

NURTURING
**CULTURAL
COMPETENCE**
IN NURSING



Because Oregon's Health
Depends On It.

Nurturing Cultural Competence in Nursing

A PARTNERSHIP BETWEEN



Because Oregon's Health
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In corporating culturally competent approaches in health care systems is a great challenge. Nationally and regionally, health care organizations and schools of nursing struggle to respond effectively to the needs of individuals from increasingly diverse ethnic, cultural, racial, and linguistic groups.

The Oregon Center for Nursing (OCN) and The Oregon Community Foundation (OCF) chose to pursue the Nurturing Cultural Competence in Nursing program, funded by the Robert Wood Johnson Foundation and the Northwest Health Foundation's Partners Investing in Nursing's Future (PIN) program, because we recognized the importance of supporting regional efforts to increase cultural competence in nursing. We believe this project improves health care and health outcomes, and increases the diversity of the nursing workforce.

Our project teams have worked hard over the past two years to identify promising practices in cultural competency, many of which can be applied to any setting. We have also tried to establish and maintain collaboration on many levels, creating a network of cultural competence experts who can share their knowledge with each other and work together to maintain a commitment to cultural competence.

This is only the beginning of our work. Cultural competence is a lifelong process. Moving from a place of cultural incompetence to cultural competence to cultural humility takes time, investment, and an ongoing mindset focused on improving our mindfulness of the cultural background of others. Becoming more culturally competent as an organization also requires support at all levels, from leadership to individual staff.

Our goal for this conference is to add to the conversation about cultural competence and diversity in Oregon and Southwest Washington's nursing workforce. Working together, we can reduce health disparities and more adequately serve the needs of our patients.

Sincerely,



Kristine K. Campbell, RN, PhD

Executive Director

Oregon Center for Nursing



Megan Schumaker, MBA

Senior Administrative Officer, Grants & Scholarships

The Oregon Community Foundation

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Why Cultural Competence? Why Now?

The concept of considering a patient's culture when providing care is not new. Researchers and practitioners have advocated for culturally competent health care for years, citing its positive effect on patient's quality of care. Today, the need for culturally competent care is reaching an apex, and more organizations are hearing the call for change. Why is this push for culturally competent care in nursing needed right now?

1

Because health disparities still exist

Disparities related to race, ethnicity, and socioeconomic status are still prevalent in the American health care system. The Institute of Medicine's seminal publication, *Unequal Treatment* (2002) reports "the vast majority of published research indicates that minorities are less likely than whites to receive needed services, including clinically necessary procedures, even after correcting for access-related factors, such as insurance status."¹ In addition to ethnic groups, other groups face health disparities based on gender, religion and sexual preference.

2

Because government and accrediting institutions are setting a higher standard

The Health Research and Services Administration (HRSA), the American Association of Colleges of Nursing (AACN) and The Joint Commission have all made culturally competent patient-centered care a priority. HRSA developed the Culturally and Linguistically Appropriate Services (CLAS) standards in 2001 to provide a common standard of care.² The AACN recommends five competencies for nursing graduates in a baccalaureate program related to providing culturally competent care.³ And most recently, The Joint Commission has added cultural competence as a requirement for hospital accreditation.⁴

3

Because Oregon's demographics are becoming more diverse

The demographics in Oregon and the nation are shifting. Research shows the population of Hispanics, Asians and Pacific Islanders are growing in Oregon.⁵ To advance quality of care in ways responsive to these changing demographics, the nursing workforce needs to be more diversified, and nursing professionals need to receive training to be more culturally competent.

4

Because cultural competence of all nurses is needed to recruit and retain a more diverse workforce

Cultural competence does not only apply to patient-centered care and the relationship between a patient and a nurse. Cultural competence is necessary for nurses to effectively interact with each other in the workplace. According to the Oregon Center for Nursing (OCN) report “Who Gets In?,” Oregon nursing school applicants from minority ethnic groups are being admitted at the same rate as applicants from the majority ethnic group.⁶ As more nurses with diverse backgrounds are recruited into the workforce, cultural competence skills will be necessary to retain those nurses, who can then offer cultural expertise on the job.

As Oregon becomes more diverse, it, and we, cannot pursue the status quo. Training programs, which instill a value for cultural competence in future and practicing nurses, and continued efforts to raise awareness of cultural competency issues will help shape health care in Oregon into a high quality, safe and patient-centered system.

