

Families as Faculty

Nursing

Student Handbook

University of New Mexico

UNM-Farmington

Western New Mexico University

WNMU-Graduate Studies Center Gallup

New Mexico State University

Eastern New Mexico University

Central New Mexico Community College



Parents Reaching Out
Your One Stop Resource for a Stronger Family

Let us put our minds together
and see what
life we can make
for our children.

Chief Sitting Bull



Parents Reaching Out is funded through grants from the U.S. Department of Education, Office of Special Education Programs as the Parent Training and Information Center for New Mexico in addition to the federal Maternal and Child Health Bureau as the New Mexico Family to Family Health Information Center. The contents of this handbook were developed under the grant. However, the contents do not necessarily represent the policy of the US Department of Education, and you should not assume endorsement by the Federal Government.

In addition, Families as Faculty appreciates the funding support from the New Mexico Public Education Department, New Mexico Department of Health, Family Infant and Toddler program (FIT) and the University of New Mexico School of Medicine-Continuum of Care.

Welcome to Families as Faculty!

The materials in this handbook will provide you with information about the Families as Faculty experience, Parents Reaching Out the hosting organization, information and resources for families and medical providers

We are pleased to have so many supportive and enthusiastic colleagues around the state who have helped Families as Faculty to grow and continually evolve and deepen. We also want to say “*thank you*” many times over to the more than 170 host families in communities throughout New Mexico who are critical in making this experience a memorable and often transformational learning experience for students.

Families as Faculty has four parts:

1. an orientation session in which you will learn the guidelines for your family visit and hear an adjunct family faculty member’s experiences having a child with special needs,
2. a family visit with a partner,
3. writing a reflection paper and/or family visit analysis,
4. a wrap up session during which we will discuss your experience and reflect upon the challenges and rewards of partnering with families and its implications for your nursing practice.

We look forward to meeting with you and arranging a successful family visit.

Families as Faculty Staff



People First Language

Language can reflect how people see each other. That is why the words we use can hurt. It is especially important to use language that reflects the dignity of people with disabilities—words that put the person first, rather than the disability. For example, are you myopic or do you wear glasses? Are you freckled, or do you have freckles? Are you handicapped, or do you have a disability? People First Language describes what a person has, not what a person is. Those with disabilities are people with abilities and are more like an average person than different from him or her.

Say: A person with...or a person who has...

a disability

a cognitive disability

autism

Down's Syndrome

has a physical disability

congenital disability

typical

brain injury

accessible parking

Cerebral Palsy

a developmental delay

a learning disability

Instead of:

disabled, handicapped

mentally retarded

autistic

Down's, retarded

crippled; paraplegic

birth defect

normal, healthy

brain damage

handicapped parking

CP, palsied, spastic

slow, stupid, retarded

learning disabled, stupid, retarded

SAY

uses a wheelchair

receives special education services

needs...or... uses...

a person who is blind

a person who is deaf

INSTEAD OF

is confined to a wheelchair

is in special education

has a problem with...

a blind person, can't see, blind

deaf, hearing impaired, mute

Overview

Families as Faculty (FAF) is often called a transformational experience by students who participate in this program. This innovative component of undergraduate and graduate education course work is a collaborative program between Parents Reaching Out (PRO), New Mexico's Parent Training and Information Center and six New Mexico universities. At its center, is a student visit with a family who has a child with special needs. Students learn first hand from host families about their experiences, both positive and negative, with health care service systems. Families as Faculty provides students with a hands-on, real life experience at a crucial time in their professional preparation program.

As a result of this personal and often intimate visit, students leave with an appreciation and better understanding of the joys and challenges of having a child who has special needs. They also frequently reflect on their own attitudes about children with special needs and their families, questions about how to effectively collaborate with families, and their capacity to effect positive change on systems to better serve children.

Families as Faculty is an adaptation of a family-centered care curriculum for health care students and is based on the following principles: *collaboration, information, respect, support, flexibility, strengths, empowerment and choice*. Families as Faculty has also been adapted for educators using the precepts of the Individuals with Disabilities Education Act (IDEA). Today, this program reaches [over 300](#) students a year on campuses across the state: University of New Mexico, University of New Mexico-Farmington, Western New Mexico University, Western New Mexico University-Graduate Studies Center, Gallup, New Mexico State University and Eastern New Mexico University and Central New Mexico Community College.

