ABSTRACT
The Family Outreach Project was designed to teach senior-level undergraduate nursing students how to assess, care for, and develop care plans for children with chronic health conditions and their families. Nursing students \((n=24)\) could attend one focus group conducted at the end of the semester as part of the evaluation of the America’s Promise School Project. Responses were audiotaped and transcribed verbatim. Qualitative methods were used to identify themes. Comfort with the visit, professionalism of the students, and usefulness of the home visit to families was assessed. Analysis of focus group responses identified four major themes: learning experience, observations about home environment, concerns about having nothing to offer families, and difficulties with arranging and carrying out the home visits. Family responses \((n=10)\) supported students’ perception that families were knowledgeable about their children’s chronic health conditions. Families indicated that students were professional and treated families respectfully. [J Nurs Educ. 2014;53(12):696-698.]

In 1893, Lillian Wald’s Henry Street Settlement (Henry Street Settlement, 2014) group initiated health care through home visitation. The home visit remains a vital health care component, providing assessment and interaction with children and families in their environment. Visiting the family in the home provides an assessment of the neighborhood, barriers to services, and a picture of the family’s functioning, communication patterns, and strengths (Stanhope & Lancaster, 2012).

Children with chronic health conditions comprise 23.3% of the child population in the United States (U.S. Department of Health and Human Services, 2011). The typical 400-student elementary school will have approximately 83 students attending who have a chronic health condition, ranging from Type 1 diabetes to cerebral palsy. Developing an assignment for nursing students that combines the home visit experience with children who have chronic health conditions offers the students an excellent learning opportunity.

Background
The America’s Promise School Project (APSP) is a combined pediatric and public health clinic experience that places senior-level nursing students in elementary and high schools as their primary clinical site. The Family Outreach Project was developed for this clinical experience to provide students with the opportunity to work with children who have a chronic health condition and their families. Nursing students work with faculty, the school nurse, and the child’s family to complete a comprehensive family assessment, medication reconciliation, and care plan development.

Clinical faculty play a vital role in the successful completion of the Family Outreach Project. The home visit is reframed, using a strength-based approach that is focused on exploring and validating family strengths, rather than negative aspects. Highlighting family strengths promotes family growth and builds competency (American Academy of Pediatrics, 2013; Gottlieb, 2013). The strength-based approach fosters shared decision making while building competency and problem solving (American Academy of Pediatrics, 2013; Gottlieb, 2013). Clinical faculty use the Family and Child Health History and Assessment Interview Guide, which was adapted from Allender and Spradley (2005) and Wright and Leahey (2012) to prepare students for the home visit. Students participate in role-playing the initial telephone call and history taking. Anecdotal responses from faculty indicated that students had little previous experience tak-
Focus group discussion included: "What worked well?" 

"What students were identified as Caucasian and female. 

26 years (range = 21 to 40 years). The majority (83%) of students participated. The median age of the students was of each semester as part of the overall evaluation of the APSP; invited to attend one of four focus groups conducted at the end of each semester. 

Students noted high levels of parental knowledge about their child’s chronic condition that lead to the students’ verbalizing how little they had to offer, such as “I have new respect for [child] parent…lots of opening up my eyes to small things that could be changed. [I] learned a lot from them [adolescents living with diabetes].” 

Several students were assigned to children who have physical disabilities, providing opportunities to observe adaptations in the home. One student commented, “I liked the home visit with the child with spina bifida. Learning what the parents went through and adapted to was interesting.” A student who was assigned to a child with cerebral palsy noted, “Learning about the wheelchair and walker with special accommodations in the home and the ramp for entry and exit was interesting.” 

Students noted challenging home environments, as demonstrated by the following student comments: “It was awkward at first; I never imagined the home would be like that.” “It was an eye opener, the family has so little.” “Things were chaotic, so many needs…I learned so much.” Exposure to the realities of the home environment provided deep learning experiences for the nursing students. 

