

1 **International Family Nursing Association**

2 **Position Statement on Graduate Family Nursing Education**

3 **Developed by the IFNA Family Nursing Education Committee**

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41 **International Family Nursing Association**
42 **Position Statement on Graduate Family Nursing Education**

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44 **Background**

45 This International Family Nursing Association (IFNA) Position Statement outlines the
46 standards for graduate family nursing education and encourages nurse educators to develop graduate
47 programs that promote the care of families. This document provides a guide for family nursing
48 education, theory, and research related to the *advanced* practice of family nursing. This document is
49 built upon the *IFNA Position Paper on Pre-Licensure Family Nursing Education* (2013) and is
50 complementary to the *IFNA Position Statement on Advanced Practice Competencies for Family*
51 *Nursing* (2017). This document further advances the teaching and learning of graduate level nursing
52 education worldwide. Graduate education prepares **all** nurses for advanced nursing practice. Some
53 graduate programs prepare nurses for direct patient care roles (often referred to as advanced practice
54 nurses). Advanced practice nurses include clinical nurse specialists, nurse practitioners, nurse
55 midwives, and nurse anesthetists (Canadian Nurses Association, 2008, 2010; DiCenso et al., 2010;
56 Hamric, Hanson, Tracy, & O’Grady, 2014; Martin-Misener et al., 2010; Moules, Bell, Paton, &
57 Morck, 2012;. *IFNA Position Statement for Advanced Practice Competencies for Family Nursing*,
58 2017).

59 The family unit is “self-defined, the family is who they say they are (Wright and Leahey,
60 2013. As a relational experience of a group of people, ‘family’ is characterized by affectional bonds
61 (Claveirole, Mitchell, & Whyte, 2001; Hartrick Doane & Varcoe, 2005). A family’s life world is;
62 therefore, an integrative experience of individual and collective health and illness.

63 Family nursing education at the graduate level encompasses the teaching of practice-based
64 and evidence-informed scientific and theoretical knowledge which are essential for all specializations

65 – those in direct (advanced practice nurses) as well as in indirect care areas (education,
66 administration, or research) at either the masters or doctoral level. Nurses prepared at the graduate
67 level should be able to handle:

68 Complex phenomena, issues and situations also demonstrate the ability to identify
69 and formulate issues critically, autonomously and creatively as well as to plan and,
70 using appropriate methods, undertake advanced tasks within predetermined time
71 frames contributing to the formation of knowledge as well as the ability to evaluate
72 this work. (The Swedish Council for Higher Education, 2012)

73

74 Graduates of family nursing focused graduate education programs have the
75 enhanced capacity to expand family nursing through the way in which they conceptualize
76 the world. The educational perspective is enhanced when the teaching-learning relationship
77 occurs within a community of family nursing scholars. Thus, all members of a community
78 can contribute to the base of knowledge within the community through critical reflection
79 and reflective discourse. The translation of family research into practice and the
80 development of nursing knowledge related to family nursing science are critical
81 components of the role of graduate level nurses. The quest for discovering, analyzing,
82 synthesizing, and disseminating knowledge regarding family nursing reframes a new way
83 of thinking and embraces the transformation of education and the capacity of nurses to deal
84 with complex family nursing situations.

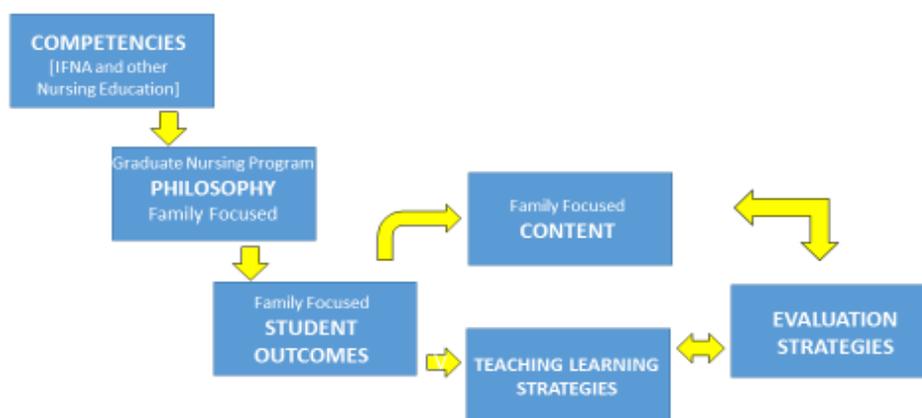
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Graduate Family Nursing Education Model

