



Family Nursing Labs: Shifts, Changes, and Innovations

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This article describes recent innovations and shifts in the family skills labs that have been offered since 1995 in the undergraduate family nursing curriculum at the University of Calgary. The authors describe a shift from a strict adherence to role play as a way to teach and hone skills in working with families to more experiential and interactive exercises aimed at creating personal, meaningful, and realistic possibilities in learning. The lab activities are based on the belief that family nursing is a relational practice that is best learned through experiential and inquiry-based activities. Student feedback suggests these changes in the delivery of the family nursing labs are notably reshaping students' thinking and practices in the nursing of families.

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At the University of Calgary, family nursing labs have been an integral part of the undergraduate curriculum that addresses family nursing theory and practice. In 1995, Anne Marie Levac developed and implemented a structured undergraduate learning experience based on a model developed by Janice Bell and Lorraine Wright for leveling family nursing theory, practice, and research across nursing curricula (Bell, 1997). Tapp, Moules, Bell, and Wright (1997) fully described the family skills labs as a vital part of facilitating the development of family interviewing skills as applied to a variety of clinical settings. The labs continue to be offered and are now in their 7th year of implementation. Inevitably, they have undergone some shifts and changes in the manner in which they have been delivered. Some of these shifts and the feedback from students regarding the changes are explored in this article.

The family nursing labs are currently incorporated in an undergraduate family nursing course, and they constitute approximately half of the contact hours during the course. Key course topics include family nursing assessment and intervention, interactional thinking, family coping and competency, reflective questioning practices, relational stance and relational nursing practices with families, and reciprocal influences between family members and health and/or illness experiences. Theoretical underpinnings of the course are strongly influenced by the Calgary family assessment and intervention models (CFAM; CFIM) and the work of Wright and Leahey (2000). The family nursing labs complement course lectures and are offered as a series of five sessions (3 hours each

in duration) in small groups of 8 to 10 students throughout the term. The lab activities are based on the belief that family nursing is relational practice that is best learned through experiential and inquiry-based activities.

Some changes in the focus of the family labs reflect shifts in theory in the third edition of Wright and Leahey's (2000) book. In the past (Tapp et al., 1997), the labs followed skill development related to the stages of a family interview (Wright & Leahey, 2000): engagement, assessment, intervention, and termination. More recently, the lab focus has been altered to emphasize important issues such as reciprocity (between the influence of the family and the influence of the health difficulty or problem), circular pattern diagrams of relational interactions, attention to interventive questioning practices, notice of family strengths and intervention by offering commendations, and the addition of the "15-minute interview" (for more information on these topics, see Wright & Leahey, 2000).

Probably one of the biggest shifts has been away from a strict design of demonstrating role plays and then inviting students to engage in role plays as the primary way to practice their developing family interviewing skills. Although role plays have proven to be effective in some areas, especially around practicing engagement skills and doing a 15-minute interview, we are discovering that students are responding to different kinds of interactive experiences in the labs that are aimed at creating more personal, meaningful, and realistic possibilities in their learning. Specifically, we have been developing and implementing exercises around questioning practices, commendations, and circular patterns of interaction.

QUESTIONING PRACTICES

In the lectures and labs, we emphasize that the character of nursing is that of a relational practice—it is interactive and interpersonal, and it exists somewhere between two or more people. The practice of nursing is situated between the nurse and the client, whether the client is an individual, family, or community (Wright, Watson, & Bell, 1996). Both nurse and client influence this practice. In other words, a nurse makes a decision about a nursing action based on the specific client, the client's needs, and the client's desires. Following the action, an evaluation occurs (by both nurse and client) that is directly related to the influence of the nursing action and the client's response to that action.

In this relational practice of nursing, questions are an important part of communication, but more important, the art of asking good questions is fundamental to nursing practice. Questions as interventions in therapeutic contexts have been addressed in many disciplines (Anderson, 1997; Fleuridas, Nelson, & Rosenthal, 1986; Loos & Bell, 1990; Selvini Palazzoli, Boscolo, Cecchin, & Prata, 1980; Tomm, 1987, 1988; Wright, 1989; Wright et al., 1996; Wright & Leahey, 2000). The art of inquiry is one that can be learned and honed. Riley (2000) suggested that nurses spend about half of their time in the process of inquiring or asking questions or of sifting through answers and listening to what is both said and unsaid. Nursing competency in questioning practices, then, is the adeptness to discern good and relevant questions; the ability to deliver the question in a timely, appropriate, and respectful manner; and the sensitivity to respond to the answers in a responsible, tactful, and productive way. Riley further suggested that a nurse must first make a judgment as to why the question is

being asked and to steer from asking questions that are fueled by personal rather than professional curiosity. Questioning practices are further guided by a decision about what, how, whom, when, and where to ask questions.

