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Abstract
This personal reflection describes our experiences with incorporating the scholarship of teaching and learning and problem-based techniques to facilitate undergraduate student learning and their professional development in the health sciences. We created a family health history assignment to discuss key concepts in our courses, such as health disparities, culture, and cultural competency in patient, provider, and health care team interactions. In this essay we share how we were able to listen to students' needs regarding the assignment and make improvements based on their feedback. This was an iterative process where we learned as much as our students by remaining flexible and receptive to students' unique circumstances.

Keywords
Problem-based learning, Scholarship of teaching and learning, Health disparities, Health sciences education, Professional development

Reflections on a Family Health History Assignment for Undergraduate Public Health and Nursing Students

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Abstract

This personal reflection describes our experiences with incorporating the scholarship of teaching and learning and problem-based techniques to facilitate undergraduate student learning and their professional development in the health sciences. We created a family health history assignment to discuss key concepts in our courses, such as health disparities, culture, and cultural competency in patient, provider, and health care team interactions. In this essay we share how we were able to listen to students' needs regarding the assignment and make improvements based on their feedback. This was an iterative process where we learned as much as our students by remaining flexible and receptive to students' unique circumstances.

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Introduction

We created a problem-based Family Health History (FHH) assignment to actively engage our students and ourselves, while encouraging critical thinking about health disparities, culture, and cultural competency in patient, provider, and health care team interactions. We developed this assignment for our undergraduate public health and nursing courses. Problem-based learning was appealing as a way to get students personally involved in the research process by: applying and reflecting on course concepts to assess how their past family health histories influenced their individual health; developing their research skills through participatory methods; and facilitating peer learning and in-class discussion. The assignment was also a way to integrate our teaching and research by creating a scholarship of teaching and learning project to encourage student engagement in their undergraduate health sciences education. We discovered that this assignment positively affected our approach to teaching, particularly using problem-based techniques to facilitate student learning and prompting us to think about students' professional development.

Through the FHH assignment students explored a disease, disorder, disability, health beliefs, or health behavior relevant to their families by conducting family interviews. We thought this assignment would serve three purposes. First, it would be an empowerment

tool, prompting students to learn more about their family health histories, reflect on their own health risks and behaviors, and provide incentives to make positive behavioral changes to enhance their health. Second, it would help students identify, understand, and begin to address health disparities associated with race, ethnicity, socioeconomic status, and culture. Finally, students and their families could use this information during their clinical interactions. As we implemented this assignment we quickly learned what worked well and what needed revisions.

Revisions and Reflections

First, the assignment needed some adaptation for nursing students. Since the course content varied between the two study sites, some content was easier to adapt and relate to the students than others. We focused our early assignment discussions on our overlapping content areas. For nursing students the lecture regarding health disparities and FHH was adapted. Upon reflection, it may have been easier to record the lecture from the primary study site and play it at the secondary site to ensure consistency of content in that area.

Second, we learned that students needed more in-class discussion about diagramming their family health histories and an example of using the on-line software from the Surgeon General (Department of Health and Human Services, 2012). In the public health course, this problem was addressed by inviting a medical doctor to talk to the class about the importance of using family health histories. While his presentation illustrated the pedigree chart and his thoughts about its benefits, students seemed to want more personalized in-class demonstrations of the pedigree chart and the FHH software. To address students' needs during the second time teaching this course, an exercise was created on family pedigrees using one of our own family health histories. This seemed to help students better understand what level of detail was needed for their assignment.

Third, we realized that some students could not or did not want to reflect on their FHH; thus, we needed to make some individualized exceptions. One student was estranged from his family because he was a gay man and did not plan to have further interactions with them. However, he chose to do his FHH on a group he felt affiliated with – the Lesbian, Gay, Bisexual, and Transgender community. We had not considered this issue, but it prompted flexibility for the assignment. For instance, an adopted student decided to focus her paper on her adoptive FHH and how her parents' understanding of their health risks influenced her upbringing. She focused on healthy attitudes and behaviors developed in her social environment. Another student had unusual circumstances, where all of her immediate family was deceased. We adapted her assignment by encouraging her to utilize the FHH she knew. However, the assignment went in a different direction than expected. She focused the assignment on how her family members' deaths affected her, venting her anger. Upon resubmission she was able to shift her writing to objectively relate her FHH to the literature and course concepts. Finally, two other students did their research on family superstitions and witchcraft that culturally influenced their families' health. We allowed this research because we realized that these issues play prominent roles in some cultures' health behaviors and health care. But, we realized that students doing unconventional topics should explain how these belief systems indirectly influence their health, their family's health, and possibly how valued these beliefs are within their broader culture and community.

Fourth, another difficulty that arose was helping some students think about the best way to approach family members regarding sensitive FHH information (e.g., mental health problems, witchcraft, poor relationships between extended family members, etc.). We addressed these issues individually with students. However, we can see the need for developing a general interview protocol, including a discussion of: the course assignment and its purpose, informed consent, providing a list of questions students want to ask in advance of the interview with family members, and if an uncomfortable topic arises with one family member, seek other family or close family friends who may be able to discuss these issues.

Finally, this assignment provided an opportunity for us to reflect on how it could be helpful with students' professional development. Students were exposed to a FHH tool that they could utilize beyond the scope of our courses, possibly recommending it to family members, future clients, or others to assist with their FHH, clinical interactions, and behavioral changes. Listening to students present their research during small group presentations (with mandatory peer review critiques), we could tell they all gained some new knowledge and appreciation for their family health histories and cultures. Moreover, their presentation discussions were teaching moments about their interviewing challenges while learning from one another. As faculty we often interjected during these discussions, stating that their challenges could parallel those they may face as professionals interacting with clients in clinical settings or participants in research studies, explaining study protocols, making clients feel comfortable, and explaining why this data collection may be important to clients' health. After class a number of students mentioned to us that they enjoyed the assignment and learned a lot of information. They found the assignment engaging and informative.

Conclusion

Throughout our implementation and reflection on this assignment we were able to listen to students' needs and make improvements based on their insight. These changes took place through an iterative process where we learned as much as our students. Despite the unexpected challenges, we and our students appreciated this assignment because the topic was individualized within the broad topic of FHH and could be utilized outside the scope of the course. Students were able to do research on their families' health and reflect on how it had or could impact them in the future. We appreciated reading students' unique papers at the end of the semester, making this assignment a pleasant experience. Thus, our investment in a problem-based learning assignment embedded in the scholarship of teaching and learning research was a valuable endeavor.

Reference

U.S. Department of Health and Human Services (DHHS) (2012). *Surgeon General's 'My Family Health Portrait' tool*. Retrieved from https://familyhistory.hhs.gov/