Students noted high levels of parental knowledge about their child’s chronic condition that lead to the students’ verbalizing how little they had to offer, such as “I have new respect for parents.” “The parents knew so much, I didn’t feel like I taught them anything.” Some students were uncomfortable with this relationship, perceiving that they should have been providing something. The families were challenged to identify the family’s health literacy level and adapt the care plan accordingly. 

Method 

Nursing student learning experiences and the families’ responses to the home visit are evaluated as part of a larger evaluation of the APSP. The learning experience is evaluated with focus groups. Senior-level nursing students (n = 47 per semester cohort) are assigned to one of 12 APSP clinical sites. Families who have children with chronic health conditions (n = 47) were recruited by school nurses, who obtained verbal permission from parents or guardians to participate in the project. Written consent was obtained at the time of the home visit. The school nurse obtained child assent after the parental or guardian consent was obtained. 

All nursing students in the APSP clinical experience were invited to attend one of four focus groups conducted at the end of each semester as part of the overall evaluation of the APSP; 24 students participated. The median age of the students was 26 years (range = 21 to 40 years). The majority (83%) of students were identified as Caucasian and female. 

Focus group participation was voluntary, with facilitation by nonclinical faculty experienced in conducting focus groups. Focus group discussion included: “What worked well?” “What was the most difficult?” and “Specifically share your feedback on the Family Outreach Project.” Focus group responses were audio recorded and transcribed verbatim for analysis. Qualitative methods were used to analyze transcripts for learning themes and quality improvement. 

Family responses to the Family Outreach Project were evaluated using the Family Outreach Survey, a seven-item tool developed by the APSP team. A 5-point Likert scale was used to assess the families’ comfort with the visit, the degree of respectful behavior by the student, professionalism of the student, and how likely the families were to make changes resulting from the visit. Two open ended questions asked: “How can we make the experience better?” and “What else should we know?” The Family Outreach Survey was mailed to all families who received home visits as part of the outreach project (n = 33 [not all students were able to complete home visits]), along with a self-addressed, stamped return envelope. Survey responses were anonymous unless the parent(s) choose to disclose their names. Focus groups and the Family Outreach Survey received approval from the Illinois State University Institutional Review Board. 

Results 

Focus group responses represent 50% of eligible nursing students. Analysis of focus group responses identified four major themes: (a) learning experience, (b) observations about home environment, (c) concerns about having nothing to offer families, and (d) difficulties with arranging and carrying out the home visits. Some responses describing the learning experiences are as follows: 

- My favorite thing. Did the most teaching. Talked with the child for a longer time. Great! 
- Most stressful project. Didn’t know what I could help with because they were on top of it. I learned a lot from the family, [which was] a bit frustrating but good. 
- Gave us a more peds [pediatrics] experience. More interesting…followed the path, transition. A real experience. 
- The care plan made me think ‘outside the box’—integrating a holistic approach. [It] helped me with critical thinking and going beyond being in the home…two hours with the diabetic [child] parent…lots of opening up my eyes to small things that could be changed. [I] learned a lot from them [adolescents living with diabetes].” 

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Students noted challenging home environments, as demonstrated by the following student comments: “It was awkward at first; I never imagined the home would be like that.” “It was an eye opener, the family has so little.” “Things were chaotic, so many needs…I learned so much.” Exposure to the realities of the home environment provided deep learning experiences for the nursing students. 

Students noted high levels of parental knowledge about their child’s chronic condition that lead to the students’ verbalizing how little they had to offer, such as “I have new respect for parents.” “The parents knew so much, I didn’t feel like I taught them anything.” Some students were uncomfortable with this relationship, perceiving that they should have been providing more information and services to the families. 

