus and the medium through which learning to nurse families is provided, the first kind of monitoring has to occur at the curriculum level. Therefore, monitoring curriculum content and processes becomes a necessary activity. The second essential activity is monitoring the day-to-day operationalization of the curriculum at the courses level. This is the level where it is critical to (a) specify those behaviours which best reflect students' progress in *learning* to nurse families, and (b) identifying strategies which are best suited for eliciting and evaluating those behaviours which reflect students' progress in *nursing* families.

MONITORING OVERALL CURRICULUM CONTENT AND PROCESS

Efforts here are directed primarily towards increasing the probability that concept development related to learning to nurse families will be established and promoted throughout the curriculum. These strategies have been instrumental in shaping our B.Sc.(N) curriculum over the last three years. The first strategy is that faculty members regularly share their understanding and basic premises related to

- a) the main attributes of the concepts “nursing of family” and “family health” which are to be taught throughout the curriculum;
- b) specific attributes which are emphasized in various parts of the program;
- c) specific learning conditions including supportive knowledge and selected clinical experiences with families which are established and sustained in various parts of the program;
- d) specific learning outcomes faculty expect to achieve and methods of evaluating them; and
- e) actual outcomes which are achieved.

A second strategy involves use of a feedback loop whereby faculty members feed the knowledge and observation gained from implementing each course back into the structure and operation of the curriculum so that

- a) deficits are remedied;
- b) teaching-learning in each segment is modified and improved on the basis of new data;
- c) each subsequent segment in the program builds on outcomes actually achieved in the previous segment.

A third strategy focuses on faculty members collectively examining and establishing consensus on the global knowledge and skills about family nursing which are critical for baccalaureate graduates to possess at the end of the program. This particular strategy allows for sound decision-making relative to the sequence of learning situations and the selection of areas of emphasis in various parts of the program.

A fourth strategy evolves around faculty’s participation in monitoring overall curriculum content and operation as well as the particular course each teaches. Curriculum discussion takes place as part of the ongoing process of curriculum development so that all faculty members participate and understand how pieces fit together into the whole. In our experience, this organizational structure is proving to be most profitable.

Implicit in the above is the idea that it is essential for monitoring to become an ongoing integrated process of curriculum work. Once there is a consensus on the content and method of each course, there are periods when monitoring is more critical in achieving its purposes in relation to

the overall curriculum. Critical periods are best delineated to parallel the organizational structure of the curriculum. Here, the beginning and termination of specific nursing courses provide for natural points of interpretation, reflection and examination of all content, process and outcomes.

MONITORING OF LEARNING TO NURSE FAMILIES AT THE COURSES LEVEL

At this level, it seems most useful to explore what is going on fairly early in the course, soon after the students become involved in what faculty considers to be critical learning experiences in the particular course and again towards the end of the course. I tend to think that regardless of where the course is situated in the curriculum, its length and its subgoals, the times identified above remain critical.

The first dimension on which this kind of monitoring occurs is relative to sampling of behavioural indicators (Hooton, 1979) which reflect students' progress in learning to nurse families. All behaviours are not equally important in judging progress. The question then is what to monitor. Critical behaviours listed below are expected to be increasingly observed as students expand their ability to nurse families*. More or less of this pattern of behaviours will be seen depending on where the course is situated in the curriculum.

The *first* group of behaviours centers around learning to collect data relevant to nursing a family. As students progress one should see the following pattern of behaviours.

- a) The students' bank of data includes more and more information on the particular family as a functioning unit as opposed to its individual members. Students become increasingly interested and able to collect data about the family structure, dynamics, patterns of communicating with one another, patterns of decision-making and problem-solving relative to health issues, life style, common interests and resources that the family uses as a unit, attitudes and beliefs about health and illness, and norms of health practices.
- b) Students become increasingly sensitive to shifts of the family's focus on issues, for example, being able to detect a shift of the family's attention from enjoying good nutrition given limited financial resources, to a concern with how a specific member is coping with an acute crisis.
- c) An increase in the students' ability to discriminate between what is the family norm and what is strictly an individual member's norm in relation to: health attitudes and values, utilization of health resources, commitment to the other members' health and well being. For example, students are able to identify that although the norm in one family is that the family is responsible for teaching health practices to its

* The framework used for nursing the family is that which is reflected in the paper of M. Allen and M. Warner, 'The Workshop — A Health Resource: A Prototype for Community Health Practice' (1978).

members, one of its members may hold that the physician's responsibility is to look after the health of the family, should a problem arise.