Questions are more than just a tool for gathering information. They also carry with them the possibility of being, in and of themselves, an intervention (Wright et al., 1996; Wright & Leahey, 2000). The answers to questions often provide clients with information they did not even realize they had. A question tests the possibilities of meanings, not in an effort to uncover what is true to a client but to discover what is meaningful. Whereas the nurse's questions provide information to the client, the client's answers provide information to the nurse (Wright & Leahey, 2000). The reciprocity of relational practice is present in the act and art of questioning.

The students are taught the theory offered by Tomm (1988) and Wright and Leahey (2000) regarding different kinds questions, such as linear, circular, reflexive, and the different kinds of circular questions, such as difference, behavioral effect, triadic, and hypothetical and/ or future-oriented questions. We offer the students some tools in helping them learn to shape questions. Although Riley (2000) warned nurses to avoid "long-winded buildups," there are practiced ways nurses may ease more gracefully into a question. We offered the students the idea that perhaps the reason people engage in "longwinded buildups" is because of the awkwardness of asking the question, and we have found that some of the following practiced conversational lead-ins can be useful in preparing both the askers and the recipients for the question.

I am wondering about . . .
I am curious about . . .
Have you ever thought about . . .
Could you help me understand . . .
In what ways might . . .
How might it have been helpful to . . .
Do you believe it would make a difference if . . .
How would it make a difference if . . .
Other people have told me that . . . and I was wondering if this has been your experience at all . . . or if not, then how is your experience different?
I'd appreciate hearing from you about . . .

In the past, we have found that when students were engaged in role plays, they often struggled to practice these new types of questions while maintaining their "roles" in the exercise. At times, this dual effort overshadowed the comfort in attempting to become competent in asking different kinds of questions. Students often voiced frustration that although it seemed helpful to prepare a list of questions for a role-play scenario, it was then very difficult to maintain the flow of the conversation during the situation rather than constantly refer back to the prepared list. As an alternative, we developed an exercise that allows for an opportunity to practice questions in a more personal capacity. Questions, like nursing, occur in relationships, and perhaps it is more important that students learn to ask "good" questions than that they know what kinds of question they are asking. A good question, however, is determined not in the asking but in the receipt and the response. Questions build on each other and on responses (Wright et al., 1996). It is the recipient who determines when a question is good, and it is the recipient's response that leads to the next question. Still, we can become refined in our

repertoire of questioning practices. We can have a repository of questions that just might turn out to be "good" ones. Overall, it is our experience that, in the search for meaningfulness in a question it is more difficult to find meaningfulness in a contrived situation.

As an alternative to role play, we developed a questioning exercise that involves selecting one person in the group. In turn, every other person asks questions of that person based on their knowledge and experience of this person as a classmate or friend. Students are told that the selected student can decline to answer any particular question and that each questioner is requested to attempt to ask a question that is different than might normally be asked. After each question is asked, the questioned person responds to the question, and the exercise continues until all members have asked a question and been answered. The lab instructor intervenes at any point at a process level, pointing out the kind of question asked, inviting the group to notice the timing of the question and how it is connected to previous questions and answers, making suggestions on how the question might be slightly changed to become circular rather than linear (Loos & Bell, 1990; Wright & Leahey 2000), and inviting the group to become aware of the questions at a meta-level of analysis and recognition. For example, a student may offer the linear question, "Why did you decide to come into nursing?," and the lab instructor might guide the group into a discussion of how that particular question might bring about different responses if it were phrased as a difference question, such as "What was the biggest influence on your decision to enter nursing?" Similarly, the linear question, "Is your dad proud of you for what you are doing now?" might be shaped into a circular question when asked, "Who in your family is most proud of you in this endeavor?" The instructor guides a conversation in which the students examine not only the differences in the structure of the question but also the differences in the kinds of responses that it might elicit. After the round is complete, the person who was questioned then speaks to the experience, identifying which question stood out and why.

What begins to emerge in this exercise is an awareness that the power of interventionist questions lies often in their timeliness, their meaningfulness, and their relevance at the time, which is most often related to what is currently important in the questioned person's life. Students begin to reflect on how the questions that stood out to them were often the ones they had difficulty answering and the ones that made them think and that invited them to reflect (Maturana & Varela, 1992). One student, in the week after the questioning exercise, offered the idea that "maybe the best questions are the ones you cannot fully answer, because they stay with you and you keep thinking about them."