Barriers to successful completion of the home visit centered around difficulties arranging the home visit and finding time to interact with the child in the school environment. Some students’ comments reflected these barriers: 

- The student [child] was identified only 1 week before spring break...then the health fair focus. Wish I could have had a longer relationship. 
- NO contact with parents, several contacts [with assigned student in the school setting] but NO home visit. [I was] able to do care plan based on interactions with the assigned student. 
- I went to three visits because [my] classmates couldn’t get someone to go with them...peers didn’t step up.
TABLE

Family Outreach Survey (n = 10) Response to Nursing Students’ Home Visits

<table>
<thead>
<tr>
<th>Question</th>
<th>Mean Response</th>
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<tbody>
<tr>
<td>How comfortable was your family with the visit? (1 = uncomfortable to 5 = comfortable)</td>
<td>5</td>
</tr>
<tr>
<td>Were you and your family treated with respect during the visit? (1 = disrespectful to 5 = very respectful)</td>
<td>5</td>
</tr>
<tr>
<td>Did you and your family learn anything from the visit? (1 = no learning to 5 = learned a lot)</td>
<td>3.1</td>
</tr>
<tr>
<td>How likely are you to make changes because of the visit? (1 = unlikely to 5 = very likely)</td>
<td>3.1</td>
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- Not much interaction with the student...couldn’t pull student out of class.
- My student was in a behavioral class that I was observing—[I] couldn’t ever talk to her...no physical conditions, just behavioral.

Thirty-three families were given surveys for completion. Ten surveys were returned, for a response rate of 30%. The average number of families’ responses are noted in the Table. All families indicated that they were very comfortable with the visit and that students treated them with respect.

Students’ observations of how knowledgeable families were about their children’s chronic condition was supported by the average family response of 3.1 (ranging from 1 = no learning to 5 = learned a lot) to the question, “Did you and your family learn anything from the visit?” The families’ response was neutral (3.1, ranging from 1 = unlikely to 5 = very likely) to the question: “How likely are you to make changes because of the visit?”

Some of the families’ responses to the open-ended question of “How can we make this experience better?” were “none” and “the visit went well.” None of the surveys identified areas for improvement or the need for changes.

Discussion

The learning that occurred with the Family Outreach Project validated the use of this assignment. Students gained a deeper understanding of the interactions between family members, the impact of the home environment, and the families’ strengths in adapting to life with a child who has a chronic health condition. Students realized the depth of knowledge parents have about their child’s condition and the adaptations families make to care for their child.

Improving the experience includes ensuring that students are assigned to their families early in the semester and that they are able to contact their families and children as soon as possible. Parental permission was initially obtained by sending a permission form home with the child, which resulted in delays initiating contact. The revised process begins with the school nurse obtaining the parents’ verbal consent during an initial telephone call, and written permission is now obtained during the actual home visit. This process allows the nursing student to engage their assigned child while he or she is at school to begin the assessment process.

The identification of families who initially agree to participate and then declined participation must be identified early to facilitate the assignment of an alternate family. Open communication among the students, faculty, and school nurse is required to ensure that students have time to establish a relationship with a new family. Students need clear guidance around the timing of telephone calls, length of time to wait for a return call, and active support for problem solving difficulties with contacting the families.

The 30% family survey response rate limits the utility of the family responses. Investigation into the underlying causes of nonresponders is limited due to the anonymity of the survey. The distribution process has been refined each semester; however, response rates have remained stable over two semesters.

Conclusions

The Family Outreach Project has developed into an excellent learning experience. Nursing students interact with families and children in the families’ environment, gaining the experience of seeing how families adapt to the challenges of parenting children who have chronic health conditions. The nursing students learn valuable assessment, communication, and history-taking skills.

The summary of survey responses indicated that parents were comfortable with the students’ visits and that they were treated with respect. Anecdotally, parents reported that they benefited from being listened to and receiving validation of their experiences of raising a child with chronic health conditions. As a result, the families felt empowered to teach the nursing students about their child’s condition, thus providing both the family and student with opportunities for learning. In a natural environment, the Family Outreach Project facilitated student learning about children and families living with chronic health conditions.

References