86 Graduate family nursing education can be best conceptualized using the IFNA Graduate
87 Family Nursing Education Model (Figure 1) which is based on six core curriculum components:
88 family nursing competencies, mission and philosophy statement, program and student outcomes,
89 family nursing content, teaching-learning strategies, and evaluation strategies. A graduate curriculum
90 must include a *philosophy* that is family focused and driven by established *competencies* such as the

91 IFNA Advanced Family Nursing Practice Competencies (under review 2017) as well as others
92 identified by professional nursing education organizations. Family-focused *program and student*
93 *learning outcomes* are identified which drive both the content and teaching-learning strategies. As in
94 all curricula, *evaluation* is done based on identified student outcomes, which allows for validation or
95 revision of *content, clinical experiences and teaching-learning strategies*.

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97

98 **Figure 1. IFNA Graduate Family Nursing Education Model**

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100 Because the IFNA Graduate Family Nursing Education model contains core curriculum components
101 specific to family nursing, the model can be incorporated for all types of graduate nursing education –
102 masters or doctoral.

103 Graduate nursing education builds on the experienced nurse’s competence and confidence in
104 effectively supporting the health of family members. Additional content is necessary for those
105 graduate programs with a family nursing focus, which produce direct care providers whose practice

106 includes patients and families. For those in these advanced practice nursing graduate programs,
107 having a patient population specialization, knowledge and skills related to family assessment, and
108 family nursing actions are essential. This knowledge and skills are clinically developed through
109 supervised practical experiences and simulations (Anderson & Friedemann, 2010; Astedt-Kurki,
110 Paavilainen, Paunonen, & Nieminen, 1998; Bell, 2010; Bell, Paton & Morck, 2012; Eggenberger &
111 Reagan, 2010; Holtslander, Solar, & Smith, 2013; Lindh et al., 2013; Moriyama, 2008; Nyirata,
112 Denham, Raffle, & Ware, 2012; Wacharsin & Theinpichet, 2008; Moules et al., 2012). Advanced
113 practice nurses are prepared to provide complex care for families.

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115

POSITION STATEMENT

116 This document provides a vision for **graduate family nursing education** and was developed
117 with the acknowledgement of the different institutional, governmental, and cultural influences on
118 nursing education across the world. This position statement advocates that all **graduate nursing**
119 **education** programs be based on the following core curriculum components: family nursing
120 competencies, mission and philosophy statements, program outcomes, student learning outcomes;
121 family nursing content teaching-learning strategies, and evaluation strategies.

122

123 The **International Family Nursing Association:**

- 124 **1. Supports nurse educators in the design of nursing curriculum in all graduate nursing**
125 **programs to recognize the family unit as an essential focus of nursing care.**
- 126 **2. Promotes the use of family-derived theoretical frameworks to guide discipline-specific and**
127 **interdisciplinary dialogue regarding graduate family nursing education outcomes, family-**
128 **focused practice, family healthcare, and reflective practice with families.**

- 129 **3. Recognizes that the critical engagement with family within the context of various healthcare**
130 **and community settings is strengthened through integrated teaching-learning strategies that**
131 **use an inter-professional approach to healthcare teams that mobilize resources to support**
132 **individual and family health.**
- 133 **4. Recognizes that graduate family nursing education should build on both foundational and**
134 **advanced family nursing competencies by translating research and integrating practice-**
135 **based evidence into care provided to families. The IFNA Advanced Practice Competencies**
136 **for Family Nursing (2017) contains four core competency domains that can be used to guide**
137 **curriculum development: (a) advanced practice family nursing care, (b) collaboration and**
138 **leadership, (c) evidence-based family nursing, and (d) professional responsibility and**
139 **accountability.**
- 140 **5. Supports the integration of professional responsibility, accountability, and leadership in the**
141 **ethical conduct of the care of families across the life span and in any setting.**

142 **Graduate Family Nursing Education Program Content**

143 One of the primary mechanisms for developing the knowledge and skills necessary to
144 effectively provide family-focused nursing care is the clear and intentional inclusion of family during
145 all aspects of graduate nursing education. This can be ensured by incorporating this in the **mission or**
146 **philosophy statements** of the program curriculum. A focus on family nursing should extend beyond
147 a single course to be integrated throughout the nursing curricula, in ways that influence the critical
148 thinking and clinical judgment associated with the delivery of all nursing actions.