The *second* group of behaviours centers around learning to assess and plan in relation to the family as the unit of concern. The following behaviours should be increasingly observed:

- a) Students' nursing assessments become geared to the identification of that which the particular family as a unit, its strengths and resources, what it considers to be the main health issue and the goals to be achieved, risk factors and problems, how the family as a unit deals with the common concern rather than focusing on one member's concern and one member's way of handling the concern. For example, a student is able to identify that, for a family, understanding and incorporating into their lifestyle those behavioural and functional changes associated with aging of a member can be the major health issue, despite the presence of a retarded 31-year-old son and another member with a recent diagnosis of cardiac disease. Another example is a student being able to identify that the family's strength may be reflected in the collective motivation of its members and the ability to participate and plan together with the school a means of influencing destructive health practices of one adolescent member in that family.
- b) The students' approach to planning is increasingly characterized by (i) working in collaboration with family members to identify priorities and goals, to develop a plan of action and monitor its success, (ii) an appreciation of family and environmental conditions, (iii) a consideration that the family is composed of more than one member although the intervention may clearly relate to one person, (iv) increased acceptance and ability to provide guidance and support for the family as opposed to being the doer. For example, in dealing with nutritional practices of an old family, students take into consideration availability of grocery stores and what they sell. They consider the nature of the demands placed upon the health of the more mobile member in assisting a less mobile one. They are able to accept the role of supporting a younger capable member of a family to help the grandmother with daily hygiene rather than taking over and doing the task themselves.
- c) Students' interventions reflect a perspective that nursing care is geared to how this family unit is now or how it will cope with eventual, similar health-related issues. It is a perspective which views health as evolving, and which does not negate the influence of each family member but goes above and beyond the notion of the individual. For example, students become increasingly able to set the stage for the family members to examine how they have been dealing with an aging member, to understand the aging process, and to anticipate further

changes and explore how they may prepare for them and manage them given the skills acquired thus far.

The *third* group of behaviours centers around students learning to evaluate nursing care in relation to the families with whom they are involved. The following behaviour is critical to monitor:

Students' evaluation of the outcomes of nursing care is increasingly made on the basis of how the particular family as a unit has moved along in dealing with their particular events and in achieving the goals which members have set for themselves rather than noting an individual member's responses. Meanwhile, they feed outcomes to the family so that they continue to learn how to cope healthfully with their life situations, problems and illnesses, to develop their potential and to use their resources. For example, students are able to evaluate with the family if strategies the latter used to reduce stress of a crisis-stricken member have thus far not achieved the goals desired. Further, this family member's anxiety is increasing beyond his ability to cope with daily activities and decision-making. From there, students discussed the family's proposed strategy to ask a physician to assess the need for the temporary use of tranquilizer. The focus of the next step would be to assist the family to learn from this experience, to be able to help its members through stress.

The *fourth* group of behaviours centers around the students' acquisition of critical kinds of knowledge and attitudes necessary for nursing families: One should see a gradual increase in the students' knowledge of nursing assessment and nursing measures to promote family health. This knowledge should be increasingly utilized, valued and tested out by students. One should see a gradual shift in students' attitudes towards considering family health as evolving and the family as providing the medium for influencing health status and practices of individual members. For example, students are able to provide and discuss information about availability of services and of over-the-counter drugs with the view that the family can be helped to learn how to manage long-term illness, birth control, deal with drug abuse, etc.

In summary, the student increasingly approaches the nursing situation in ways which indicate (a) that nursing is geared towards the family as a unit which is composed of more than the sum of its individual members, (b) that health promotion is seen as a family affair as much as it is an individual's affair while appreciating that pain and illness are individually experienced, and (c) that working to collaborate with family members towards learning to live healthfully is evolving as part of the student's nursing practice.

The process of monitoring learning at the course level takes place on a *second dimension*, that is, how to monitor the behaviours described above. There are selected strategies which are best suited for monitoring the students' progress with respect to the number and frequency of occurrence of the above-mentioned behavioural indicators. These strategies are also selected to best suit the philosophy of teaching-learning upon which the curriculum is predicated. At the baccalaureate level the student learns how to nurse. Therefore, experiential learning and direct involvement in clinical practice are highly valued and constitute a major portion of teacher and student time. Thus, much of the progress in learning how to nurse the family occurs and is readily seen in the student developing an approach to clinical decision-making, implementation and evaluation of nursing care.