The History of the Nurturing Cultural Competence in Nursing Program

With an increasingly diverse population in Oregon and SW Washington, it is important for the region's nursing workforce to reflect that same diversity and understand the health care needs of patients with different values and beliefs. In October 2005, Linfield College School of Nursing partnered with the Oregon Center for Nursing (OCN) to create a Nursing Workforce Diversity Initiative (NWDI), an effort to help improve the diversity of the nursing workforce throughout the state of Oregon. Linfield and OCN organized a Nursing Workforce Diversity Summit, bringing together nursing schools, healthcare agencies and community health

"The work with cultural competence is foundational to improving diversity in the nursing workforce."

organizations to share resources, strategize and discuss ways to encourage underrepresented persons - to enter the nursing profession, and help them succeed in the nursing workforce.

More than 120 people attended the summit, where three suggested projects emerged; a

database to track the demographics of students applying to nursing school, a program to assist with student mentorship and a program to improve the cultural competence of future and practicing nurses.

In 2006, Dr. Peggy Wros, PhD, RN, Associate Dean at the Linfield School of Nursing, and Dr. Kris Campbell, RN, PhD, Executive Director at OCN, wrote a grant for the Nurturing Cultural Competence in Nursing (NCCN) program.

The objective of this program was to improve the cultural competence of practicing nurses, nursing faculty, and nursing students in Oregon and Southwest Washington. After meeting with Judith Woodruff from the Northwest Health Foundation (NWHF), Dr. Wros and Dr. Campbell applied to the Partners Investing in Nursing's Future (PIN) program, a initiative of the NWHF and the Robert Wood Johnson Foundation to support the capacity, involvement and leadership of local foundations to advance the nursing profession in local communities.

The PIN program is a grant process based on the idea of collaboration, and the need for community

OCTOBER 2005

Oregon Center for Nursing and Linfield College School of Nursing partner to offer a diversity summit. Nursing Workforce Diversity Initiative Curriculum and Staff Development workgroup created.

2006 – 2007

NWDI Curriculum and Staff Development workgroup meet regularly. Dr. Wros and Dr. Campbell identify PIN program as a potential resource to fund the NCCN program.

JANUARY 2008

Full PIN grant proposal submitted for the NCCN program.

SEPTEMBER 2008

PIN Grant Awarded for the NCCN program.

JANUARY 2009

First round of mini-grants awarded. Seven projects receive a total of \$91,956.

MARCH 2009

First Grantee Meeting for 2009 mini-grant projects

Definition of *Cultural Competence*

The NWDI Curriculum and Education Workgroup created a standard definition of cultural competence, which was adopted by the NCCN program. Cultural competence is defined as:

A lifelong process of examining values and beliefs and developing an inclusive approach to practice with active intercultural engagement.

This definition reflects a broad description of culture that includes, but is not limited to age, gender, race, ethnicity, religion, sexual orientation, socioeconomic status, and physical or mental abilities.

organizations and philanthropies to work together at a local level to solve pressing issues related to the nursing workforce. With a partnership firmly established between OCN and Linfield College, the program needed to identify a local foundation interested in joining the program. With help from NWHF, NCCN successfully partnered with The Oregon Community Foundation (OCF), who assisted in finding partners at the Ann and Bill Swindell's Charitable Trust, Providence Health Systems, the Samuel S. Johnson Foundation and Legacy Health System. In 2008, OCF received the

PIN grant to work closely with OCN to administer the program.

Through the work of the NCCN program, 13 organizations received resources to increase their cultural diversity and sensitivity. The "promising practices" identified by these mini-grant projects will allow other nursing schools, community health agencies and health care organizations to continue to reduce health disparities due to cultural differences.

MAY 2009
PIN Site Visit

JULY 2009
Second Grantee Meeting for 2009 mini-grant projects

NOVEMBER 2009
Annual PIN Meeting, attended by Planning Team in Spokane, Washington

JANUARY 2010
Second round of mini-grants awarded. Six projects receive a total of \$68,300.

MARCH 2010
2009 mini-grant projects end

APRIL 2010
First Grantee Meeting for 2010 mini-grant projects

JULY 2010
Second Grantee meeting for 2010 mini-grant projects

OCTOBER 2010
2010 mini-grant projects end

NOVEMBER 2010
NCCN Culmination Summit held to share "promising practices" with the community

FEBRUARY 2011
PIN grant officially ends

The Collaborative Process

To improve and maintain cultural competence in nursing over a long period of time requires collaboration among many stakeholders. The Oregon Center for Nursing (OCN) has a long history of collaboration. Established among nursing leaders in 2002, the organization's successes and innovations have always stressed the importance of nursing leaders and stakeholders in Oregon working together to address the nursing shortage. Because of past successful collaborative projects, the Nurturing Cultural Competence in Nursing (NCCN) planning team knew OCN had the experience and expertise to embark on a program to shape cultural competence.