Goals

It is our expectation that students will come away from their visit with 1) a better understanding of the family-professional relationship; 2) a view of families as resources from whom they can learn; 3) an understanding that all children and families are different, each with unique strengths, values, beliefs and challenges and, 4) a consideration of their own personal beliefs, values and attitudes about children, families, the health care services system and their capacity to effect positive change in it.

Families describe this program as empowering for them and their children and as an opportunity to make a difference in the health care services system. They also have a chance to teach students about a particular disability in real life and strategies that could be helpful to nurses. Students often describe this experience as one of the most important in their coursework. "This experience was extremely eye-opening for providing some realization of how difficult it is to care for children with disabilities," said one student. "I was aware at a cerebral level, and this gave that awareness a human element."

Connecting Students with Families

Host families are recruited and trained by Parents Reaching Out. They are required to participate in an orientation, Host Family 101. During this hands-on session, families become familiar with program goals, practice how to frame their family story around one or more of the goal areas, and are offered ideas to help ensure a successful visit.

An Adjunct Family Faculty and a FAF staff member conduct an orientation session for students. This family faculty is an experienced host and has completed a training and mentoring program with the FAF staff. During the session, program goals are discussed, a family story is shared highlighting each program goal, tips for a good visit are offered, and assignments are made.

The assignment is in the form of an invitation from the family. It contains contact information, favorite family activities, suggestions on how to make a good contact call, and the names and ages of the children in the family. No disability or diagnosis is provided. It is our goal that students visit the family with an open mind and a willingness to ask questions. Although students are asked to prepare for the visit and have questions in hand when they go, they are instructed that this is *not an interview*, but rather, an informal meeting.

Visits are planned for two hours and generally take place at the home of the host family. Families determine when and where they will meet with students, and who among family members will be present. It is important that the visits are held at a place of the family's choosing. Being in a familiar setting helps them to manage the meeting and the environment, creating a shift in perspective for students.

Impact of Families as Faculty

Listening to family stories helps students understand the impact a therapist and the health care services system can have on child and his or her family. In addition, they also come to see the child a member of a family, as someone who is loved, has interests, conflicts and needs, just as any other child might. Students have an experience with a family to talk about more than a diagnosis and therapy.

A follow-up discussion is held with students when the visits are completed. An Adjunct Family Faculty and FAF staff member facilitate this session. Each student has the opportunity to talk about the visit—what they learned from the family, the child, about the disability, the health care service system and its implications for their future practice.

Families as Faculty Goals

Participation in Families as Faculty has opened my eyes in ways that no amount of classroom lecture or library research ever could. I was allowed to experience, rather than discuss, real life issues with a family from my own community. Student

Goal One

To give students an opportunity to see a child beyond his or her illness or diagnosis and as a member of a family and community

It is wonderful to see them first and foremost as a family, instead of as patients. I will always remember that my patients are more than their disease, they are individual people. Student

Goal Two

To help students recognize and acknowledge their own values, attitudes and personal beliefs while still respecting the perspective of the family

I have come to understand that the way we respond to people who are different in any way, clearly reflects our own willingness to either expand our horizons, or to shrink back in fear. The manner in which we interface with people with apparent disabilities is far more reflective of our own personal capacities than those of the person we interface with. Student

Goal Three

To provide students an opportunity to view families as knowledgeable partners from whom they can learn

We need to move past the politics and realize that it is very important to not only pay close attention to all children, but also to the parents because they know the child better than we will every get to know him or her in the one year we may spend with that child. Student

Goal Four

To provide students an opportunity to explore the complex needs and strengths of families coping with a chronic condition or disability

I was humbled by their positive approach. I have heard people wonder if they would have the strength to raise a disabled child. After spending time with (Connie's) family, I am more convinced than ever that we all have the strength, what we may be lacking is an open mind. Student

The Power of Story Telling

Their story, yours, mine – it's what we all carry with us on this trip we take, and we owe it to each other to respect our stories and learn from them.

Everyone has a story to tell. Our stories reveal how we think about ourselves, how we define and give meaning to our experiences and how information is selectively passed on from one generation to the next. Our stories are shaped by what we pay attention to. And what we pay attention to is influenced by gender, age, culture, family history, values and expectations for the future.