149 Graduate programs focused on preparing nurses for indirect roles such as nursing education
150 and administration, should include family nursing content to meet an outcome such as: “Design
151 patient-centered and culturally responsive strategies in the delivery of clinical prevention and health

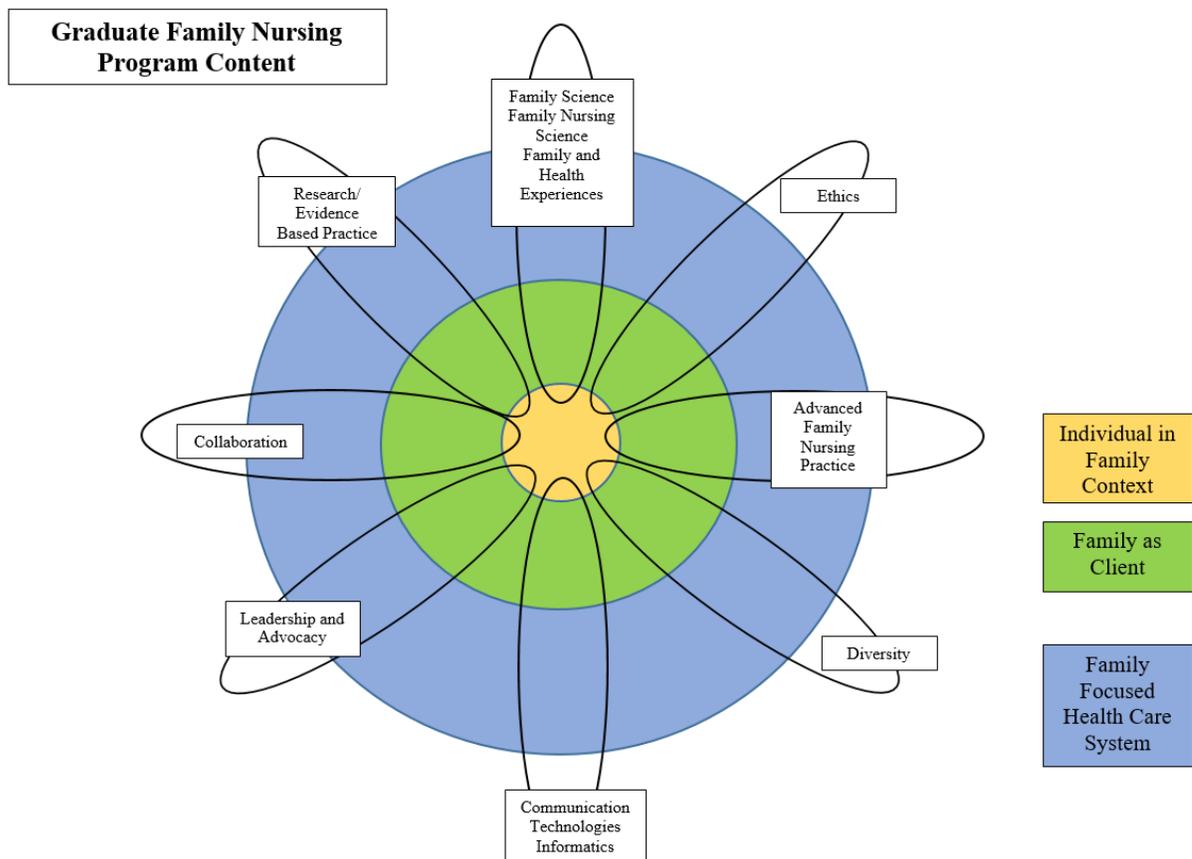
152 promotion interventions and/or services to individuals, families, communities, and aggregates/clinical
153 populations “(AACN Master’s Essential VIII: Clinical Prevention and Population Health for
154 Improving Health, 2011). For advanced practice nurses (those in direct care roles), the following
155 **competencies for family nursing practice** (IFNA, 2017) should be incorporated into the curriculum:

- 156 1. Establish a relationship with the family for health promotion, disease prevention, and
157 symptom management during complex health transitions.
- 158 2. Collect comprehensive data pertinent to the family’s health status.
- 159 3. Determine the family’s response to health and disease conditions during complex health
160 transitions.
- 161 4. Systematically use evidence and informed clinical reasoning to formulate family nursing
162 judgments in practice.
- 163 5. Consistently intervene *with* the family in preventing, maintaining, and restoring well-being
164 during complex health transitions.
- 165 6. Facilitate the resolution of family responses to complex health transitions.
- 166 7. Actively engage in deliberate family nursing practice.
- 167 8. Draw on a formal approach to monitor and evaluate family responses to interventions.

168 In turn, the **content** in graduate nursing curricula should be included to meet **program and student**
169 **learning outcomes** which builds on a systematic and progressive introduction to family-focused
170 healthcare supported by evidence informed and family-derived theoretical frameworks that enable
171 students to not only practice (**teaching-learning strategies, e.g., clinical experiences**) but also
172 collectively reflect upon their nursing actions.

173 For advanced practice nurses, **content** in nursing curricula should build on a systematic and
174 progressive introduction to family-focused healthcare supported by evidence informed, family-

175 derived theoretical frameworks that enable students to not only practice nursing actions (in **clinical**
176 **experiences**) but also collectively reflect upon their actions within three domains: the individual with
177 family as context, the family as client, and the family focused healthcare system (as illustrated in
178 Figure 2).



179
180 Figure 2. Graduate Family Nursing Education Program Content

181 Advanced Practice Family Nurses provide direct care that requires the nurse to continually
182 integrate conceptual, perceptual, and executive competencies to meet the demands for both person-
183 centered and family-centered care (Wright & Leahey, 2013). The importance of including family
184 while providing nursing care to individuals is fundamental to the holistic nursing care of persons of
185 all ages and in all settings (Abraham & Moretz, 2012). Advanced family-focused nursing occurs
186 across the spectrum of nursing specialties and settings of care, from perinatal (Veltri, Wilson-

187 Mitchell, & Bell, 2015), to pediatrics (Baker, Copnell & Willetts, 2013; Curry, 2009), to end-of-life,
188 home care (Gjerberg, Førde, & Bjørndal, 2011), to trauma, (Clukey, Merrill, Hayes, & Curtis, 2009),
189 to acute care (Holtslander, et al 2013), and to public health nursing (Stanhope & Lancaster, 2012).
190 Regardless of the advanced practice role or setting, wherever nurses interact with individuals and
191 families there is a need to foster the health and healing of the family by providing effective graduate
192 nursing education.

193 All graduate nursing students must be engaged in learning about the importance of the family
194 to individual health and well-being, and to assess, plan, implement, and evaluate family-focused
195 interventions during didactic and clinical learning. We believe that quality individual nursing care is
196 intricately linked to assessment and intervention with families in ways that promote and preserve the
197 health and well-being of the family unit. Family members, as well as family relationships, should be
198 included in the assessment processes, plans for delivery of nursing actions, and evaluation of care
199 outcomes.

200 **Conclusion**

201 IFNA maintains that family-focused nursing care should be a standard of practice across the
202 lifespan, as cultural, spiritual, ethnic, and personal preferences are considered. All nurses, during
203 graduate education, should have access to systematic and consistent education that ensures they are
204 prepared with the appropriate advanced competencies in family-focused care as they develop their
205 expertise in nursing. The implementation of this position statement will require graduate nursing
206 education programs to revise and constantly update their curriculum towards desired goals that evolve
207 over time to meet the changing needs of families.

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295 **Additional Resources: [add link to toolkit on website/resources and place file with sample**
296 **family-focused graduate student outcomes there]**

297