The Partners Investing in Nursing's Future grant emphasizes collaboration, and became a logical fit for the NCCN program. OCN partnered with The Oregon Community Foundation to administer the program, and brought in other funding partners who valued this important work. The NCCN planning team also designed the program to encourage collaboration among all mini-grant projects to create a "community of experts" around cultural competence in nursing. Already, these experts are collaborating with each other to raise their standard of knowledge around cultural competence, and to improve the level of cultural competence at their organizations.

The partnerships created and strengthened from the NCCN program will last beyond the grant's completion and the results of these collaborations will be visible for many years to come!

Mini-Grant Projects

Multnomah County Health Department

Nurturing Cultural Competence in Nursing Staff at Multnomah County to Better Serve Diverse Clients

Multnomah County Health Department planned and conducted four learning sessions for MCHD nursing staff, focused on populations served by the county health department. The sessions included:

1. Communicating Across Differences with Clients and Co-Workers
2. Coming to America: The Immigration Process and Effects on People and Health
3. Bridging the Gap: Traditional Healing Practices & Western Medicine
4. Communicating Across Generations with Co-Workers and Clients

"Of nurses who attended at least one training session, 64% reported an increase in interest in learning more about culturally competent health care."

Experiential activities and co-worker expertise are the preferred methods of learning for MCHD nurses. The project team utilized these and several other methods to communicate cultural concepts and approaches to health promotion. These sessions incorporated several MCHD

partnerships both within the County and with the community at large. While participants in the training sessions reported an overall increase in

knowledge and skill, they reported their comfort level with cross-cultural issues decreased, possibly because they are more aware of what knowledge they lack.

The project experienced some challenges during implementation including timing of the program, scheduling staff and finding a centralized location. On-line learning does not provide the experiential approach to learning that staff find most effective. The richness in the discussions both from the speaker presentation and the experiences of the group enhanced staff ability to transfer learning from the classroom to practice. Concrete efforts have been made to sustain and expand some of the learning and requests for continued education and cultural understanding.

Project Team Members:

Frances Conedera, PMHNP, BC
 Nancy Thorn, MS, Ed
 Diane Fitzpatrick, Training Coordinator
 Bonnie Kostelecky, RN, MA, MPA
 Sarah Rawson, RN, BSN
 Beth McGinnis

Promising Practices:

- Bring nurses together to discuss cultural competence as a group. When nurses come together to learn, there is a richness in the discussion
- Align training methodology to the preferred learning styles of the nursing staff and avoid trying to cover too much in one session
- Utilize members of the specific cultural community to provide invaluable insight. Focused panel presentations offer specific and personal health practices and effective strategies

Simulation and Clinical Learning Center Student Support

Originally envisioned to be a project to create clinical simulations to focus specifically on English language learner student's learning needs, this project quickly took a new approach when the project team leaders discovered the need for increased cultural competence among all students. Using the American Association of Colleges of Nursing's (ACCN) *Cultural Competency in Baccalaureate Nursing Education Toolkit* as a guide, OHSU expanded seven simulations to provide experience for students with patients of different cultures.

One simulation focused on Evelyn Downs, a 39-year-old female who recently had surgery for her Crohn's disease. Evelyn is Muslim and required specific accommodation for hygiene and diet because of her religion.

Another simulation featured Luis Gonzalez, a 79-year-old homosexual male with cellulitis

and pain in his left leg due to a bite from his dog. Luis primarily speaks Spanish and is concerned his partner might hurt his dog. The staff initially thought the post simulation discussion would focus on Luis' sexual orientation. However the staff became pleasantly surprised when the students expressed more interest on providing family/patient centered care.

While discussing the cultural aspects of the simulations, a student suggested the team create a gender transition patient. This student had direct personal experience about gender transition individuals and provided valuable information to make the simulation as accurate as possible.

Because of this work, the OHSU team successfully integrated cultural experiences into simulations so nursing students can start their careers with a patient-centered focus, improving their own cultural competence and eventually, the quality of care for all patients.

Project Team Members:

Jesika S. Gavilanes, MA
Ruth Tadesse, RN, MS, PMHNP
Mary Anna Gordon, MSN, RN
Mary Cato, MSN, RN
Isabelle Soulé, PhD, RN

"We thought we would 'teach' students, but found the students have a great deal to offer."



Promising Practices:

- ♦ Involve the student as teacher/expert in topics related to their cultural background
- ♦ Find content expertise within your facility from students

OHSU – Ashland / Asante Health Systems

Caring for the People of Oregon: Developing Cultural Competence

Southern Oregon serves a large Latino population, as well as a Native American population. This project developed an online cultural competence tutorial reflective of Oregon's cultures to develop

"Partnerships with our consultants as well as new avenues of partnerships...have definitely strengthened our efforts."

nurse's and nursing students' knowledge and cultural competence of regional cultures.