The Families as Faculty experience is based on the central principle of story telling, a language common to families everywhere.

Professionals too, are familiar with story telling. Many family-professional interactions begin with a description of the child's experience: the "story" of the problem. Before strategies can be developed and put into place, it is our belief that professionals must first understand the meaning of the child's behavior in the larger context of his or her life.

By inviting students into their homes and communities, families have the opportunity to teach the kinds of lessons that can't be learned in school or at a therapy session. There, the emphasis is on the diagnosis or problem. In the home and community, the emphasis is on living life to the fullest.



Reminders for Your Visit

Before You Call

- ✓ Have three dates and times that you and your partner have agreed on before you call your host family. Allow them to take the lead on what date and time will be the most convenient for their schedule.
- ✓ Review the phone tips on your invitation before calling your host family.
- ✓ Call your host family within ONE WEEK of the orientation.

The Call

- ✓ Be sure to leave your name and telephone number with your host family.
- ✓ Tell your host family that your partner (his/her name) will be calling to confirm the visit.
- ✓ Call your host family to confirm your appointment at least TWO days before your visit.

The Visit

- ✓ Go with an open mind.
- ✓ **Keep family information confidential.**

Tips for a Successful Visit

Follow-up is very important. If you can not reach your host family within ONE WEEK, contact Parents Reaching Out so that we can help you arrange a visit. (See your invitation for contact information.)

Be flexible about the day and time to meet with your partner and host family.

ONLY Families as Faculty staff can change your host family assignment. You are expected to go with your partner(s) to the family to whom you are assigned.

Be understanding of the busy schedules and the demands of everyday family life. You may not be able to meet the child(ren) or the entire family during your visit.

The focus of the visit is the family's experience, NOT the child's disability.

Your assignment is to listen and observe and not to make assumptions or judgments about what you hear or see.

Be thoughtful about the questions you ask about family life or the child's disability.

Be sensitive in your responses to what the family says or does. Take care in making comments about family life or the child's disability. Be thoughtful in your remarks and choice of words.

Remember, this is **NOT** an interview. It is a time for your host family to share their experiences. **BE AN ACTIVE LISTENER!**

Note: This evaluation form is sent to your host family. They complete and return it after your visit with them. A copy is shared with your instructor and the original is kept at Parents Reaching Out for evaluation purposes.



Families as Faculty
NURSING
 Student Evaluation

Please return by _____

Please be as forthcoming as possible. Your responses are also shared with the university faculty to provide feedback to them and to help us improve Families as Faculty. Thank you!

Name _____ Visit Date _____ Number Family Members Present _____

Student A _____ Student B _____

Would you like to be contacted about this visit? ___ Yes Best time to call: _____

Please answer the questions below for each student using a scale of 1 to 4. Place an x in the appropriate box to indicate your answer.	Student A			Student B				
	1	2	3	4	1	2	3	4
1. Did the student show an awareness of the purpose of the visit?								
2. Did the student have an open attitude to listen and learn from you and your family?								
3. Did the student contact you in a timely and courteous way to arrange or confirm the visit?								
4. Based on this visit, does the student have the potential to be a nurse with whom you would feel comfortable? Please feel free to comment in the space at the bottom of the page.								
5. Do you think the student gained an understanding of the goals of the program as a result of this visit?								
6. A. Was your child present for any or all of the visit? <input type="checkbox"/> YES <input type="checkbox"/> NO If your child was present, please answer B. B. Briefly describe how each student interacted with your child during the visit.								
7. Where did you and the students meet?								

8. Please check one or more of the principles of family-centered care that you talked about with the students.

respect strengths information choice
 support flexibility collaboration empowerment

Other comments.

Family-Centered Care

Questions and Answers¹

What is family-centered health care?

Family-centered care is an approach to the planning, delivery, and evaluation of health care that is governed by mutual beneficial partnerships between health care providers, patients, and families. Family-centered applies to patients of all ages, and it may be practiced in any health care setting.

What are the principals of family-centered care? Family-centered care is characterized by four principals:

1. People are treated with dignity and respect.
2. Health care providers communicate and share complete and unbiased information with patients and families in ways that are affirming and useful.
3. Patients and family members build on their strengths by participating in experiences that enhance control and independence.
4. Collaboration among patients, family members, and providers occurs in policy and program development and professional education, as well as in the delivery of care.

