

Experiential Learning to Teach Cultural Competence in Nursing

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Background

- Cultural competence of healthcare professionals is defined as their ability to function effectively within a variety of cultural situations.⁴
- Cultural competence of nurses may improve communication with patients, increase patient adherence to treatment, and potentially reduce health disparities.⁹
- Many pre-licensure nursing programs struggle to teach cultural competence consistently and effectively.⁹

PICOT Question

How does teaching cultural competence using experiential learning strategies compared with lecture affect cultural competence of prelicensure nursing students after one semester?

Literature Review

- **Methods:** CINAHL search, review of reference lists of qualifying articles
- **Keywords:** “cultural competence” or “cultural humility” AND “nursing” or “nursing education”
- **Inclusion criteria:** Peer-reviewed full-text articles, English language, 2012-2019
- **Exclusion criteria:** Concept analyses, descriptive qualitative studies
- 11 articles chosen: 4 Level I, 5 Level III, 1 Level IV, 1 Level VI

Synthesis of Findings

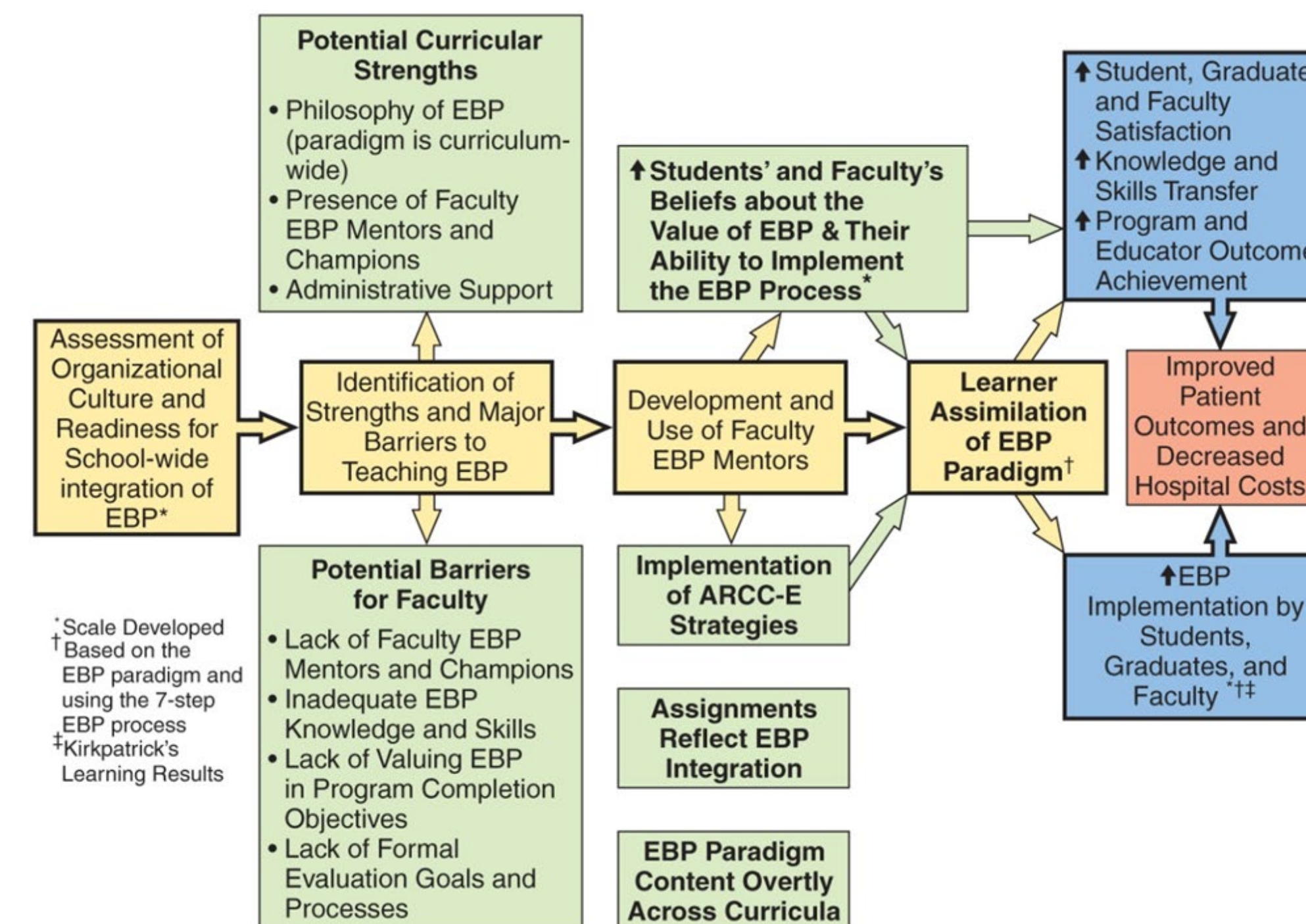
- 5 studies showed statistically significant improvements in cultural competence after experiential learning interventions.^{1,3,4,6,8}
- 3 systematic/integrative reviews demonstrate that simulation may be an effective strategy to increase cultural competence, awareness, and communication.^{2,3,9}
- Debriefing and reflection was an important part of all simulation experiences and many of the cultural immersion and service-learning experiences.^{2,3,6,8,9}

EBP Guidelines

- Cultural competence curricula for pre-licensure nursing students should include experiential learning such as simulation, service-learning, and cross-cultural immersion.
- Experiential learning interventions should be immediately followed by a time of facilitated debriefing, feedback, and self-reflection.⁵
- Simulation should be a supplement to real-life experiences with diverse cultures, not a replacement.²
- In designing simulation experiences, educators must keep in mind the complexity of culture so they do not present patients who merely reinforce cultural stereotypes. Consulting with someone from the culture being represented is ideal.²
- Educators should acknowledge the fact that some students may identify with a simulated patient or “diverse” cultural group, and should avoid “othering” when facilitating learning experiences.²

Theoretical Framework

Advancing Research and Clinical Practice through Close Collaboration in Education (ARCC-E)⁷



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Implementation Plan

- **Assessment of Organizational Culture & Readiness for EBP:**
 - Organizational Culture and Readiness for School-Wide Integration of Evidence-Based Practice Survey – Educators (OCRSIEP-E)⁷
 - Assessment of faculty comfort with simulation – survey
- **Strengths:** Strong simulation program, diverse faculty & staff, strong EBP culture, existing clinical placements with diverse patients
- **Barriers:** Faculty workload, staff turnover, no access to standardized patients
- **Development & Use of Faculty Mentors:**
 - Topic approval by BSN Program Director/Fundamentals lab course lead faculty
 - Scenario development with Clinical Learning Coordinator & Clinical Learning Staff
- **Intervention:** Two simulations focused on cultural competence, including debriefing guides, were developed for the Fundamentals of Nursing laboratory class, guided by INACSL standards of best practice: SimulationSM Simulation design⁵
 - **Scenario 1:** 76-year-old Indian diabetic female requiring nutritional assessment and teaching
 - **Scenario 2:** 82-year-old Saudi female, ethical dilemma regarding consent



Evaluation Plan

- **Quantitative Evaluation:**
 - The IAPCC-SV will be used to measure cultural competence of students at the beginning and end of the Spring 2021 semester
 - Results will be analyzed with a paired-sample t-test
- **Qualitative Evaluation:**
 - Survey to collect student and faculty feedback about the simulations
 - Administer surveys on the day of simulation

References

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