

Cultural Scenario Assignment

Learning Objectives and Outcomes		
Area	Objective	Course Student Learning Outcome (CSLO's), Baccalaureate Essential's & QSEN
Knowledge	<p>Apply transcultural nursing concepts in the delivery of nursing care.</p> <p>Examine the influence of culture on nursing care decisions and actions for patients.</p>	<p>CSLO 1, 3 Baccalaureate Essential VIII QSEN Patient-Centered Care</p>

<p>Skills</p>	<p>Apply transcultural nursing principles, concepts, and Leininger's Sunrise Model theory when providing nursing care to individuals, families, groups, and communities.</p> <p>Adapt delivery of care to address patient with limited English proficiency.</p> <p>Assess patient's need for spiritual services.</p>	<p>CSLO 3, 5 Baccalaureate Essential VIII QSEN Patient-Centered Care</p>
<p>Attitudes</p>	<p>Values the role of transcultural nursing care decisions and actions.</p> <p>Recognize personally held attitudes about working with patients from different ethnic, cultural and social backgrounds.</p>	<p>CSLO 3, 6 Baccalaureate Essential VIII QSEN Patient-Centered Care</p>

Instructions:

Before Scenario:

Read pages 95-106 of Chapter 7 “Overview of Transcultural Nursing”

Read pages 26-29 of <http://www.aacnnursing.org/Portals/42/Publications/BaccEssentials08.pdf>
Essential VIII: Professionalism and Professional Values

Read QSEN Patient-Centered Care

http://qsen.org/competencies/graduate-ksas/#patient-centered_care

Reflect on how the following concepts:

Health and Culture:

The nurse must recognize that members of various cultures define “health” differently. Individuals may define themselves or others in their group as healthy even though the nurse identifies symptoms of disease. Cultural priorities of the client may differ from that of the nurse.

Culture and Healing:

Some individuals and families in some cultural groups may also use traditional healing systems, sometimes called lay or folk-healing systems, with or without allopathic (modern) medicine. In addition to seeking help from the nurse as a health care provider, clients may also seek help from traditional or religious healers. Most nurses have experienced clients who combine medical care with prayer. Nurses need to be sensitive to, respectful of and nonjudgmental regarding patients’ health beliefs and practices in order to maximize patient outcomes.

Health status of all clients is influenced by the interaction of physiological, cultural, psychological, economic and societal factors. Diversity within and among groups necessitates data collection activities and programs that are tailored to meet the unique health care needs of different subgroups.

Health beliefs are translated into health care practices, which then affect health status. What constitutes appropriate care for specific health conditions may be guided by cultural and social class expectations?

Health Information and Education:

Planning health education programs requires identifying and building on cultural strengths and ensuring sensitivity to cultural factors. Meeting the language and cultural needs of each identified minority group, using minority specific community resources to tailor educational approaches, and developing materials and methods of presentation that are at the educational level of the target population are essential considerations in the planning process. Health programs should be sustainable over a long period of time and accountable to the people they serve.

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 cultural scenario will be videotaped and watched back by the student and instructor during a debriefing period. Videotaping will be used for evaluating, remediating, and debriefing the educational process. The video will be used for educational and demonstration purposes only.

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?

Cultural competence is very hard to teach. It begins with valuing a person and the cultural components that make up their world view. Assigning worth and value to cultures that differ from one’s own is the foundation of learning to competently work with individuals from different back grounds. The next step is entering into a new cultural context as a learner. Even if a student has studied Amish culture or Muslim culture it would be impossible for the student to understand everything about the culture. Therefore, taking the approach as a learn is a sign of respect. Instead of stating things like, “I know in Amish culture…” a nurse could say, “My understanding is xyz. Is this true?” Asking the patient for clarification on their culture and the medical choices they are making as a result of their culture is vital. Not all Americans are the same or would make the same health care choices. It is also safe to assume not all Amish people are the same or would make the same health care choices.

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

For every individual I encounter I will ask what their health care choices and preferences are. I can’t assume anything. People don’t make the same choices. I will try to learn everything I can about a culture so that I have a foundation to start off with. From that point I will go directly to my patient to learn from them. I will meet the needs of the patient before me instead of assuming things about them. This will require me to slow down and ask more questions. I will be sensitive to things that can make my patient uncomfortable like having a nurse of a different gender. I will do everything in my power to make my patient as comfortable as possible.

How can I adapt my nursing practices to be more responsive to patients with limited English proficiency?

I will always seek translation services so that my patient and I can clearly communicate. I will also use things like body language and drawings to communicate when time is critical. I will be attentive and look for my patient’s body language. I will ask clarification questions to make sure my patient and I are both understanding one another clearly. I will speak directly to my patient instead of to the translator.

STUDENT NAME _____ **Sarah Evans** _____

RUBRIC FOR CULTURAL SCENARIO ASSIGNMENT

CULTURE SELECTED: _____ **Amish culture** _____

**Objective
Grade**

Exemplary 2

Average 1

Unsatisfactory 0

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.
Incorporates findings from cultural assessment	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.
Identifies key health teaching needs of patient and appropriate delivery method	Demonstrates evidence of key health teaching needs of patient and appropriate delivery methods.	Limited evidence of key health teaching needs of patient and appropriate delivery methods.	Little to no evidence of key health teaching needs of patient and appropriate delivery methods.	___ 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?

I have learned to not assume I understand things about my patient’s culture. Even within a given cultural group every person is different. Asking questions about a person’s preferences is better than stating for them what their preferences are.

Suggestions:

I have a lot of past cultural competence training. I think that is why I didn’t learn as much as another student might during this activity. I think this activity can be improved to help students engage more and think critically about how they would respond to a few topics. The only contribution I made to this role play was that we needed translation services.

Also a teaching portion might be helpful. Do we address culture in theory in this class? We did not talk about it before this activity so I am not sure if it is taught again. I know we discussed it a lot in foundations, but we also did a culture project in foundations. I respect that you guys are trying to teach students about cultural considerations. I think some more curriculum on the matter would be helpful. Maybe have an anthropology professor guest lecture on it? Nursing school is the last chance for many students to gain tools for cultural competence before entering the workforce where this will become necessary.