

**Undergraduate nursing education based  
on the RAM at St. Mary's College in Japan**

**—How the RAM supports nurses' understanding  
of people who suffer from illness—**

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**The Bell of Misericordia (Mercy) at St. Mary's College**



# History of Sister Callista Roy and St. Mary's College

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- 1986: St. Mary's Junior College was established and our Junior College adopted the Roy Adaptation Model as the central concept framework of the curriculum to educate nurses based on the spirit of Catholic love which is our philosophy.
- 1987: Dr. Irma J. D'Antonio, the dean of nursing of Mount St. Mary's College at the time, came to Japan and lectured our faculty members about the philosophy and development of the Roy Adaptation Model.
- 1990: The first time that Sister Callista Roy came to St. Mary's College and lectured on "The Roy Adaptation Model of Nursing: Philosophical Assumptions and Development of Essential Concepts."

# History of Sister Callista Roy and St. Mary's College

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- 2009: The second time that Sister Callista Roy came to St. Mary's College RAA-J's 1<sup>st</sup> Conference/ Ceremony to commemorate the Sr. Roy bridge
- 2014: The third time that Sister Callista Roy came to St. Mary's College: she lectured our graduate students; 2<sup>nd</sup> RAA-J Conference.
- 2017: The fourth time for Sister Callista Roy and the first time for Dr. Jacqueline Fawcett come to St. Mary's College. Ceremony for the 10<sup>th</sup> anniversary for the establishment of St. Mary's College; 3<sup>rd</sup> RAA-J Conference in Tokyo.
- 2018: The establishment of the Roy Academia Nursology Research Center.
- 2010 – 2018, Visiting Professor, St. Mary's College Graduate School of Nursing.
- 2018 – until present: Special Advisor of the Roy Academia Nursology Research Center.



# The relationship between St. Mary's College and Mount St. Mary's University

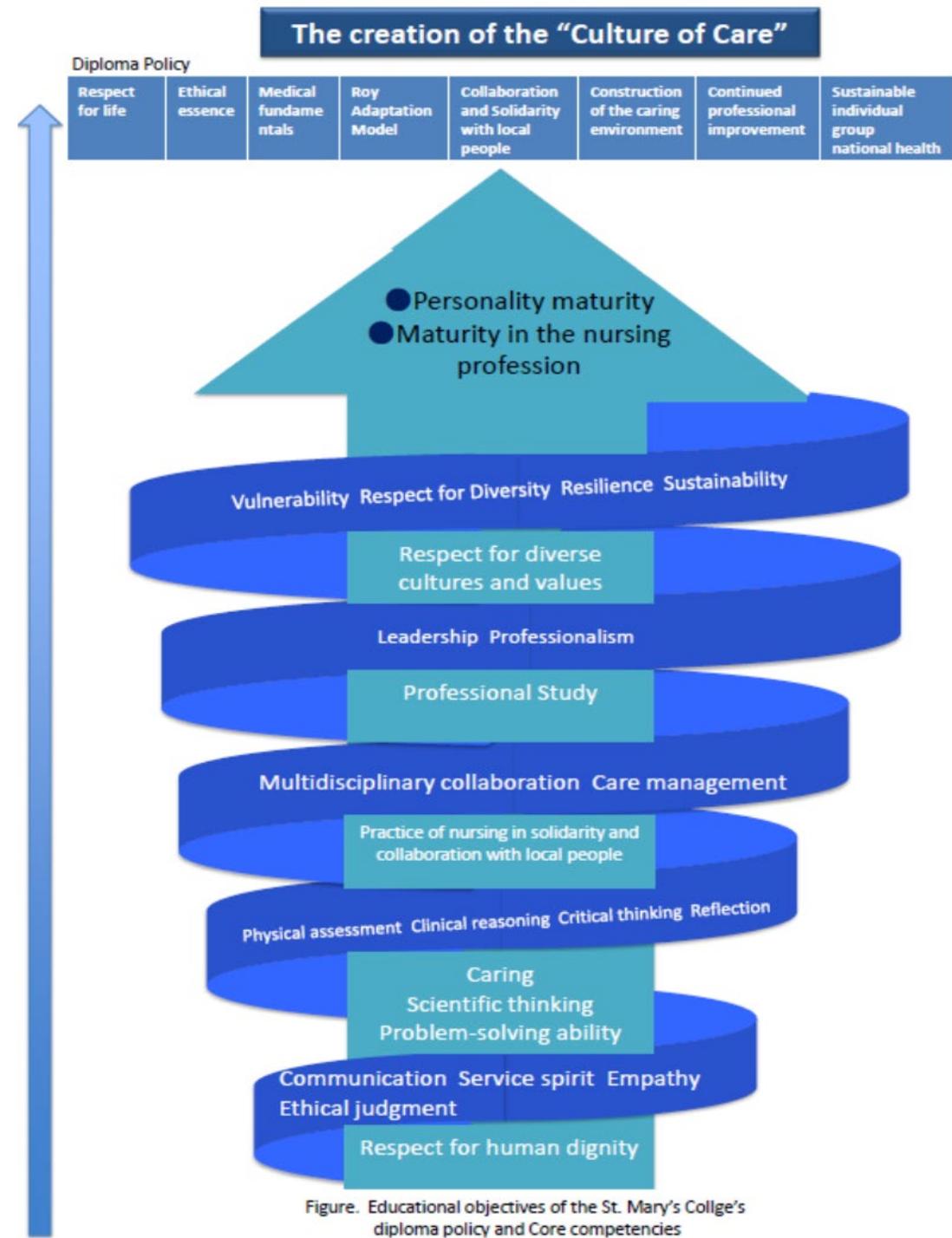
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- Our continuing relationship started in 1987.
- Many researchers and faculty have come from Mount St. Mary's University.
  
