Integrating Cultural Competence into Nursing Education

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Building Blocks for Cultural Competence

- Self-Assessment
- Skills
- Knowledge
- Value
- Context
Individual Level Assessment

• Teach by reflecting on:
  – Your background, worldview and values.
  – How view of the patient can affect the quality of service.

• Identification of:
  – Strengths
  – Challenging areas or implicit and/or explicit biases
  – Areas of improvement

Importance of Students Addressing Individual Level SDoH

• SDH affects student enrollment, experiences in classroom and clinical settings, and progression towards professional goals.
  • Enrollment
  • Experiences
  • Classroom
  • Clinical setting
  • Peer formation
  • Progression
Integrating SDH Threads in Undergraduate Nursing Curriculum

- Early introduction to SDH
- Orientation
- Wellness focus in first semester
- Community focus in second semester
- Windshield survey
- Community assessment
- Pathophysiology/Pharmacology
- Introduction to the pathophysiology of disease related to social and environmental determinants of health

Integrating SDH Threads in Nursing Curriculum

- Continued focus on SDH during clinical in the acute care setting
- Case studies
- Debrief of clinical experiences
- Simulations with standardized patients
- Further introduction in leadership courses
- Institutional
- Policy
SDH Integration in Nursing Curriculum

**EVIDENCE in LITERATURE**
- Relegating community health courses to “own” content related to SDH
- Lack of clinical experiences that introduce SDH as part of nursing assessment
- Collaboration with other health professionals
- Understanding and teaching the impact of SDH on the health of their patient.


**EXPERIENCE in DUSON**
- Educating faculty and clinical instructors
- Integrating SDH into case studies and clinical experiences
- SDH simulations at second and final semester to determine effectiveness of curriculum to promote understanding and practical application of SDH.

Use of Cultural Competence Self-Assessment Tools

<table>
<thead>
<tr>
<th>Awareness</th>
<th>Never</th>
<th>Sometimes/Occasionally</th>
<th>Fairly Often/Pretty Well</th>
<th>Always/Very well</th>
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<tbody>
<tr>
<td>Value Diversity</td>
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<tr>
<td>Know Myself</td>
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<td>Share my Culture</td>
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<td>Be aware of areas of discomfort</td>
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<td>Check my Assumptions</td>
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<td>Challenge my Stereotypes</td>
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SKILLS

Objective
• Understanding your student requires more than just knowing the history. Cultural skills include:
  – Adapting communication and behavior based on the different cultures
  – Active listening
  – Establishing a trusting relationship
  – Identifying concerns
  – Awareness of non-verbal communication

Current Strategies
• Pre-matriculation community immersion opportunities.
• Windshield surveys
• Therapeutic communication techniques
• Motivational Interviewing
• Community health local and global experiences
• Simulations and in class activities such as “triage” calls

KNOWLEDGE – Student Centered

Objectives
• Cultural knowledge requires an understanding of others’ norms, values and beliefs.
  – Physical and biological variations,
  – Concepts of time
  – Space and physical contact
  – Styles and patterns of communication
  – Physical and social expectations
  – Social structures and gender roles.

Current Strategies
• Collaboration with School of Medicine on LMS video modules “Know where you work”.
  – Local history
• Integration of various cultures with special guest lectures
  – Transgender
  – LGBTQ
  – Developmental Day
• Simulations
Knowledge – Faculty/Student Centered

Objectives
- Cultural immersion is experiential and allows you to gain insights to one’s values, biases and emotional responses.
- Cultural knowledge also includes evaluating the degree of acculturation of the individual in order to assess whether the student is fully immersed in his/her own cultural values as opposed to having been acculturated and consciously rejecting his/her group’s cultural practice.

Current Strategies
- Take a cultural plunge which is exposing yourself to people or groups that have a markedly different culture (ways of thinking, ethnicity, socioeconomic status, sexual orientation, and/or disability).
  - Physically immerse yourself into cultures common to your student population.
  - Visiting churches and other locations that provide immersion experiences.
  - Keep a journal and reflect on your experiences as well as your emotional response.

VALUE

Objectives
- Cultures have visible and invisible elements but most of our cultural identity is hidden cultural differences which includes values.

Current Strategies
- Engaging in activities that help you to frame your thinking and allow you to hear and understand the worldview and perspectives of others.
Objectives
• Teach how different cultures define, name and understand disease and treatment.

Current Strategies
• Engaging students to share with you how they define, name and understand their ailments.
• Engaging students to share how their reality is similar to, or different from what you have learned about their core cultural elements. Unique experiences and histories will result in differences in behaviors, values and needs.

AWARENESS OF OTHERS
Cultural Competence Strategies

Faculty Development
• Teaching for Equity
• Institute for Educational Excellence “Faculty Workshops”
• Clinical Instructors “Intensive”

Student Development
• Individual level
• Pre-Immersion
• Classroom
  – Case studies
  – Test Questions
  – Discussion
• Simulations
  – Standardized patients
• Clinical

Next Steps
• Additional faculty development workshops that focus on creating safe spaces for open conversations on cultural differences and addressing explicit biases in the classroom.
• Review of curriculum to identify additional areas to incorporate cultural competence concepts.
• Develop educational strategies to enhance ability of the clinical instructors and preceptors to address cultural competence in the clinical setting.
References