The exercise continues until each person has the opportunity to be the questioned member. With groups of 10 students and one instructor, this allows for the group to experience asking and hearing a total of 110 questions. More important, they experience the relevance of answering questions and the powerful influence of questions as a part of practice. In the implementation of this exercise, we have noticed a marked improvement in the comfort level of students in asking a variety of questions, and perhaps more significantly, students recognize the effect of questioning practices. Students offer the feedback that suddenly they have started to ask circular and reflexive questions in all domains of their lives-to their own family members, friends, and patients. One student offered the observation that the exercise

made me excited about questions, not just for the information they give you but for the connection they make between people. When you ask people questions, you are asking them to come and interact with you. You listen to them. That's different than making a statement. That's about yourself.

The experiential, personal component of this exercise exemplifies the idea that questions do happen in relationship and that they build relationships. An unexpected benefit of the exercise is that the students seemed to connect in changed ways as a result and were able to see the part that questions played in this development. It was no longer just about asking a question simply because it was an example of a triadic question; rather, it became important to know "if I were to ask your mother what it is about you that will make a good nurse, what would she say to me?"

COMMENDATIONS

Wright and Leahey (2000) first proposed the term *commendations* in the early 1980s as the offering of an observation of behavior, character, or accomplishment that has occurred over time. Commendations differ from compliments in that they are not one-time events. They are offered sensitively and sincerely, and they need to be based on sufficient evidence presented by the family or they run the risk of appearing ingratiating (Wright & Leahey, 2000). Commendations have been identified as a central and characterizing component of the Illness Beliefs Model of advanced family nursing practice (Wright et al., 1996). Because the art of commendations seems to lie in the sincere grounding of the commendation in the experience and situation of the family, we have found that over time, it was difficult for students to fashion commendations in the context of a role play. How does one offer a sincere recognition of a family strength based on an enacted situation? Consistently, students were struggling to construct acknowledgments of role-played families, and the result was that the commendations often justifiably sounded insincere, contrived, and forced. The experience of genuinely looking for, finding, and then offering a sincere acknowledgement of a family's strength or success seemed blatantly absent in these role-play situations. As a result, we fashioned an experiential exercise that allowed for the sincere search for and offer of a real commendation to a real person. In addition, the exercise allowed students to receive commendations with the unexpected results of powerfully influencing them in a number of ways, which even included the relief of physical symptoms of illness.

The structure of the commendation exercise is similar to the questioning exercise, with one person being chosen to receive commendations and then all the other group members offering them to this person. The person is not expected to respond to each commendation but is invited to be aware of how they are reacting to and receiving them. At the end, the recipient is asked to process the experience, with questions offered by the instructor such as "What was it like for you to hear these comments?," "What thoughts were going through your head?," and "Is there anything you feel you need to respond to?" The group then moves on to the next person until everyone (including the instructor-as in the questioning exercise) has had a turn. The instructor may offer comments throughout-asking the person offering the commendation to speak directly to the person they are commending rather than talking of the person in third person, as often is the tendency. This can be done gently, with some reflective discussion how we, in our culture, find it easy to speak in a commanding fashion about people in their

absence or to others but do not make it a practice to offer commendations directly, which takes some practice.

An interesting phenomenon often occurs in this exercise, and we have discovered that it warrants some preliminary discussion prior to the exercise. As students first start a commendation practice, they often become teary when offering a commendation. We speculate with students about why this might occur, and some beginning hypotheses are that it may be embarrassment, awkwardness, or the personal nature of such a practice that brings on the tears. One other idea we offer is that we believe when we offer a commendation to someone, a sincere commendation, we are forced to look inside ourselves. We must first turn our attention to what we have seen and felt for this person, and when we offer something from our hearts, there is a sense of vulnerability and a "heartfulness" about the experience. There is also a sincerity that often brings an affectual response. Likewise, receiving commendations for students, as for families, can bring about a strong affectual response. It is useful to prepare students for this possibility and to preface the exercise with a discussion of the gift of tears. One such example is the story that one of the authors offers the students of having felt embarrassed about crying in front of a colleague on one occasion, and at the next meeting, apologizing for the tears. The colleague's response to her was, "When you showed me your tears, I thought what an incredible gift that you trusted me that much. When you apologize for them, you just took that gift away." This story seems to serve the dual purpose of normalizing tears and reframing them as a gift rather than as an embarrassment.

