Educators must prepare nurses to be culturally competent. An academic-clinical partnership was formed to develop an unfolding case scenario focused upon care of a Burmese refugee male. An overview of values and healthcare beliefs and practices of the Chin culture will be presented.

Objectives

Goal #1: Establish an academic-clinical partnership including faculty, educators, clinical nurse specialists, Burmese physician and nurse, Translator and case manager.

Goal #2: Develop an unfolding case study template focused on a Burmese male to promote cultural confidence.

Goal #3: Produce an educational supplement for nurse professionals.

Literature Review

- Globalization increased diversity in US communities.
- An academic-clinical partnership was formed to develop an unfolding case study template.
- Constructivist philosophy implies a learner constructs new knowledge through reflection.
- Jeffrey’s Cultural Competence and Confidence Model provided the theoretical framework.
- Jeffrey’s describes Transcultural Self-Efficacy (TSE) as the extent to which students are confident to communicate and interact in a transcultural setting.
- Self-efficacy is the precursor to cultural competence.

Unfolding Case Study Template

Event: Scene 1

Aung, a 32 year old Chin refugee arrived in the ER with c/o recurring abdominal pain; a second visit in the past month.

During introductions, Aung avoided eye contact, but extended a gentle handshake. Aung stated he could speak English and responded yes/no to questions asked with prolonged delays between responses. The nurse, Anna, spoke in a louder tone.

The My Accessible Real Time Trusted Interpreter “Marti” technology was used. Aung’s preferred dialect was Hakha. Interpreter reminded Anna to direct questions to Aung.

Aung takes Ramipril for high BP but not Prevacid prescribed at the first visit due to feeling better. He could not afford a refill and has been trying antacids from a Burmese grocery store. He could not identify a food that caused the discomfort. He confirmed adding Monosodium Glutamate (MSG) to his food.

Aung smokes a pack of cigarettes, drinks five bottles of beer daily, lives alone in an apartment, and is employed full time.

Vital Signs: BP 162/90; Pulse 92; Resp 14; SaO2 94 (room air); Temp 98.6.

Pain: 3 on a scale of 10. No apparent distress.


Abdom: +3 all quadrants. Tender in mid epigastric region.

Skin: Icteric. Oral exam noted decay.

Laboratory Tests: Abdominal series; Chemistry 12; CBC; liver function tests; coagulation studies.

Scene 2: Assessment:

Tests non conclusive. Reflux was not ruled out. Physician noted that psychological factors may be a factor. Aung denied depression but agreed being worried about family left behind.

Medical Plan and Problem List:

- Case manager to assist with the transition plan of care.

GERD:

- D/C antacid from the grocery store.

- Pepcid, a medication on a $4 list was prescribed for a month. First dose given with a glass of cold water.

- Aung confirmed he could afford the prescription.

HTN:

- Educational materials provided: a low salt diet, and a smoking cessation program.

- Lisinopril 10 mg BID; on the $4 list, was prescribed.

PTSD:

- Contact information for a counselor at Exodus Refugee Immigration Inc, the Burmese American Community Institute (social, educational and vocational opportunities), with bus route information.

- Client Education:

  - Discharge instructions were printed in Hakha.
  - Aung will follow up with the Primary Care Physician appointment in two weeks; take the two new prescriptions as ordered, attend the smoking cessation program and reduce daily alcohol and salt intake.

- Review and Evaluate:

What would you do differently from the nurse Anna? Present and defend your approaches with rationales.

Abstract

Development of an Unfolding Case Study to Promote Student Cultural Confidence

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This work was made possible by a Curriculum Enhancement Grant from the IUPUI Center for Teaching and Learning and the Rose M Mays Excellence in Teaching Cultural Diversity Award

Health Conversations

- Agree to a doctor’s medical plan out of respect.
- Need basic education about hygiene.
- Stop medication when better or take more if sick.
- Food is linked to health. Talk about diet.
- Chew tobacco & betel nuts - cause dental cavities.
- Struggle with navigating the healthcare system.
- Buy medicine from a Burmese store.
- Believe in bad spirits. Will not admit to mental illness.

Recommendations for Providers

- Ask preferred language and the ethnic group.
- No first or last names. Ask how to address them.
- It is a sign of respect not to hold eye contact.
- Chin are stoic. Culture specific symptoms for pain: "numbness, thinking too much and feeling hot under the skin."
- Be patient. Take time to listen.
- Use thanaka as makeup. Check sclera for jaundice.
- Prefer warm liquids when ill.

Conclusions

Transcultural self-efficacy is a dynamic process. (Jeffreys, 2010)

Self-efficacy is influenced through education, and awareness.

Evidence-based educational strategies facilitate awareness of patients’ cultural worldviews.

Transformational education facilitates self-efficacy by emphasizing commonalities between cultures versus differences (Duffy, 2001). Student reflection is an important element of TE (Mezirow & Associates, 1990).