Two cultural consultants with expertise in Latino and Native American cultures participated in the development of the tutorial. The tutorial consists of three one-hour modules:

Module One: Aspects of Cultural Assessment

- ◆ Discuss general aspects of cultural beliefs and practices, which are incorporated into an assessment to determine their impact on health beliefs, decisions, and practices.

Module Two: Caring for the Hispanic Client

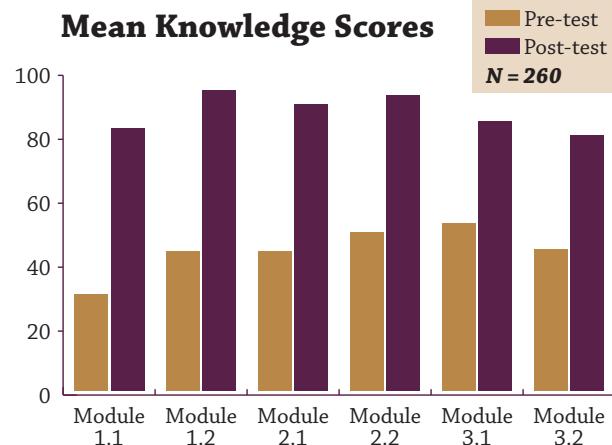
- ◆ Describe the changing ethnic demographics in Oregon.
- ◆ Discuss cultural beliefs and practices of Hispanic Americans, which may impact their health beliefs, decisions, and practices.

Module Three: Caring for the Native American Client

- ◆ Describe the various Native American tribes in Oregon.
- ◆ Discuss cultural beliefs and practices of Native Americans, which may impact their health beliefs, decisions, and practices.

Two hundred and sixty students, faculty and direct care providers at OHSU-Ashland, Asante Health Systems and at the OHSU-Portland campus completed all modules. Participant's pre- and post-test scores of demonstrating cultural knowledge and awareness significantly increased. Currently, these modules are available on Asante Health System's learning network for employees to take. In addition, nursing students to OHSU-Ashland take these modules upon entry into the program.

Mean Knowledge Scores



All score changes significant at p=.000

Project Team Members:

Joanne Noone, PhD, RN, CNE, OHSU-Ashland

Tiffany Allen, OHSU-Ashland

Lois Banke, RN, EdD, Asante Health Systems

Anne Shevlin, RN, BSN, Asante Health Systems

Pedro Cabrera, BS, RRT, RCP, Latino cultural consultant

David West, Native American cultural consultant

Promising Practice:

- ◆ Use cultural consultants to verify cultural learning activities and screen for bias or stereotyping while developing training materials

Providence Hood River Memorial Hospital

Communicating for Patient Safety: Team Communication

Providence Hood River Memorial Hospital (PHRMH) conducted a formal cultural competency assessment of nursing staff using the *Inventory for Assessing the Process of Cultural Competence among Healthcare Professionals - Revised (IAPCC-R)* developed by Dr. Josephine Campinha-Bacote. As a result, PHRMH found 29 percent of staff scored as culturally competent, and 67 percent identified themselves as culturally aware. Despite receiving five years of education in culturally competent care, the assessment showed staff needed a different educational approach. To increase the amount of culturally competent staff, PHRMH created an interdisciplinary cultural competency task team including front-line nursing staff, the Director of Nursing, community outreach and foundation members.

As a result of this project, PHRMH developed a “Cultural Moments Log” to track everyday cultural interactions, and continually remind nurses of the importance of cultural considerations in patient care. This tool records



stories to inspire nursing staff, their supervisors and even physicians to think in new ways, and enhance their understanding of themselves, their patients and the world around them. The simple act of exchanging stories provides an incredible wealth of information and interaction.

Capturing the rich data of positive and negative care experiences and sharing with one another has been a powerful tool. Currently, the “Cultural Moments Log” is used regularly and discussed during quarterly nursing competencies training at PHRMH.

“Cultural moments provide staff the opportunity to achieve greater understanding of how to serve patients, their family members and visitors in the most culturally appropriate manner.”



Project Team Members:

Rebecca Kopecky, MN, RN
Maria Elena Castro

Promising Practices:

- ♦ Keep a “Cultural Moments Log” or a record of the moments when a nurse shifts the way he or she provides care to better serve their patients
- ♦ Discuss cultural moments during bedside reports, staff meetings and educational events

Robison Jewish Health Center at Cedar Sinai Park

Cultural Competence in Nursing Leadership

Improving the quality of care is always a relevant nursing issue across local, regional, state and national channels. The Cedar Sinai Park (CSP) project began by engaging diversity consultants to provide four train-the-trainer cultural competence sessions with pre-selected CSP nurses. CSP contracted with a local diversity consulting company to provide expertise at the training sessions. These train-the-trainer sessions prepared nurses to take on new leadership roles in guiding other staff members in cultural competence development through nurse-led training workshops.