The students who participate in this exercise are consistently profoundly touched on many levels. They speak of receiving commendations as something that is powerfully healing, even potentially life changing. They speak of their increased comfort in offering commendations. They speak of changing their practices to always include the search for and offering of commendations to clients and family members.

One student wrote this reflection about the exercise:

I was touched to receive such poignant and indeed, relevant commendations. I think it is safe to say that because I had the opportunity to experience them. I am better equipped as a nurse because I better appreciate the value and the positive therapeutic effects of a well-placed, genuine commendation.

Another student wrote of receiving commendations as an experience that even relieved some physical symptoms she was experiencing. This student, whose first language was not English, offered a powerful description of this experience, as follows:

Due to the stress of study and everything else, I've been wondering if I'd got a hyperthyroidism for the last week. My heart rate had been 110-120 until last Thursday for about 5 days. And I made an appointment to see the doctor for this but just after our class, my "desire" to be checked out as a hyperthyroidism candidate stopped being that strong because I felt so great without any palpitation anymore. I also felt weird because I'd been used to the feeling of heart racing and anxiety because of it. My heart rate was kept around 80 since then and continued to be like that. This is a real case, and I attribute this, to our wonderful class.

I don't know if I was the only person who was physically not very well last Thursday, but I was convinced that each of us had some chemical reactions happened in our heart or elsewhere in our bodies. The soothing effect of those nice words - commendation, is the first light of morning when we've gone through a long darkness. No matter how brave and how excellent we've been, how many

compliments we've got we still need commendations. We need them for a longer friendship, a stable marriage; we need them for our everyday life and a healthier and further travel.

Why do we need commendations? It has nothing to do with self confidence. We need to be accepted. Our hearts need to be touched once in a while, otherwise, no difference with living in desert. Life needs to be nourished, and a commendation is one of the best nutrients we can get for free.

It needs courage for everybody to commend others. Because we can't command a pair of shoes, or a hairstyle. We've got to have some spiritual contact before, during and after the commendation. At the "before" stage, perception of the character, merit and spiritual power of the people we commend, needs close observation or a conversation. As for the "during" stage, a commendation can be very emotional, both for the giver and the receiver. It at least means that we need to open to each other at that moment.

These comments convey the significant impact these experiences can have for students. We have found that as we work with students in this exercise, we both experience and witness the powerful effect commendations have similarly had in our clinical practice with families. We believe that once students share this experience, they no longer require convincing that noticing and commenting on family strengths in their practice is a therapeutic intervention that can support and encourage families and strengthen nursing relationships with families.

CIRCULAR PATIERS OF COMMUNICATION

Another example of a shift in lab exercises lies in the discussion of circular patterns of communication. Influenced by the work of Tomm (1980), Wright and Leahey (2000) described how family members develop patterns of communication that can be supportive or argumentative. The circular pattern diagram is a tool for understanding circular communication and the concept of reciprocity (for more information, see Bell, 2000; Tomm, 1980; Wright & Leahey, 2000). Traditionally, we engaged students in creating examples of these patterns from case studies or from role-play examples. We have been experimenting with another way of approaching understanding these patterns of interaction. The students are invited to draw an example of a circular pattern of interaction from their own lives with a family member, friend, colleague, or instructor. After describing the affective, cognitive, and behavioral aspects of the interaction, the group then joins in to hypothesize how the interaction can be shifted by altering its different domains. As an example, if a change in the behavior of person x occurred, how might that influence the affective and cognitive response of person y? How might that subsequently invite a new behavior? How might that result in a shift in the responses of person x? It has been our observation that this is a meaningful and relevant way to familiarize students with the concept of circularity in relationships and to work through how relationship changes can be initiated in many different ways. The application to their own lives seems to heighten the meaningfulness of this discussion, and we observe students being engaged, interested, and invested in making the change. It is suddenly a real and personal consideration, not a hypothetical discussion.

Why do these personal shifts seem to make a difference? Gadamer (1989) suggested to us that all understanding is about self-application, and what becomes meaningful in our lives is that which we know through our own experience. Family is not an abstract notion, it is a lived thing in our lives, and when we try to separate ourselves from that part of practice, we end up practicing in a separate way. We end up separating what we know and experience from what we do, and families become excluded. We think we have to make family nursing a personal endeavor.