- a) The following group of strategies seems to be most helpful in monitoring behaviours which reflect progress in clinical decision-making:
 - (i) On the basis of intensive study of methods of evaluation used in the B.Sc.(N) program and an analysis of available literature, it is evident that participant observation, one-to-one and small group discussion, and analysis of student reports of clinical work constitute the most suitable strategies for monitoring behavioural indicators of progress in clinical decision-making (M. Hooton, 1979; C. Oseasohn, 1980).
 - (ii) Another useful strategy in monitoring progress in clinical decision-making is related to setting the conditions necessary for eliciting and fostering those significant behaviours. Monitoring progress in clinical decision-making is most fruitfully done within the context of the students' actual clinical learning experience and should take place over time. Feedback can be made directly to students with the expectation that it will be used.
- b) Some of the suitable strategies for monitoring increase in breadth and specificity of student knowledge of family nursing are: paper and pencil, objective and short free response items which may or may not be structured around videotaped or simulated situations, and semi-structured interviews.

Therefore, an overall monitoring of the scope and speed of the student's progress in learning to nurse the family is achieved through a combination of (a) and (b). The above methods assume that in monitoring the student's expanding ability to nurse family, one focuses on those behaviours which indicate progress in the process of *learning* to study and nurse families as opposed to a focus on monitoring the quality of the student's nursing practice. This perspective is predicated on the belief that at the baccalaureate level education, the student is studying the

science of nursing towards learning how to practice the profession as opposed to developing her nursing practice or studying the practice of nursing. Therefore, what is monitored is the students' progress in learning how to nurse families. Included in this is learning how to evaluate outcomes of their nursing care which is a crucial dimension of learning to nurse*.

SUMMARY

It is probably obvious by now that monitoring is viewed as an ongoing, overall process of formative evaluation culminating in a summative evaluation **. The latter takes place at the end of the program and at the points of interruption which are provided by the organizational structure of the curriculum, e.g., the end of each course. Inherent in this is the notion of a functioning feedback which allows for facilitation of concept development relative to nursing the family towards health promotion.

Monitoring of learning involves not only progress in student learning at the course level, but also of operation of the apparatus through which learning is provided. From the students' perspective, monitoring of learning to nurse the family starts at day one of entry to the program and terminates at the end of the final year. From a curriculum development perspective, it is an ongoing process. The process of monitoring students' progress in learning is not sufficiently productive without monitoring curriculum content and process.

* Research relative to socialization of medical students indicates that they are coached on how to assess situations when things do not turn out well. However, as they go through the socialization program they focus increasingly on the process of doing the work and decreasingly on the final outcome (Butcher & Stelling, 1973), a tendency we prefer to avoid in nursing education.

** Summative evaluation of student performance is designed primarily to identify the students' learning achievement at the end of each course for purposes of promotion. Summative evaluation is not designed to assist the students in improving their performance in the course for which this kind of evaluation is made; however, summative evaluation is used to orient faculty to the level at which students will start the following course. Results of summative evaluation of student performance is also used to direct faculty to examine the effectiveness of methods they utilized in achieving the desired learning outcome. Modification of teaching-learning methods can only be made the next time the course is offered. On the other hand, formative evaluation is designed to explore student learning achievement at various points during the course with the intention of feeding the results back to the student to further her learning. The result of formative evaluation is used immediately not only to direct faculty to examine effectiveness of methods and processes utilized in achieving the desired learning outcomes, but also to direct faculty to modify their teaching-learning methods in order to achieve learning outcomes which approximate the desired ones more closely.

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RESUME

L'apprentissage des sciences et soins infirmiers en milieu familial: Approches favorables à cet apprentissage

Le but de l'article consiste à examiner le mode de supervision de l'apprentissage en tant que démarche d'évaluation formative à des stades précis du programme pour parvenir à l'évaluation sommative. Cette supervision porte aussi bien sur les progrès des étudiants quant à leur ap-

prentissage des sciences et soins infirmiers en milieu familial que sur les conditions favorables à cet apprentissage. En premier lieu, la nature de la supervision est élaborée à la lumière de ce qui précède. Ensuite, on précise les aspects à surveiller. Enfin, compte tenu de ces aspects, l'auteur identifie et examine brièvement les méthodes de supervision de l'apprentissage.

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