- 1987: Dr. Irma J. D'Antonio (Dean of Nursing)
- 1993: Dr. Marjorie Dobratz, Dr. Mary Sloper, Dr. Marsha Sato
- 1994: Dr. Terri Eichman, Dr. Mickie Tynan
- 1995: Dr. Joan M. Cho
- 1996: Dr. Marjorie Dobratz, Sister Carol Purzycki
- 1997: Dr. Maureen Hirsch, Dr. Karen Jensen
- 2008: Dr. Carolyn Padovano
- 2019: Dr. Leah FitzGerald (Dean of Nursing)



# The curriculum of our St. Mary's College School of Nursing

- Based on the Catholic spirit of love, St. Mary's College conducts education and research aimed to develop the nursing profession and to help each student mature their personality.
- Educational objectives are respect for human dignity, caring, scientific thinking, problem-solving ability, practice of nursing in solidarity and collaboration with local people, professional study and respect for diverse cultures and values.
- The diploma policy includes the ability to understand and practice the Roy Adaptation Model. It also aims to develop an understanding of the person as a whole human being, to encourage adaptation towards integration, and to grow and develop from the beginning to the end of life.
- We aim to develop nurses who can create a culture of care (Laudato si' ,2015).



# Major subjects that support the RAM's philosophic, scientific, and cultural assumptions:

|   | First grade   | Second grade  | Third grade   | Fourth grade  |
|---|---|---|---|---|
| Related subjects that support the philosophic assumption of the RAM | <ul style="list-style-type: none"> <li>• Introduction of Catholic Spirit of Love 1.0</li> <li>• Introduction to Christianity 1.0</li> <li>• Philosophical Views of Humanity</li> <li>• Bioethics 1.0</li> <li>• Service Learning</li> </ul> | <ul style="list-style-type: none"> <li>• Introduction of Catholic Spirit of Love 2.0</li> <li>• Bioethics 2.0</li> <li>• Service Learning</li> </ul>                              | <ul style="list-style-type: none"> <li>• Introduction to Christianity 2.0</li> <li>• Service Learning</li> </ul>      | <ul style="list-style-type: none"> <li>• Service Learning</li> <li>• Community Empowerment Practicum</li> </ul> |
| Related subjects that support the scientific assumption of the RAM  | <ul style="list-style-type: none"> <li>• Psychology</li> <li>• Anatomical physiology</li> <li>• Pathology</li> <li>• Biochemistry</li> <li>• Biology</li> </ul>   | <ul style="list-style-type: none"> <li>• Nutrition</li> <li>• Pathophysiology 1.0-4.0</li> <li>• Pharmacology</li> <li>• Infectious biodefense</li> <li>• Epidemiology</li> </ul> | <ul style="list-style-type: none"> <li>• Human Engineering</li> </ul>   |   |