Two core values guided the nurse-led workshops — community participation and hands-on learning. Using interactive exercises provided staff members

with the opportunity to reflect on one's own understanding of cultural competence and fostered social responsibility and caring for others.

This project fostered cultural competence development through fun and thoughtful interactions. The interactions serve as a critical hinge point in improving nursing care, as they fostered safe and caring relationships with and among staff.

"Cultural competence does not reside atop a summit; rather, it is a life-long, ongoing journey."



CSP's NCCN project granted staff the time and space to develop a new lexicon for exploring and discussing cultural competence. The project staff identified fresh insights as guiding lights for a new way to approach openness, respect and celebration of diversity. The project has empowered and inspired nurse leaders to take the next important steps toward long-term sustainability.

Project Team Members:

Kim Fuson, Administrator
Laurie Wilson, RN
Dorcas Kish, LPN
Donna Arriaga
Ana Smetana
Linda Bifano, RN
Stefani Corona, RN

Promising Practices:

- ◆ Allocate sufficient time for cultural competence training and in-services to foster personal growth and development of team partnerships
- ◆ Create safe environments by acknowledging and accepting the diverse world views of all individuals

Cultural Self-Awareness: A Partnership between Washington State University-Vancouver and Southwest Washington Medical Center

The over-arching goal of this project was to increase personal awareness of values and beliefs as they affect delivery of patient-centered culturally competent care.

Nurse leaders, nurse preceptors and preceptors from other disciplines participated in a six-hour day-long workshop. Prior to the workshop, participants completed the Cultural Competence Health Practitioner Assessment (CCHPA), which is based on three assumptions: (1) cultural competence is a developmental process at both the individual and organizational levels; (2) with appropriate support, individuals can enhance their cultural awareness, knowledge and skills over time; and (3) cultural strengths exist within organizations or networks of professionals, but often go unnoticed.

Learning objectives of the workshop included:

- ◆ Identify cultural awareness begins with awareness of self
- ◆ Determine five elements defining personal culture
- ◆ Compare and contrast own values to those of one's parents
- ◆ Identify two ways biases or prejudices relate to one's cultural values
- ◆ Describe how personal values and beliefs influence culturally competent patient care

By analyzing summative responses and qualitative interview findings, the project team identified main themes around compassion, judgment, and establishing rapport.

Local experts representing different cultures of the geographic region contributed to the workshop. A drumming circle during lunchtime taught participants the relationship between drumming and their people, demonstrated types of drumming songs, and taught a dance to participants. This activity allowed participants a chance to engage in an activity outside their own culture comfort zone.

Culture may come from the bottom up, but cultural competence needs to start from the top down. Organizational support for this work made the project a success.

"Developing cultural competence is a process rather than an outcome."

Project Team Members:

Lorrie Dawson, PhD, ARNP, WSU-V
 Lida Dekker, MN, RN, APRN-BC, WSU-V
 Colleen Guest, RN, MN, SW Wash. Medical Center
 Cheryl Snodgrass, RN, MN, SW Wash. Medical Center

Promising Practices:

- ◆ Design interventions to expand cultural sensitivity and/or competence using a multidisciplinary approach
- ◆ Use effective tools, such as cultural genograms and values exploration exercises, to explore cultural self-awareness
- ◆ Involve an ethics committee to reinforce commitment to cultural competence as an ethical principle and a right all patients can expect

Linfield College / WSU Vancouver

Cultural Competence Rubric Development for Undergraduate and Graduate Nursing Students

Nursing education accrediting organizations recognize cultural competence as essential for nursing graduates. While nursing programs use teaching strategies aimed at improving cultural competence, there have been few efforts to evaluate the effectiveness of those strategies.