What is meant by the word “family”?

The word “family” refers to two or more persons who are related in any way—biologically, emotionally, or legally.

How is “family” defined for an individual patient?

The definition of family, as well as the degree of family involvement in health care, is controlled by the patient, provided he or she is developmentally mature and competent to do so. In pediatrics, families define for themselves who their family members are. The term “family-centered” is in no way intended to remove control from adults who are competent to make decisions concerning their own health care. The term “patient-and family-centered” may be used outside of the pediatric setting in order to make this explicit.

Is there a difference between family-centered care and family-focused care?

Both approaches acknowledge involvement with the family as a fundamental element of care. In family-focused care, professionals may provide care from the position of an “expert”; they tell the family what to do. They do things to and for the patient and family and consider the family the “unit of intervention.”

Family-centered care, by contrast, is characterized by a collaborative approach to caregivers and decision-making. Each party respects the knowledge, skills, and experience the other brings to the health care encounter.

Does family-centered care have anything to do with family practice?

Family practice is a medical specialty. Although the principles of family-centered care are particularly suited to the practice of family medicine, they transcend medical specialty.

¹ Family Centered Care: Questions and Answers The Institute for Family-Centered Care 7900 Wisconsin Avenue, Suite 405, Bethesda, Maryland 20814 Phone: 301-652-0281 • Fax: 301-652-0186 www.familycenteredcare.org

Family

Families are big, small, extended, nuclear, multi-generational, with one parent, two parents, and grandparents. We live under one roof or many. A family can be as temporary as a few weeks, as permanent as forever. We become part of a family by birth, adoption, marriage, or from a desire for mutual support. A family is culture unto itself, with different values and unique ways of realizing its dreams; together, our families become the source of our rich cultural heritage and spiritual diversity. Our families create neighborhoods, communities, states and nations.

New Mexico Young Children's Continuum, 1990
Edited by Polly Arango

Family-centered services are based on a set of deeply held values and beliefs about relationships: between children and their families; between professionals and parents; and the role of community services as a whole. Family-centered services ensure the well-being of all children including those with developmental delays and disabilities and their families.

Family-centered care is based on developing mutual partnerships between professionals and the families to insure that services are planned and delivered to meet the unique needs of the family as a whole. Family-centered care is based on these core concepts:

Dignity and Respect: Listening to and honoring the family perspective and choices.

Information Sharing: Building family capacity by providing unbiased information in ways that are affirming and useful. Sharing timely, complete and accurate information to provide choice and empower informed decision-making.

Participation: Encouraging and supporting families to participate and make decisions that affect the outcomes for their family member

Collaboration: Using processes to promote family involvement in developing policies, implementing programs and evaluating results. Practices insure that family knowledge, values, beliefs and cultural backgrounds are included in planning and delivering services and care.

Source: Institute for Family Centered Care <http://www.familycenteredcare.org>

What does a family-centered approach mean for families?

The ultimate outcome of a family-centered approach is to enhance the well-being of the family as a whole. It is designed to minimize stress, maintain or enhance relationships within the family, and makes it possible for the family to (as closely as possible) follow the lifestyle they choose for themselves. The definition of success looks different for each family.

What is the purpose of family-centered services?

Family-centered care is about *family empowerment*. Families share expertise on their child and gain the sense of confidence that comes from making informed decisions that are right for their family. The outcomes benefit the well-being and development of the child and family as a whole. Family-centered care is the continual pursuit of being responsive to the priorities and choices of families.

Family-Centered Professionals:

- View the family as a whole for service delivery and recognize that the well-being of each family member has an impact on every other member of the family.
- Recognize child and family strengths and views them as capable and competent. Providers help parents recognize their own personal and family strengths. They encourage families to build upon existing knowledge and skills. They show families genuine respect and sincere appreciation of even their smallest successes.
- Respond to family priorities to help families accomplish *their* DREAMS, not what the professional thinks should be important to them and share expertise without judgment.
- Individualize service delivery through plans tailored to family priorities. Services are not “one size fits all”. It is the family that determines the “best fit” for their family.
- Respond to changes in family priorities through trusting relationships formed during continuous communication that goes beyond an annual meeting or set of scheduled visits.
- Support family lifestyles and recognize that families go about their daily lives in different ways. Families change as they cope with events in their life (child birth, caring for a child with special needs, illness, employment, changes in relationships or cultural traditions).