RESPONSES TO FAMILY LABS: USE OF WEBCT AND REFLECTIVE POSTINGS

During the most recent offering of the family nursing course, a Web-based bulletin board was used as a medium for sharing student reflections about their experiences in the family nursing labs. Within their small lab groups, students were expected to offer three brief, 1page postings of reflective writing related to what they learned in the family labs and three postings of responses to their classmates' reflections. Students were encouraged to write about particular learning instances from the family labs, exploring ideas and practices that were meaningful to them. The experimental use of this reflective assignment replaced the previous evaluative practice of having students produce a reflective paper at the completion of the labs. Instructors and students alike expressed recognition of the influence of this new exercise. Instructors who were familiar with the old evaluative practice noticed a profound difference in the levels of reflections and the interaction between the immediacy of learning and reflection. We have included (with permission) some examples of students' reflective postings here.

I read somewhere that relationships developed between nurses are somehow almost more intense and profound than relationships developed between others. This article was referring to friendships between nurses but I would argue that we could extend the theory to professional relationships between nurses themselves and the professional relationships between nurses and clients. Through the types of conversations and interventions we as nurses engage in with each other and with families, we develop a certain quality within our relationships. As we experimented with each other in our family lab, I caught myself wondering about the nature of our relationships. We interacted with each other as nurse and clients, students and professor, and colleagues in such personal ways that I felt bonds growing between us. I began to realize what it felt like to be on each side of the relationship and I think I will be able to draw on that experience throughout my career. The theories and concepts we learned in the family course will probably serve as part of my nursing "map" in the profession, but the real experiences and relationships I felt in the lab will perhaps become my car in which to travel. When, in my career I travel the "narrower, unpaved roads" of nursing and experience the "curves that happen without warning" [Wallace, 1985. p. 20] and possibly get stuck, I will probably first look at my map. Then finding that "it won't help," I hope to look around my car, and find glinting out of the junk on the floor, a treasure-some of the things I felt and learned from all of you in the family-nursing lab. In [another course] we talked about nursing culture and how the nursing profession feels it possesses neither a unique knowledge base, nor a unique professional culture. I would argue that because of the nature of nursing relationships, nurses do indeed possess a unique professional culture and furthermore, that we can all take this culture with us as it will help us to provide effective and excellent nursing care. And that's what I meant when I said that I learned from this lab that nursing is a team effort. Our collective culture, derived from our unique relationships will shape our individual nursing practices-at least, it will shape mine.

In response to this reflective posting, another student brought yet another layer to the thinking that evolved in a mutual, reciprocal, family-like way, as follows:

I wish I could sign my name to "the culture of nursing" posting. But this has to be a reflection of my own and not a reflection on a reflection. But where is the line really, between what is original and what is a reflection, on a reflection? Thursday afternoons were always looked forward to, but with a few pinches of trepidation. Each "lab" was a session so full of emotion. They crackled. Certainly like no lab I had ever been to before. I have spent many, many years making maps. I taught labs on how to make maps. That is what I did. That is what I thought I was. A cartographer. Thanks so much to [the instructor] for reading to us from Bronwen Wallace's [1985] poetry. "What you're looking for are the narrower, unpaved roads that have become the country they travel over" [p. 20]. Perhaps I have left the world of drawing the maps, to look for the country they travel over. It has been a truly amazing experience for me to be part of a group

of "kindred spirits." The culture of nursing does seem to develop profound and intense relationships. My mother retired from nursing in 1984 and she still meets with her nursing friends monthly. They all range in age, just as we do, and they still share so much of themselves with each other. Is it the "training" that we are receiving that is bringing out the kindness and empathy in us all? Is it the culture of nursing that is enveloping us?

The instructors of the family labs responded to student postings with their own reflections. Students and instructors were drawn into this reflexive-reflective relationship in dialogue with written words, learning moments, and each other.

It was truly a privilege to read your thoughts, ideas, sentiments, learnings, reflections, provocations. I am so grateful that you shared these with each other, and that I was able to be in the loop as well. I agree with Val's last posting about how the culture of caring in nursing was truly mirrored in our family lab group and together I think we did find narrower unpaved roads without letting words get lost in silence "after they've been spoken." Your words have found a home in me; they will be never lost. Thank you.

The Internet discussion board also enabled family lab instructors to stay connected with each other throughout the course. At yet another level, the course professor and coordinator (Dr. Dianne Tapp) invited the lab instructors into this "Web" of reflection, commendation, and interaction.

