

***Culturally Competent Nursing Care: A  
Cornerstone of Caring***

**Field Test Focus Groups - *Final Report***

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# Introduction

## ***Overview of Culturally Competent Nursing Modules Project***

The Culturally Competent Nursing Modules (CCNM) project was initiated to develop a curriculum that effectively equips nurses with cultural and linguistic competencies. The CCNMs are grounded in the principles outlined in the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care issued by the Office of Minority Health, Department of Health and Human Services, in December 2000. This curriculum, designed specifically for nurses, builds on the work of the Cultural Competency Curriculum Modules (CCCMs) for Family Physicians' program launched in December 2004.

As part of its mission of “improving the health of racial and ethnic minority populations through the development of effective health policies and programs that help to eliminate disparities in health,” the Office of Minority Health (OMH) commissioned the development of training curricula that would give healthcare providers resources and tools to understand and increase their knowledge of cultural competency; develop self-awareness about attitudes, beliefs, biases, and behaviors that influence the care they provide; and to enhance their capacity to provide culturally competent care to an increasingly diverse patient population.

According to the Census, the population of the U.S. is increasing in diversity. Non-white and Hispanic ethnic and racial groups currently comprise approximately 35% of the total U.S. population.<sup>1</sup> According to the 2004 Preliminary Findings from the National Sample Survey for Registered Nurses<sup>2</sup>, the number of licensed Registered Nurses in the U.S. is estimated to be between 2.8 and 2.9 million, making nursing the largest health care profession. In the survey, 7.5 percent of RNs did not specify their racial/ethnic background and 81.8 percent of the RN population were estimated to be White (non-Hispanic), leaving 10.6 percent in one or more of the identified racial and ethnic minority groups. In a similar survey published in 2000, 12.3 percent of the RN population was estimated to be in one of the non-White racial/ethnic minority groups identified.

Of the nurses who indicated their racial/ethnic background in 2004, 88.4 percent were White, non-Hispanic; 4.6 percent were Black/African American, non-Hispanic; 3.3 percent were Asian or Pacific Islander, non-Hispanic; 1.8 percent were Hispanic; 0.4 percent were American Indian/Alaskan Native; and 1.5 percent were from two or more racial backgrounds.

As a result, few of the nurses providing care are from the various racial and ethnic groups that will come to constitute the majority of patients, thereby creating a further gap between health care providers and health care recipients.

Based on feedback provided during the Field Testing phase of the physician curriculum and increased interest and requests from the field, a White Paper outlining rationale for

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<sup>1</sup> U.S.Census Bureau (2003). U.S. Census 2000. Retrieved from <http://www.census.gov/main/www/cen2000.html>

<sup>2</sup> *Preliminary Findings from the 2004 National Sample Survey of Registered Nurses* U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Division of Nursing retrieved from <http://bhpr.hrsa.gov/healthworkforce/reports/rnpopulation/footnotes.htm>

developing a separate curriculum designed for nurses was prepared and presented to the OMH Project Officer in 2003.

Science Applications International Corporation and Astute Technology were contracted to provide assistance to OMH in the development and testing of the Culturally Competent Nursing Modules (CCNM). These training modules are designed to help nurses understand and increase their knowledge of issues related to cultural competency; develop self-awareness about attitudes, beliefs, biases, and behaviors that influence the care they provide; and to serve as a tool to enhance their capacity to provide culturally competent care to an increasingly diverse patient population.

A variety of resources were used to develop the content and format of the training modules. Expert panel members from the National Project Advisory Committee (NPAC) and Consensus Building meetings contributed insight and expertise into the content of these training modules. Data collected from an environmental scan of existing literature, health care practices, and course curricula summarized current concepts, policies, and teaching practices for nurses regarding culturally competent health care.

In April - May 2004, a series of six focus groups were conducted with 50 practicing nurses in five geographically and culturally diverse locations across the U.S. The focus group participants provided input on specific content areas that need to be addressed in the culturally competent nursing curriculum and the most appropriate delivery methods for achieving the widest dissemination of the training program. Additionally, focus group participants were questioned as to their current knowledge of cultural competency, previous cultural competency-related educational courses taken and preferred learning format. Data provided from the focus group participants was provided in a report submitted to OMH in June 2004. The information provided during the focus groups provided valuable input in identifying potential content, format, and preferred educational media.