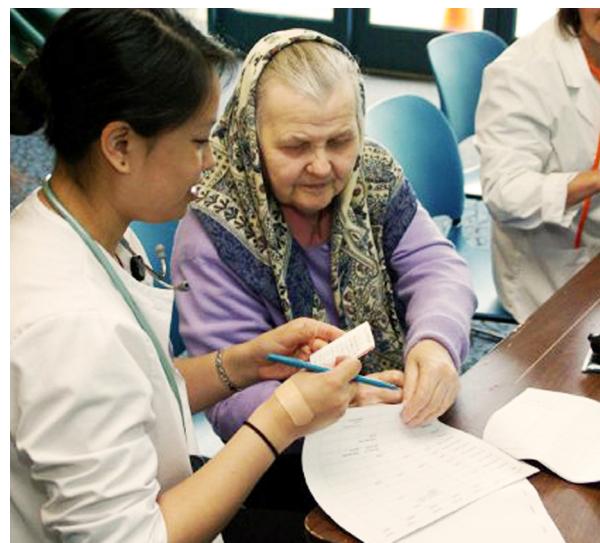
The goal of this project was to develop a research-based, psychometrically valid cultural competence rubric to assess the development

of nursing students. In the first year, the research team developed an interview guide based on the NCCN definition of culture and conducted focus groups with nursing students in undergraduate, RN-BSN completion, masters, and PhD programs at Linfield College and Washington State University. The program team

used these interviews to gain understanding of the meaning of intercultural experiences for students and how those experiences inform cultural competence. Categories of cultural competence included cultural identity, cultural attitude, intercultural engagement, and intercultural communication. By identifying and

leveling indicators for each category, the team created the rubric, which has received validation from an external expert reviewer.

The original goal of the project was to develop one rubric for each level of nursing student. However, it became apparent through data analysis that the development of cultural competence is a lifelong journey that is more dependent on students' experiences and exposure to intercultural situations than to their educational level. As a result of this understanding, one rubric was developed to assess cultural competence of students in all programs.



Promising Practices:

- ◆ Consider student experiences and exposure to intercultural situations instead of their educational level
- ◆ A rubric must assess development of cultural competence from individuals from all cultures, not just the “dominant” culture



In the second year of the project, the project team established validity and inter-rater reliability of the cultural competence rubric by assessing the rubric's ability to detect change in student progress toward cultural competence based on faculty evaluation of stories written by students about their cultural encounters.

Based on student stories in which dominant culture students identified themselves as "white with no culture," the research team realized the importance of creating a rubric that assesses development of cultural competence not only from the perspective of a nursing student from the dominant culture integrating with the

"other," but one that is equally able to assess the cultural competence of ALL students.

This project continues to grow with a new international twist. The project team is pursuing the idea of having students in New Zealand and in the West Bank write stories. Using the rubric, faculty in the United States will then evaluate the stories using the rubric to assess its cross-cultural sensitivity. The results of this further study might have an implication for how immigrant nurses can be incorporated into the workforce.

One of the most important concepts to come out of this project is the level of education does not seem to be tied to depth and breadth of cultural knowledge, humility, and understanding. This is why the promising practice uncovered through this project is emphasized: Life experience MUST be valued in higher education.

"Interdisciplinary and inter-institutional collaboration is important. Nursing has to be out of its silo."

Project Team Members:

Barbara A. May, PhD, PMHNP-BC
 Sheela Choppala-Nestor, PhD, PMHNP-BC
 Peggy Wros, RN, PhD
 Linda Eddy, PhD

Promising Practices (*cont.*):

- ♦ Prepare for a lengthy Institutional Review Board application process when collaborating with two educational institutions
- ♦ Life experience must be valued in higher education

Our House of Portland

Diversity Enhancement Project

Designed to improve cultural competence in nursing staff who work with HIV/AIDS patients, the Diversity Enhancement Project evolved into two distinct and exciting directions.

Our House established an organizational direction for cultural competency including 'brown bag' discussion groups and a diversity library to deliberately create a space for staff to discuss and read about issues of diversity and cultural differences. An extensive Non-Violent Communication training for clinical staff

strengthened their communication skills, allowing them to better connect with clients to create more positive health outcomes.

The other direction of the project involved creating a curriculum to enhance student nurse's and nursing instructor's knowledge

when working with communities strongly impacted by HIV. This curriculum will be utilized while working on site with student nurses and nursing instructors through the established preceptorship program.



During the year, Our House staff enjoyed connecting with and getting input from nursing students, instructors, and other HIV service providers. Some of the survey responses on how those in the nursing field perceived working with clients who have HIV were eye-opening. One nursing student asked if staff get extra pay because she thought staff faced an extra risk of getting infected. Another thought it was "unfair" to have to work with people with HIV/AIDS. It is important to address the fears and misconceptions nursing students and faculty have by dispelling myths through education.