| Related subjects that support the cultural assumption of the RAM    | <ul style="list-style-type: none"> <li>• Sociology</li> <li>• Respect for Diversity</li> <li>• Global Environment and Symbiotic Society 1.0</li> </ul>  | <ul style="list-style-type: none"> <li>• Global Health Assessment 1.0</li> <li>• Global Environment and Symbiotic Society 2.0</li> <li>• International Nursing 1.0</li> </ul>     | <ul style="list-style-type: none"> <li>• Global Health Assessment 2.0</li> <li>• International Nursing 2.0</li> </ul> |   |

## Nursing subjects based on the RAM

| First grade   | Second grade   | Third grade   | Fourth grade   |
|---|--|---|--|
| <ul style="list-style-type: none"> <li>• The Roy Adaptation Model 1.0</li> <li>• Introduction to professionalism</li> </ul> | <ul style="list-style-type: none"> <li>• Nursing Diagnosis</li> <li>• Skills Lab Clinical Level 1.0</li> <li>• Adult health and Geriatric nursing 1.0</li> <li>• Maternal nursing 1.0</li> <li>• Pediatric nursing 1.0</li> <li>• Community and Home nursing 1.0</li> <li>• Mental health nursing 1.0</li> <li>• Public health nursing 1.0</li> </ul> <p><b>【Practicum】</b></p> <ul style="list-style-type: none"> <li>• Basic Practicum 1.0</li> <li>• Basic Practicum 2.0</li> </ul> | <ul style="list-style-type: none"> <li>• Adult Health and Geriatric nursing 2.0</li> <li>• Maternal nursing 2.0</li> <li>• Pediatric nursing 2.0</li> <li>• Community and Home nursing 2.0</li> <li>• Mental health nursing 2.0</li> <li>• Public health nursing 2.0</li> </ul> <p><b>【OSCE】</b></p> <ul style="list-style-type: none"> <li>• OSCE</li> </ul> <p><b>【Practicum】</b></p> <ul style="list-style-type: none"> <li>• Critical Care</li> <li>• Chronic Care</li> <li>• Maternal Care</li> <li>• Pediatric Care</li> <li>• Mental Health Care Practicum</li> <li>• Community and Home care</li> </ul> | <ul style="list-style-type: none"> <li>• Caring Science</li> <li>• Nursing Research</li> </ul> <p><b>【Practicum】</b></p> <ul style="list-style-type: none"> <li>• Promotion of Adaptation: Integrated Practicum</li> </ul> |

# Learning process of the RAM

- Introduction of the RAM
  - ↓
- Nursing diagnosis (Case study)
  - Assessment of behavior,
  - Assessment of stimuli
  - Nursing diagnosis
  - ↓
- Adult and Geriatric Nursing Care (Case study)
  - Assessment of behavior, Assessment of stimuli,
  - Nursing diagnosis,
  - Goals and Intervention plan
  - ↓
- Nursing practicum

The screenshot displays the RAM interface for a patient named T.Y. (ID: 77777777). The patient's age is 51, gender is Male (M), and the date of hospitalization is September 29, Heisei 17. The chief disease is Cerebral Infarction, and the condition is Right Hemiplegia. The onset of disease is April 12, Heisei 18, and the patient has been hospitalized for 150 days as of February 25, Heisei 18. The evaluator is Makiko Kanayama. The form is titled "Self-concept-Group Identity mode" and contains the following questions and input fields:

- What is self-concept? (Input field with Guidance button)
- How do you feel about your body? (Input field with Guidance button)
- How do you feel about your Hemiplegia side or aphasia?( body image) (Input field with Guidance button)
- What is your anxiety or uneasy? (Input field with Guidance button)
- How do you think about your future? (Input field with Guidance button)
- What is your motto? (Input field with Guidance button)

At the bottom of the form, there is a date field showing "June 16/heisei18:Makiko kanayama" and buttons for "Cancel", "Save", and "Close".

The screenshot displays the RAM interface for a patient named T.Y. (ID: I). The patient's age is 51, gender is Male (M), and the date of hospitalization is August 8, 2008. The chief disease is Post Stroke Paralysis, and the condition is right side paralysis. The date of onset is 2008/7/7. The interface shows a table for nursing diagnoses with the following columns: "Date of ND", "Nursing Diagnoses", "Comment", and "LOG". The table is currently empty. Below the table, there are three tabs: "Assessment of Behaviors", "Assessment of Stimuli", and "Intervention". The "Assessment of Behaviors" tab is selected, and it shows a table with the following columns: "Goal", "Evaluation", and "Comment". The table is currently empty. At the bottom right of the interface, there are buttons for "CSV" and "Close".

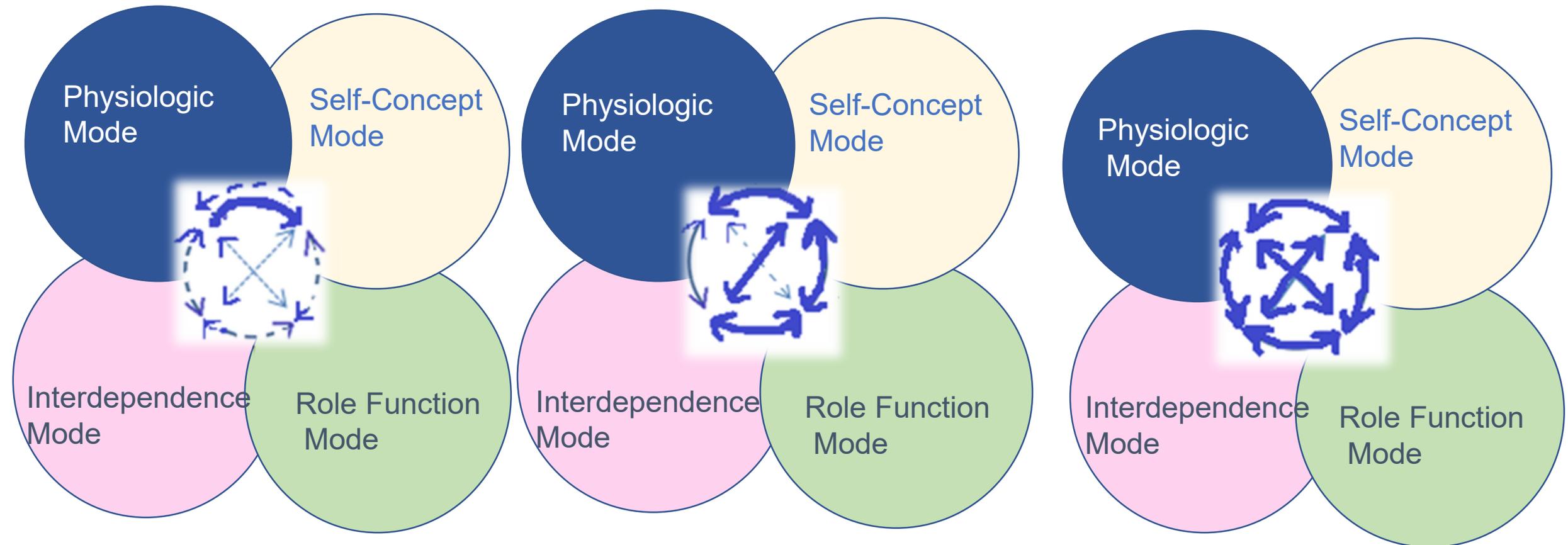
Pictures: Electronic Health care Record based on the RAM (Hidaka, 2007)

Clinical Practicum: the RAM supports students' nursing practice and promotes understanding of people's suffering.