We had a wonderful wrap-up class yesterday. I had asked to students to bring a piece of writing from a response paper or their case study to read to the class, or to tell each other about the ideas from this class that will most influence them and their nursing in future. . . . Students commented on how they had been changed personally in this class. They now notice the ways people ask questions that invite reflections everywhere from their families and friends to Oprah. They find themselves looking for commendations, and receiving commendations differently! They said that they could not ever imagine not noticing family members in any clinical practice setting. They said that this course came at a time when they were tired in their studies, and in need of inspiration and a connection to practice. . . and that this class met that need!

The instructors accepted this invitation and joined in the reflexive loop.

The powerful conversations/exercises we had in our labs left no one untouched, including me. Then at another level, the added experience of posting their reflections and responses to each other rather than the offering of a final reflective paper served to raise the depth, sophistication, and learning of the exercise to a level I have rarely seen over these past 6 years of labs. This was the hardest part for me- assigning grades to the remarkable writing these students were offering. I remember hearing a professor from education say he did not want to grade his students-and when someone asked him to clarify why he didn't want to mark his students, he replied, "Oh, I want to mark them. I definitely want to mark them. I don't want for them to leave here untouched and unmarked, but I don't want to grade them." His words suddenly have new meaning to me-and although I understand too well the system in which we reside and the need for grades as distinguishing markers and measures-I have to admit that this time I am truly struggling with grading work that has marked me.

In the final lecture, Dr. Tapp asked the students to bring a sample of their reflective writing to class for discussion or to be read aloud together. She then offered a writing of her own, which she later posted on WebCT at the students' request to be read by students and instructors alike.

In some ways, many of the ideas in this course are very simple and self-evident. Why should we involve family members in health care? How can we engage and acknowledge family members? Are family mem-

bers entitled to nursing attention and care? How can we address family concerns and provide family support? In other ways, family nursing practice is elegant and sophisticated, truly an art that requires experience, tact and judgment to weave into nursing practice. Nursing of families is relational and emotional labor. It happens in dialogue and conversation. It is embedded in the midst of more obvious tasks, the physical assessments, dressing changes, IV insertions, assisted walks down the hallway, and administration of medications. Because nursing of families is relational and is, emotional labor, it is at risk of being totally invisible, and over-looked not just by managers, evidence-based practice guidelines, and accountants, but also at risk of being overlooked by nurses. While I believe that nursing education must prepare nurses for the "real" world, I believe that you, our students and graduates, are the hope of nursing's future. Now is the time for you to think about the future of the discipline, and how it could look different, and to prepare yourselves for the future. My hope is that University of Calgary nursing graduates will take on the challenge of incorporating nursing of families into your daily practice, and that this might even be the distinguishing character of our graduates. I am asking you to change the health care world! This is no small task. Health care systems are almost exclusively organized around diagnosis, treatment and services for individuals. Family members are often viewed as a drain on nursing time and energy, as a liability, until it is discharge time. My hope is that this course will have prepared you and inspired you:

- *to look beyond the "identified patient"*
- *to recognize and acknowledge family distress*
- *to recognize and acknowledge family hope, courage, strength, capability and resourcefulness*
- *to have the knowledge and skills to build therapeutic relationships with patients and families*
- *to have the tact and skill to involve family members in health care planning and decision-making*
- *to believe that involving family members and addressing their concerns contributes to recovery and positive outcomes.*

Thank you for your hard work!

CONCLUSION

"The way we treat a thing can sometimes change its nature" (Hyde, 1979, p. xiii). We believe that the way we treat the nursing of families in our teaching does change the nature of it. These shifts and changes in the treatment of family nursing labs reflect something important. They reflect that teaching must be dynamic and changing, as dynamic and changing as our students and as families. They reflect that learning to work with families is not a role we want students to pretend to assume but a living, breathing practice that makes a difference to families with whom they work and that influences them as people and as family members themselves. Commendations and questions do affect the giver and the receiver. As nurses, we are a part of circular patterns of communication. Working with families does invite reflections about our own lives, frailties, finiteness, connections, and relationships.

In a final lab discussion, the idea of how we finish working a shift with patients and their family members arose in the context of a discussion about concluding our work with families. The lab instructor invited the students to consider offering the following two things to families at the end of each shift: first, asking the patient and family members what the student had done with or for them that was helpful this shift and what was not so helpful, and second, to offer the family one thing the student had learned from them. After the instructor suggested this as a part of everyday practice, one student suggested, "I think if you knew you were going to ask those questions at the end of every shift, that you would practice differently." We could not agree more.

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