Project Team Members:

Kristin Jo Siess, ACRN
Kim Hutchinson, MSN, ACRN
Wayne Miya

Promising Practices:

- Integrate Non-Violent Communication into clinical staff's skills and philosophy of care
- Maintain a diversity library and deliberate space for cultural discussions
- Encourage student nurses and nursing instructors to examine their perspective and further their self-education about HIV, stigma and cultural competence

OHSU – Ashland / Rogue Community College

Developing Cultural Learning Activities within an Undergraduate Nursing Curriculum

This project created, with the assistance of cultural consultants, a series of didactic and clinical cultural learning activities to address different course outcomes within an undergraduate nursing program. Learning activities spiral and increase in complexity while building on previously acquired skills. Using the Oregon Consortium for Nursing Education three-year curriculum as a guide, this project identified and developed cultural learning activities for each year:

Year One: Develop foundational skills for conducting culturally-appropriate health assessments and culturally- appropriate plans of care.

Year Two: Focus on the cultural interpretation of illness in acute and chronic illnesses and at the end-of-life.

Year Three: Focus on populations and health-care delivery systems.

Because of the work completed in OHSU-Ashland/Asante Health System's 2009 NCCN grant, the activities of this project focused mainly on Latino and Native American populations, although faculty expanded their understanding of culture to encompass issues around health disparities and poverty.

This project created a more in-depth course of study about cultural competence for nursing students at two different schools of nursing, which has been integrated into their established curricula. Using consultants from cultures prevalent in the Southern Oregon area made this project more meaningful.

"Sometimes we are so busy with our day-to-day roles as teachers that we don't get in touch with the creative side of developing learning activities."



Project Team Members:

Joanne Noone, PhD, RN, CNE, OHSU
 Pedro Cabrera, BS, RRT, RCP, cultural consultant
 Heather Voss, MS, RN, OHSU-Ashland
 Glenise McKenzie, PhD, RN, OHSU-Ashland
 Stephanie Sideras, PhD, RN, OHSU-Ashland
 Sue Naumes, MS, RN, Rogue Community College
 Toni Bromley, MS, RN, Rogue Community College

Promising Practices:

- ◆ Develop and nurture partnerships
- ◆ Use cultural consultants to better connect with diversity in the local community

Oregon Health and Science University

Cultural Competence – Starting From Within

The Cultural Competence – Starting from Within project is based on the understanding that nursing students are best served by a group of faculty proficient in enhancing cultural competence learning in the nursing education environment. Using the *Intercultural Development Inventory (IDI)*, nurse educators from five OHSU campuses measured changes in their cultural competence over the course of the project.

The project had three distinct parts: two cultural competence workshops designed to expand the breadth and complexity of cultural competence

understanding in the nursing education environment, and an online threaded discussion.

Using experiential learning, latest research, and recommendations from the nation's top cultural competence in healthcare education experts, the first workshop focused on

intrapersonal cultural competence and cultural self-awareness including how individual values, beliefs, and worldviews have been shaped and how they influence behaviors, choices, and worldviews. The second workshop built upon interpersonal cultural competence or cultural self-awareness by adding awareness of others as

"I have been impressed by the community that has developed as a result of our work together, and expect these relationships to deepen as time goes on."



unique cultural beings. This aspect of the cultural competence training enhanced intercultural empathy, understanding context, listening to understand, and skillful negotiation. Finally, the third component addressed system/organization cultural competence, specifically nursing education and healthcare systems, by critically examining and identifying areas for cultural competence development through a facilitated online threaded discussion, which also incorporated content from the two weekend workshops.

Many participants in this project reported a deeper sense of cultural understanding, and a community of faculty members committed to cultural competency has been created.

Project Team Members:

Isabelle Soulé, PhD, RN
Jesika Gavilanes, MA
Ruth Tadesse, RN, MS, PMHNP

Promising Practices:

- Begin developing faculty cultural competence before addressing the cultural competence of students
- Use cultural simulation, experiential learning, and stories to develop a deeper understanding of the complexity of cultural competence across differences

Providence Hood River Memorial Hospital

Communicating for Patient Safety: Health Literacy

This project built on Providence Hood River Memorial Hospital's (PHRMH) 2009 NCCN project, which identified the cultural competence of its nurses and established a "Cultural Moments" standard. While the 2009 project concentrated on creative planning, the 2010 project focused on implementing learning. The 2010 project is more focused on health literacy, identifying how to improve medical instructions, and communication of discharge instructions for patients with different cultural needs.

Project team members implemented training for current staff and newly hired employees in using communication techniques, such as "Teach Back" or "Show Me," where patients are asked to teach back to the nurse any health instructions they may need to follow. This process is reinforced at quarterly staff trainings and has been incorporated into the charting process.

In addition, several examples given by staff in the Health Literacy for Nursing trainings led



the project team to research SBAR (Situation, Background, Assessment, Request) as a tool to allow patients to feel empowered to communicate in a structured fashion. Using this tool at the bedside is one of the next steps in sustaining this project.

