

## Cultural Scenario Assignment

Learning Objectives and Outcomes		
Area	Objective	Course Student Learning Outcome (CSLO's), Baccalaureate Essential's & QSEN
Knowledge	<ul style="list-style-type: none"> <li>Describe how diverse cultural, ethnic and social backgrounds function as sources of patient, family, and community values</li> </ul>	CSLO 1, 3 Baccalaureate Essential VIII QSEN Patient-Centered Care
Skills	<ul style="list-style-type: none"> <li>Provide patient-centered care with sensitivity and respect for the diversity of human experience</li> </ul>	CSLO 1, 3, 4 Baccalaureate Essential VIII QSEN Patient-Centered Care
Attitudes	<ul style="list-style-type: none"> <li>Recognize personally held attitudes about working with patients from different ethnic, cultural and social backgrounds</li> </ul>	CSLO 4 Baccalaureate Essential VIII QSEN Patient-Centered Care

## Instructions:

Before Scenario:

Required readings from textbook: Table 16-1; Chart 16-11

Required readings: On e360 homepage: read the PDF “Outline of different cultural beliefs at time of death”

Recommended readings from textbook: Read pages 34; 102-112; 387-413;

You will be given a specific scenario upon arriving to the simulation lab. You will then have to act out how you will handle the situation as a nurse. The scenario will be used for evaluating, remediating, and debriefing.

Once the debriefing period is over you will then complete a reflective activity and turn in to the instructor.

## Reflective Activity

What are the major take-home lessons for you today?

**A major take away for me is that action needs to be taken quickly to figure out ways to communicate when the patient has so many complications and is dying. Culturally competent care is necessary even when there is so many other things to do. In the scenario, many things had to be done in order to treat the patient to make him comfortable. On top of treatment in this scenario the nurse should contact pastoral services and a translator if needed. This is crucial because the patient in the scenario is at the end of his life. Proper communication has to occur to make sure culturally competent is achieved. The nurse should never judge a patient, and need to offer them autonomy in their medical decisions (in this case, end of life decisions).**

What are the top three nursing actions related to the dying patient-specific to the patient's cultural needs?

**Three nursing actions include getting a translator to help with communication, get pastoral services to determine what religious decisions the patient would like to make at the end of their life, and making sure that the patient and family are as comfortable as possible.**

Who would you, as the nurse, consult to assist during the scenario?

**I would consult the Chaplin to determine what the patient's end of life needs are as well as an interpreter to help provide translation during communication.**

How can I adapt my nursing practices to be more responsive to the unique needs of diverse patient populations?

**I can adapt my nursing practices by being nonjudgmental about patients of diverse patient population. This includes letting them practice religious views, providing special diet, and look at the patient when speaking to them when an interpreter is needed.**

How can I adapt my nursing practices to be more responsive to patients with death and dying process?

**I cannot assume a patient's religion or end of life wishes, so I need to contact pastoral services. I will want to make sure the patient and family are as comfortable as possible. I should allow visitors or different religious ceremonies to occur as seen fit by the patient.**

What impact does NOT complete the specific death, and dying practices affect the patient? You as the nurse? The hospital? Healthcare as a whole?

**There is a trickle-down affect. If the hospital doesn't respect the diversity of clients, then it makes the nurse look bad when they are not allowed to give culturally competent care. For instance, if a nurse is working at a hospital that is underfunded and does not have pastoral services or translating options, the nurse will look incompetent to the client. Same goes for hospitals if health care as a whole doesn't promote diversity and patient autonomy.**

**STUDENT NAME: Kenny Johnson**

**RUBRIC FOR CULTURAL SCENARIO ASSIGNMENT**

**CULTURE SELECTED:** \_\_\_\_\_

<b>Objective</b>	<b>Exemplary</b>	<b>2.5</b>	<b>Average</b>	<b>2</b>
<b>Unsatisfactory 0</b>	<b>Grade</b>			
Understanding of culture.	Demonstrates an understanding of culture and cultural competence in practice	Demonstrates limited understanding of culture and cultural competence in practice	Lacks understanding of culture of culture and cultural competence in practice	___ Pts.
Identifies key cultural aspects of death and dying	Incorporates key findings from cultural assessment.	Incorporates limited key findings from cultural assessment.	Little to no incorporation of key findings from cultural assessment.	___ Pts.

Incorporates cultural health practices	Evaluates cultural health practice.	Limited incorporation of cultural practices as appropriate.	Little to no incorporation of cultural health practices.	___ Pts.
Reflective Activity	Reflection of experience was in depth and adequately explained.	Reflection of experience was minimal on the reflective questions.	No reflection of experience on the reflective activity.	___ Pts.

**Comments:**

**TOTAL POINTS:** \_\_\_\_\_/10

**Instructor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Cultural Scenario: Post Exercise Evaluation (Likert scale 1-5, least to most)

1) Debriefing with faculty provided an opportunity to self -reflect, which improved my knowledge, skills, and attitude/confidence.

1      2      3      4      5

2) Faculty was prepared and facilitated enhanced learning during the debriefing period

1      2      3      4      5

3) I recommend the continuation of “Cultural Scenario” and feel it is a valued learning experience.

1      2      3      4      5

4) What are some things you have learned today that you will use in your practice?

**Getting a translator when I can't communicate with a patient. This is important to make sure the patient isn't DNR and to be able to provide and gain information from the patient and their family. Use proper body language when speaking to a client who needs a translator. I will also practice making patient and family comfortable during dying while asking about religious needs and end of life options.**

Suggestions:

---

---

---

---

---

---