Resources from Parents Reaching Out

The follow publications are available in hard copy and on CD. If you would like a copy of our materials, please feel free to visit our office or contact our Resource Center at 505-247-0192 or 1-800-524-5176 to place a request. Visit our web site: www.parentsreachingout.org to download these materials and other information.

* Indicates Spanish version is available

Acronyms, Abbreviations and Definitions

A Bridge to the Future * (Ability Pathway to Diploma)

Book of Ideas * (Learning Styles, Instructional Strategies and more)

Did You Know Fact Sheets * (NCLB, Literacy, Parent Involvement, Early Childhood)

Early Intervention and Natural Environments * (Birth to three)

Extended School Year * (Special Education Related Service)

Family Health Care Tips* (Fact Sheets on Health Care Access)

Family Connections Series* (6 books based on the Epstein Model for Quality Schools)

Family Involvement: Building Community Partnerships* (Schools & Systems Change)

First Steps Fact Sheets* (Early Intervention)

How Can I Help This Child? (Sensory Integration)

Let's Begin the Journey * (Overview of Special Education)

Mission Transition * (Head Start to Elementary)

Next Steps to Success * (Early Intervention to Early Childhood)

Open Line and More * (Communication Skills)

Positive Directions for Student Behavior (Intervention Strategies & Tools)

Practical Inclusive Education in New Mexico * (Differentiated learning at its best)

Telling Your Story * (Communication Skills—Sharing Your Perspective)

The Journey Continues* (Standard and Career Readiness Paths to Diploma)

The Handbook: Parental Rights and Special Education Procedures * (IEP Process)

We also distribute New Mexico Public Education Department-Technical Assistance Documents: Pathways to the Diploma; SAT- Student Assistance Team and the Three-Tiered Model of Student Intervention; and Gifted Education and publications from other stage and national agencies.

Parents Reaching Out

Your One Stop Resource for a Stronger Family

As a statewide non-profit organization, we connect with parents, caregivers, educators and other professionals to promote healthy, positive and caring experiences for New Mexico families and children. We have served New Mexico families for over twenty five years. Our staff and Family Leadership Action Network volunteers reflect the unique diversity of the communities throughout our state.

Children do not come with instructions on how to deal with the difficult circumstances that many families experience. Parents Reaching Out believes that families' needs go beyond the bounds of formal services. *What we can offer to each other is uniquely ours. We have all been there.*

Our Mission

The mission of Parents Reaching Out is to enhance positive outcomes for families and children in New Mexico through informed decision making, advocacy, education, and resources. Parents Reaching Out provides the networking opportunities for families to connect with and support each other. This mission supports *all families* including those who have children with disabilities, and others who are disenfranchised. Parents Reaching Out achieves this by:

- ♦ Developing family leadership
- ♦ Connecting families to each other
- ♦ Building collaborative partnerships
- ♦ Providing families knowledge and tools to enhance their power

Our Beliefs

- ♦ Families need support where ever they are in their journey.
- ♦ All families care deeply about their children.
- ♦ Families may need tools and support to accomplish their dreams.
- ♦ All families are capable of making informed decisions that are right for their family.
- ♦ Families in the state benefit from our organization having the staff and materials that meet their diversity.
- ♦ Systems that listen carefully to the family perspective improve outcomes for our children.

We invite all families and those serving families and children in New Mexico to make *Parents Reaching Out your one stop resource for a stronger family.* Our publications, workshops, and Resource Center offer tools for informed decision-making and building partnerships in communities. Our trained staff and network of volunteers are here to serve you.

Parents Reaching Out is the home of:

NM Parent Information and Resource Center (NMPIRC)
NM Parent Training and Information Center (NMPTIC)
NM Family to Family Health Information Center (NMF2FHIC)

Parents Reaching Out

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www.parentsreachingout.org

From I-25—take the Gibson Blvd Exit 222 and go East on Gibson. Turn left at the third stop light (Girard). Turn left on Vail. Go one block to Columbia. Turn left on Columbia. Parents Reaching Out is on the east side of the street. Welcome!