With the health literacy project and team communication initiatives, the hospital has seen fewer errors occur when teams effectively combine active listening skills and the consistent use of structured communication tools such as "Teach Back," SBAR, "Ask Me 3," and effective hand off reports.

"When in training, some nurses say, 'We've heard this a lot.' We push those nurses to apply their knowledge into practice."



Project Team Members:

Rebecca Kopecky, MN, RN
Maria Elena Castro

Promising Practices:

- ◆ Train current and new nurse staff to incorporate "Teach Back" and "Show Me" techniques in same day surgery, emergency room and inpatient to improve health outcomes
- ◆ Use the SBAR tool to empower patients to ask questions about their own care
- ◆ Front line staff must incorporate and develop use of communication tools such as SBAR

Salem Hospital

Transforming How Nurses Care for Latino Families through Cultural Competence Training: *¡Si se puede!*

Through a collaborative partnership between Salem Hospital's Nursing Research and Quality, the Diversity Office and the Mother/Baby Unit in the Family Birth Center at Salem Hospital, an idea took root to evaluate the effectiveness of cultural competence in healthcare. Designed to support the goals of the NCCN program, this project focused on developing evidence-based practice and research to be a guiding light in addressing culturally congruent care.

"This training reminded me how important it is to slow down and truly listen, and by listening I can better understand how best to care for my patients."

Starting with the Family Birth Center, this project systematically tested a cultural and educationally-based intervention with an intended outcome of intercultural competence to improve the quality of care for minority populations and impact healthcare disparities. Intervention activities involved collecting baseline data to assess both patient and staff

perceptions of the cultural sensitivity of their care. Cultural competence training followed, which included contracting with Teatro Milagro, a local Latino-focused theater group, to help Mother/Baby staff role-play culturally difficult situations. Professional growth and development



opportunities focused on both passive and proactive learning and critical reflection activities to promote cultural competence. Upon conclusion of intervention activities, Mother/Baby staff participated in focus group sessions to assess for changes in nurses' perception of their cultural competence awareness and interventions used in practice. Once completed, project teams shared themes and stories from the focus groups with staff to generate continued reflection and dialogue of how cultural competence is informing and transforming professional practice.

Project Team Members:

Margo Halm, RN, PhD, CNS-BC
Kellee Borsberry, RN
Sheila Huff, RN, BSN, RNC
Ed Wilgus, PhD, Diversity Manager

Promising Practices:

- Utilize a creative arts theatre approach to engage participants in more fully embracing birth experiences
- Develop culturally-based products to inform and involve staff
- Document and share individual patient stories to promote cultural awareness and practice

Special Thanks To:

NCCN PIN Planning Team

Dawn Doutrich, PhD, RN, CNS, *Washington State University, Vancouver*

Seiko Izumi, PhD, RN, *Washington State University, Spokane*

April Lewis, MPA, *Diversity Consultant*

Masami Nishishiba, PhD, *Portland State University*

Megan Schumaker, *The Oregon Community Foundation*

Peggy Wros, PhD, RN, *Oregon Health and Science University*



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Nursing Workforce Diversity Initiative Curriculum and Staff Development Workgroup

Kay Carnegie, RN, MS, *Chemeketa Community College*

Dawn Doutrich, PhD, RN, CNS, *Washington State University-Vancouver*

John Jessup, RN, MPH, *Oregon Health and Science University*

April Lewis, MPA, *Diversity Consultant*

Priscilla Loanzon, *Portland Community College*

Wendy Neander, RN, MSN, *OHSU School of Nursing at Southern Oregon University*

Carol L. Parker-Walsh, PhD, JD, MA, *Oregon Health and Science University*

Catherine Pollock-Robinson, RN, MN, *Legacy Health Systems*

Peggy Wros, PhD, RN, *Oregon Health and Science University*

Partners Investing in Nursing's Future

Jennifer Fuller

Renee' Jensen Reinhardt

Judith Woodruff, JD

OCN Staff

Kristine Campbell, RN, PhD, Executive Director

Jana Bitton, MPA, NCCN Program Manager

Kelley Ilic, BA, Executive Assistant



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The Oregon Center for Nursing is a non-profit organization established by the nursing leaders in Oregon with the mission to provide the leadership to solve Oregon's nursing shortage. The Oregon Center for Nursing fulfills this critical role through development, leadership and coordination of a variety of programs and projects, including leadership development, diversity programs, nursing workforce research, support of educational transformation, the StudentMAX® clinical placement software program used nationwide, and other activities to address the nursing shortage. For more information, please visit www.oregoncenterfornursing.org.



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Notes:



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5000 N. Willamette Blvd
Portland, OR 97203-5743
(503) 943-7150

www.ocnnursingdiversity.org