# Learning about the adaptation process of stroke patients based on the relationship of the four adaptative modes of the RAM

## - Students' practicum reports: part 1



# Case 1

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- An undergraduate student became a charge nurse to a 60-year-old male stroke patient for her chronic care practicum. The patient looked to be strongly stimulated by his stroke and his behavior in the physiologic mode, and this was presumed to affect his self-concept mode, role-function mode, and interdependence mode of the RAM.
- His family consisted of his wife, his son, and his daughter. When the student nurse came and asked the patient about his condition, the patient told her that “My son is planning for his wedding at the end of the month.”

## Observed patient behavior in the four adaptive modes of the RAM

| Physiologic Mode   | Self-Concept Mode   |
|--|---|
| <ul style="list-style-type: none"> <li>• Left-side severe hemiplegia (Manual Muscle Testing: 1/5)</li> <li>• Transfer: need of assistance (wheelchair)</li> <li>• Self-care deficits</li> </ul>                    | <ul style="list-style-type: none"> <li>• "When I understood my diagnosis of a stroke, I felt deeply shocked."</li> <li>• "When I imagine my prognosis, I feel scared."</li> <li>• "I feel mortified not being as able to be independent in my self-care activities as I was before the stroke.</li> <li>• I know some of my friends who experienced strokes became depressed, so I am worried about becoming depressed, too.</li> </ul> |
| Interdependence Mode   | Role Function Mode  |
| <ul style="list-style-type: none"> <li>• Key persons: his wife and son</li> <li>• Support system: his daughter</li> <li>• All of them visit the hospital everyday and listen to the patient's feelings.</li> </ul> | <ul style="list-style-type: none"> <li>• The patient eagerly participated in rehabilitation and tried his best every time.</li> </ul>   |



## Observed patient behavior in the four adaptive modes of the RAM –1 week later –

### Physiologic Mode

- Left-side hemiplegia  
(Manual Muscle Testing; 2/5)
- Became able to walk

### Self-Concept Mode

- "Firstly, I felt a big shock, but I changed my thinking because I noticed that I could not stay that way.
- "I decided to do my best at my rehabilitation so as to be able to stand and participate in my son's wedding as his father."
- "If my family cheer me up, I feel empowered."

### Interdependence Mode

- His wife and daughter visited the hospital everyday.
- The son posted a piece of paper on the patient's bedside stating that his father would stand and walk when greeting all participants at the wedding.
- If the patient could walk a few steps, his family members expressed their happy feelings.
- The nurses and the student nurse took care and supported him every time.

### Role Function Mode

- "I hope to participate and to greet all participants as my son's father."
- "I would like to celebrate my son's happy life."





## Observed patient behavior for the four adaptive modes of the RAM – after 3 weeks –

| Physiologic Mode  | Self- Concept Mode  |
|---|---|
| <ul style="list-style-type: none"> <li>• Left-side hemiplegia<br/>(Manual Muscle Testing: 4/5↑)</li> <li>• Transfer: Walk with no assistance</li> <li>• Participate while sitting on a chair from the beginning to the end of his son's wedding.</li> </ul>                                   | <ul style="list-style-type: none"> <li>• "I was so happy from the bottom of my heart that I cried."</li> <li>• "I could do my best if my family were happy."</li> <li>• "My next goal is to hug my grandchild and to live with my family."</li> <li>• "Now, I think it was a meaningful thing for me to have had a stroke."</li> </ul>  |
| Interdependence Mode  | Role Function Mode  |
| <ul style="list-style-type: none"> <li>• His wife and daughter visited the hospital everyday.</li> <li>• His family members complimented him on making a lot of effort.</li> <li>• The patient expressed deep gratitude to his family and hospital staff, and the bride's parents.</li> </ul> | <ul style="list-style-type: none"> <li>• "I could stand and participate at my son's wedding as his father."</li> <li>• "I hope to be a grandfather and my hope is to hug my grandchild in my arms."</li> <li>• "I would like to take care of my family."</li> <li>• "Before my stroke, I was working too much. I think the important thing for me is not to work but to be with my family. "</li> </ul> |

