



The Living Family Tree: Bridging the Gap Between Knowledge and Practice in a Family Nurse Practitioner Program

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ABSTRACT

Family nurse practitioner (FNP) graduates must be prepared to care for individuals and families and to demonstrate a commitment to family-centered care. FNP educators are challenged to translate theoretical frameworks into meaningful clinical engagement through novel teaching strategies that promote family-centered care in a health care environment that focuses primarily on the individual. The Living Family Tree (LFT) is a video-enhanced active learning strategy that features a multigenerational family through which students view reality-based family health care scenarios. This creative educational innovation serves to bridge the gap between knowledge and practice by actively engaging learners using technology and multimedia.

Keywords: active learning strategy, family nurse practitioner, family systems theory, living family tree, student engagement

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This CE learning activity is designed to augment the knowledge, skills, and attitudes of both students and practicing nurse practitioners and assist in their understanding of how family systems theory may guide practice.

At the conclusion of this activity, the participant will be able to:

- A. Describe utilization of "living family tree" in FNP curriculum
- B. Apply innovative, problem-based family systems theory to learning
- C. Explain a modality to enhance NP student engagement and knowledge

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INTRODUCTION

Family nurse practitioner (FNP) graduates must be prepared to care for individuals and families across the lifespan and to demonstrate a commitment to family-centered care.¹ Although the majority of FNP programs provide education regarding family theories and models, the predominant conceptualization promotes the family in the context of caring for the individual.² Few programs provide a foundation to educate students to evaluate or intervene for the family as the unit of care.² FNP educators are challenged to translate the theoretical frameworks into meaningful clinical engagement and interventions through novel teaching strategies that promote family-centered care in a health care environment that focuses primarily on the individual.

The purpose of this paper is to describe an innovative, technology-enhanced, problem-based teaching and learning strategy that facilitates family-centered care grounded in the Family System Theory (FST) and is applied throughout the clinical courses of an FNP curriculum. The Living Family Tree (LFT) is a video-enhanced active learning strategy that features a multigenerational fictional family, through which students view reality-based family health care scenarios. It is designed to promote interactive learning through critical analysis of problem-based case studies that are integrated throughout the FNP curriculum. The LFT also serves as a vehicle to integrate genomic health into the comprehensive care of families.

THEORETICAL FRAMEWORK

FST underpins the philosophy of the care provided by FNP and it serves as the theoretical framework for the LFT. The FST recognizes the natural balance between family system functioning and the development of the individual, and it expands the assessment and treatment of individual problems to include the context of the family system.³ Dr Murray Bowen, a pioneer in family therapy, described his experience of treating whole families rather than individual patients, by saying “it was like moving from the playing field to the top of the stadium to watch a football game ... suddenly the patterns became visible.”^{4(p40)}

When FNPs provide primary care from a context of FST, they are better able to assess for and understand the impact of the family on individual

functioning and the influences of health throughout the lifespan. When caring for individuals, FNPs should consider patients to be part of the family emotional unit with interdependent and interconnected characteristics, rather than a collection of individual members.^{3,5} The family is a symbiotic unit, and health-related conditions will affect the family unit and will result in reciprocal interactions.

FST describes principles of family functioning, which are believed to be true for all families, even as the concept of family has become increasingly more complex and diverse.^{3,5} Patient and family knowledge, values, beliefs, relationships, interactions and cultural backgrounds regarding health and illness must be incorporated into the assessment, planning and delivery of care. The FST is based on 8 principles: (1) the differentiation of self; (2) the triangle; (3) the nuclear family emotional process; (4) the family projection process; (5) the multigenerational transmission process; (6) sibling position; (7) the emotional cutoff; and (8) the emotional process in society.^{3,5}

FAMILY GENOME/FAMILY HEALTH HISTORY

Family health history serves a powerful and valuable tool for identifying individuals at risk, to clarifying family and biologic relationships, and assessing risk for development of genetic disorders.⁶ Family history may also provide information about family relationships and dynamics impacting the health of the individual and the family. The family genome, also known as a pedigree, provides a visual display of family structure and related health conditions. Family health histories provide FNPs with important information related to familial patterns of disease, illness, and risk, such as hereditary disorders and patterns of mental health disorders or addiction, allowing the FNP to intervene through preventative strategies, early screening, and appropriate referrals.⁶

BACKGROUND

FNP Competencies

The role of the FNP in family-centered care is embedded within the entry-level competencies for FNPs set forth by the National Organization of Nurse Practitioner Faculties in collaboration with the American Association of Colleges of Nursing. Entry-level FNPs are expected to be able to: (1) “obtain and record a

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