Literature Review:

- Population diversity must be addressed to provide safe, quality care (AACN, 2008).

Cultural Competence:

- Healthy People 2020 initiative supports preparation of culturally competent student nurses (River, 2013).
- Cultural competence includes awareness of perspectives, traditions, values, health care practices, and family systems that are barriers to health (Dough, et al., 2010).
- Cultural Competence facilitates, appreciation of different worldviews, reduces risk of misunderstanding (River, 2013) and enhances health-related disciplines (OM, 2010).

Self Efficacy:

- Self-efficacy is defined as confidence one has to engage in actions to achieve a goal (Bandura, 1982).
- Students report a lack confidence to care for patients of diverse cultures, and desire coursework that promotes cultural confidence (Coffman, Shellman, & others, 2008).
- Self-efficacy and skill development is “facilitated through education” (Jefferys, 2006, p. 24).
- The construct self-efficacy, has been used to measure effectiveness of curricula and educational strategies (Jefferys & Smolka, 1999).
- Measuring effectiveness of educational strategies to student confidence is limited (Jefferys, 2006).
- Nursing students deal with anxiety through distancing (Bottor, 2001), (Coffth, 2014).

Educational Strategies:

- Course internationalization is a process where international elements are integrated into course curriculum, readings and assignments (Schiere & others, 2001).
- A concept teaching approach supports an internationalized curriculum and experiential learning (Schier & others, 2001).
- Experiential education philosophies suggests education is purposeful when student ability to understand and apply new information is achieved (Judy, 2001).
- Experiential learning is being achieved using case studies (Pfeiffer & others, 2011).
- Constructivist philosophy implies learners construct new knowledge through reflection (Hinito & others, 2008).
- Cooperative learning groups facilitate enhanced learning of course content, networking, sharing of differing perspectives and increased social skills (Baldwin & others, 2010).
- Experiential learning integrates experiential and theoretical knowledge, and requires integration of learning, and allows for students to experience different cultures (Schier & Banks, 1995, p. 3).
- Educational strategies that enhance student’s awareness of the “lived experience of immigrants locally as well as prior to resettlement facilitate student education about the knowledge, skill and values, to interact with multiple diverse cultures” (Banks & Banks, 1995, p. 4).

Leadership in Healthcare Delivery and Policy: Course Outcomes

- A concept based course in a pre-licensure program.

Outcomes A: Culturally sensitive individual who provides holistic individual ... population-centered nursing care.

Outcome B: Knowledgeable care coordinator who facilitates access to resources across continuum of health care environments to meet evolving health care needs of ... population-centered care.

Outcome C: Effective communicator who collaborates with inter-professional team, patients and their supports to facilitate, health outcomes.

Baccalaureate Essentials and IUPUI International Learning Goals:

BN Essentials I: Basic: Organizational and systems leadership for quality care and patient safety.

BN Essentials II: Professionalism and professional values relevant to cultural sensitivity.

University International Learning Goals:

Goal 1: Recognizing ways “the global is reflected in the local”

Goal 2: Appreciating complexity of contemporary cultural systems

Goal 3: Hearing fundamental principles of intercultural understanding and communication.

Project Rationale:

- Limited student international travel and study abroad experiences
- Lack of utilizing case study resources focused on the leader manager as a culturally competent: care provider
- Burmese refugees are recent arrivals, approximately 14,000 in a city of 320,495 (US Census Bureau, 2010). and the best know.
- Achievement of student cultural competence is at risk.

Congo VWanhak! (Welcome!)

Project Goals:

Project began Aug 2016: Due - Sep: Applied for grant funding. Jan - Aug Project Preparation: Literature review completed and unfilling site case with educational supplement development.

Goal #1: Promote student analysis of his/her impact as a culturally sensitive clinical leader manager.

Goal #2: Develop an unfilling site case with a clinical partner focused on a Burmese refugee.

Theoretical Model and Instruments:

The Cultural Competence and Confidence Measure assesses “learning according to Transcultural Self-efficacy (TSET) associated with cognitive, practical, and affective domains of cultural competence” (Jefferys, 2003, p. 51). The Transcultural self-efficacy test (TSET) cognitive subscale prompts student to self-efficacy of cultural competence. The practical subscale prompts self-assessment of confidence to interview clients regarding health beliefs and values; and, the affective subscale assesses student attitudes, values and beliefs. The Cultural Competence Clinical Evaluation Tool - Student Version (CCECT-S) (Jefferys and others, 2009) includes two subscales that assess self-efficacy across cultural competence domains and variables: culturally sensitive and professionally appropriate attitudes.

Sign test was used to assess whether post scores tended to increase or decrease from pre. T-test (n=42) with 39 items was negatively associated with pre intervention CCCET measure change. Correlation between changes in the TSET Cognitive Self Efficacy and CCCET Self Efficacy was moderately strong (r = 0.73).

- Age 25-29 was negatively associated with pre-intervention TSET Cognitive self-efficacy (p = 0.05) (age 25-29 had lower scores than age ≥ 30).
- Age 25-29 and 30-24 were also negatively associated with pre-intervention Practical Self-efficacy (significantly large).
- Age 30-29 and 30-39 were also negatively associated with pre-intervention Practical Self-efficacy (significantly large).
- Age 25-29, 30-24, and 30-39 had significantly higher mean change in Cognitive Self-efficacy and TSET Practical self-efficacy form than traditional students. When adding age to the models, accelerated students were still associated with higher mean Cognitive self-efficacy but not higher mean Practical Self-efficacy.

Table 1: Demographics for those with paired data

Table 2: Means and Differences for Paired Data

Table 3: Frequency of Direction Change

Implications to Nursing Education and Practice:

- Results support concept as proposed by Jefferys (2006) that transcultural self-efficacy is a dynamic process.
- Student self-efficacy is positively impacted through education and reflection, without traditional cultural education, study abroad, and practicum experiences.
- Cognitive domain for age group 25 – 29 of accelerated students was significantly impacted, suggesting that student age and experience may influence self-efficacy.
- Evidence-based educational strategies, when applied effectively, enhance student's perceived confidence to care for diverse patient populations.
- Student ability to provide patient centered care is enhanced when educational strategies facilitate awareness and understanding of patients’ cultural values, beliefs, and behaviors.
- Evaluation of educational strategies is need to improve effectiveness of program design to prepare students for entry into multicultural healthcare settings.
- Development of student leadership skills is essential to core coordination, intercultural competence and communication, and collaboration (AACN, 2008).
- Student self-efficacy influences her/his ability to develop cultural competence.

Future Directions:

- Transformative education (TE) offers a promising approach to facilitate student self-efficacy. Whereas traditional cultural education focuses on differences between cultures, TE emphasizes community (Duffy, 2001).
- Student reflection and the support of student risk-taking are important elements of transformation education (Marx & Associates 1996) and will be emphasized in coursework.
- Survey assessment to identify educational strategies most effective with facilitating student self-efficacy will be informative.

References:

- Culture is defined as “communication, and...customs” impacting care delivery and management (US Department of Health & Human Services, 2010).
- Culture impacts health promotion, illness prevention, health restoration, and quality of life (Jefferys, 2006).
- Experiential learning can be achieved using case studies (Pfeiffer, Beschta, Hohl, Gloyd, Hagopian, Wasserheit, 2013).