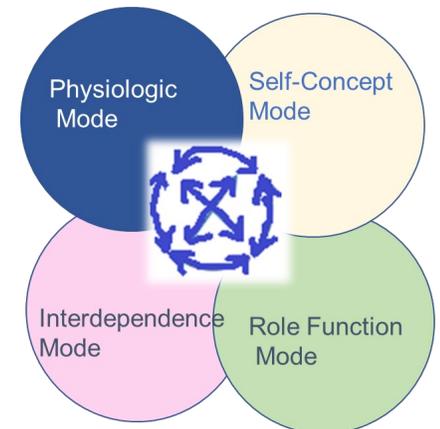


# The student's consideration throughout her caring experience

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● Roy (2009) noted that “As will be evident, when people as adaptive systems are explored further, all the various aspects of human systems are interrelated. Anything happening in one aspect of the system affects the whole system and all its parts”.

● In this case, the behavior of the son observed in the interdependent mode stimulated the role function mode of the patient, affected the self-concept mode, and led to his active engagement in rehabilitation. As a result, the patient's physiologic mode improved, his goal was achieved, and so the relationship between the four modes was observed.



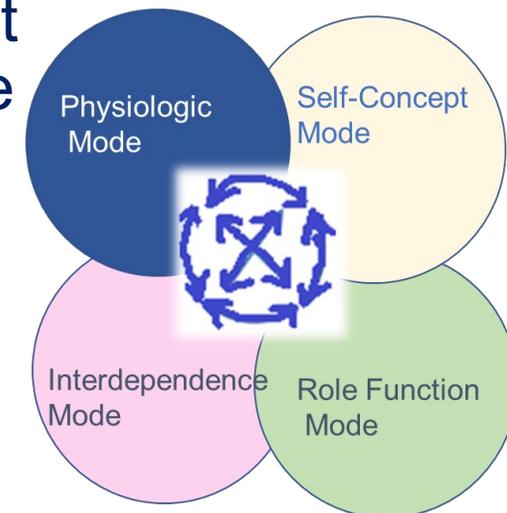
# The student's consideration throughout caring experience

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● It is presumed that the greatest stimulus that promoted adaptive behavior in the four modes was the son's expectation of his father to take his proper role at the wedding.

● It can be said that this stimulated the patient's self-concept mode, led to the goal of "standing and greeting at the wedding," and strengthened his motivation for rehabilitation.

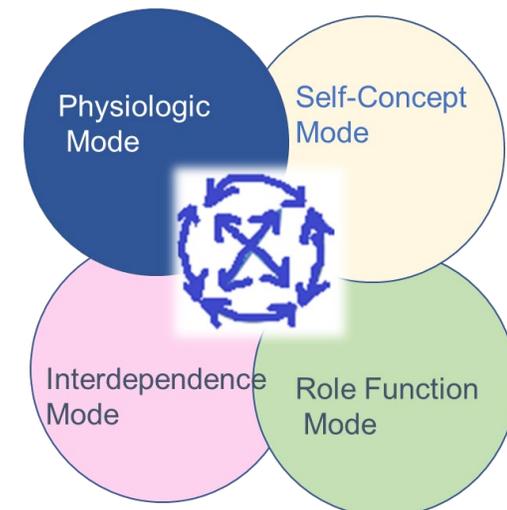
● The daily visits of his wife, son, and daughter reminded him that he had a family to support him, confirmed that he will fulfill his role as a father and as a husband, and actively affected "doing his best" in the self-concept mode.



# Conclusion

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- The relationships among the four adaptive modes of the RAM:  
From the viewpoint of change, it is important that the adaptation process of the stroke patient includes goals that the patient himself can aim for.
- It was suggested that the four adaptative modes are interrelated in the discovery of what the goal is and how to achieve it, and they promote the adaptation process.



Key person's suffering revealed from interviews of the interdependence mode  
- Students' practicum reports: Part 2



# Case 2

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- An undergraduate student became a charge nurse to a 60-year-old female stroke patient for his chronic care practicum. The patient had suffered from a stroke and had many disabilities such as left unilateral spatial neglect, left hemiplegia, dysarthria, and dysphasia.
- The patient's key person was her husband who had excessive expectations for his wife's recovery. He visited the hospital everyday from early morning to evening and did extra rehabilitation by himself, which was not a good way for his wife.
- The patient felt burdened by her husband repeatedly saying, "Do your best, do your best!"
- The patient expressed conflicting feelings to the student nurse about feeling happy that her husband visited and gave great support. However, she felt burdened because of his behavior.
- The student nurse wondered about her husband's behavior and decided to interview him to explore their interdependence mode.

## Interview guide based on the components of the interdependence mode

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- How do you feel about your life with your wife ?
- Do you directly convey your thoughts and feelings about your wife to her?
- What do you think your wife thinks about your feelings?
- Do you think your wife directly conveys her feelings to you?
- Did you communicated feelings to each other before your wife got sick?
- What do you think your relationship to each other is like?
- How did you feel at first when your wife got sick? If your feelings have changed, please tell me about it.

# Husband's thoughts about his wife

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- My wife is an important person for me who has supported me all the time. I am grateful to her.
- I thought we were a good couple. Of course it is still the case, but ...
- When my wife got sick, she and I went to the hospital that is near our house by car. But we couldn't get appropriate treatment because the hospital did not specialize in stroke treatment, so we waited inside an ambulance for two hours to transfer to a specialized hospital.
- I feel deep regret. If she could have gone to this hospital earlier, she might not have been as negatively affected by the stroke like she is now (regret feelings). Even when I stay at home, I repeatedly think I should have called an ambulance more quickly at that time.
- My mistake in judgment resulted in my wife's severe symptoms (guilty feelings). I have not been able to sleep very much since then.
- I want to return my wife's kindness back to her. That's why I come early in the morning and do my own rehabilitation with her.

## Student understanding of the husband's suffering throughout interview in the interdependence mode

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- His feeling of guilt about her condition at the onset of her stroke affected him. He mentioned "My wife has become this way because of me," indicating regret and a sense of responsibility, as well as excessive expectations and mistaken actions concerning recovery. The student inferred that this led to him doing his own rehabilitation with his wife.
- The student suspected that her husband's guilt was a little unleashed at that moment by supporting her with all his heart to help her recover.
- Interdependence mode interviews led to an understanding of the situation of the husband's self-concept mode.

## The student's practice of the spiritual-care for the husband

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- He listened to the patient's husband's regrets and guilt about her condition.
- He expressed the patient's husband's suffering to her.
- He created an opportunity for the husband and his wife to talk to each other.
- He taught the husband appropriate rehabilitation methods for the patient, and they did them together.
- He consulted professionals from the patient's rehabilitation team and determined that both the patient and her husband need special support.

# Conclusion and Discussion

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- These two cases show that the RAM helps students understand the patient's suffering. We will continue to put the RAM at the core of education and carry it out for undergraduate students.
- How does your university apply the RAM in education and nursing practicum?
- What changes is the RAM making in student-patient relationships?



# Thank You!



# Website page information



- Roy Academia Nursology Research Center  
<https://ranrc.jp/>
- Nursology Letter  
<https://ranrc.jp/nursology-letter/>
- Roy Adaptation Association Japan chapter  
(St. Mary's College School of Nursing)  
<http://www.st-mary.ac.jp/>