In addition, expert consultants in culturally competent care, language access services, and organizational supports for cultural competence in nursing drafted three Concept Papers that identified focus areas for the CCNMs.

An initial draft of the curriculum and a series of vignettes depicting cultural competency case studies were developed in 2004. In 2005, pilot testing of the written curriculum and the vignettes was conducted through a series of seven focus groups in eleven sites across the country. Over 70 nurses participated in the focus groups.

Initial results from the pilot testing of the video vignettes were presented to the CCNM National Project Advisory Committee in April 2005. Following the meeting, pilot testing of the text-based curriculum was conducted and results were submitted to the Project Officer in July 2005. Changes were made to the text-based curriculum and the vignettes were slightly modified to comply with some of the recommendations of the pilot test participants and the NPAC. Additional feedback from the Field Test focus groups and the NPAC will be integrated into the revision process prior to launch.

The course content was revised from November 2005 – June 2006 in order to incorporate suggestions from the pilot testing feedback and the NPAC. Additionally, the text-based format was restructured into a web-based curriculum. During the period July – August 2006, as each course of the CCNM curriculum was sequentially redesigned for the web,

NPAC members were provided the opportunity to review and provide commentary on the courses via a staging site designed specifically for the CCNM project. Comments from the NPAC were consolidated and provided to the OMH Project Officer for review. Recommended changes were made to the curriculum prior to the development and launch of the web-based testing site used by the focus group participants. This report provides a summary of the results of the Field Test Focus Groups conducted from August 2006 – October 2006.

**Description of the curriculum.** The curriculum consists of three modules organized around OMH’s National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care issued in December 2000<sup>3</sup>. Each module is intended to be self-contained, so that nurses can complete each one individually or all together, and is intended to be worth about three hours of continuing education units (CEUs) for a total of nine credit hours (Note: although the intent is to have the curriculum accredited for nine CEUs, the final accreditation will be based on a number of factors that are part of the Cine-Med credentialing process; no final determination has been made to date).

Each module includes:

1. Description of each section of the modules
2. Learning objectives
3. Text-based content
4. Video vignettes

The text-based content includes learning points and implications for nurses. The modules also include practical examples and tools, such as self-assessment checklists, to help nurses apply the information to their daily work. Each module has "Fast Facts" (e.g., data about health disparities), "Stories from the Frontline" (e.g., cases that illustrate learning points that have been contributed by the NPAC and nurse focus group participants), "Cultural Insights" (e.g. data and statistical information about various cultures) and "Pulse Points" (i.e. questions regarding the case studies and video vignettes developed to provide nurses the opportunity for self-reflection). The list below provides a comprehensive summary of the curriculum tools included as supplementary information to the content:



**Stories from the Front Line** provide examples and case studies of cultural situations that nurses may experience in the field.



**Video clips** include case studies depicting work scenarios involving diverse groups of patients.

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<sup>3</sup> Office of Minority Health, Public Health Service, U.S. Department of Health and Human Services (2000). Recommended National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care. Available at: <http://www.omhrc.gov/clas>.



**Fast Facts** highlight information, research and statistics related to diversity and cultural competence issues.



**Cultural Insights** present information and statistics about culturally diverse groups.



**Take a Moment Surveys** include self-reflection questions.



**CLAS Acts** present creative ways to implement the CLAS standards.



**Pulse Points** include questions about the Stories from the Front Line and Video Vignettes.

## ***Purpose of Field Testing***

This report summarizes the findings from six focus groups conducted with 59 practicing nurses by Science Applications International Corporation for the Office of Minority Health during the period 17 August 2006 – 19 September 2006. Results from an additional focus group conducted on October 10, 2006 with nursing students in an academic health setting will be provided as an addendum to this report; however, demographic data from that focus group is included.

Focus group testing of the curriculum with practicing nurses provides valuable feedback about the overall perceptions of the current curriculum, the usability of the online format, the value of the resources and additional information provided and the opportunity to explore whether the content met the course objectives.

The objectives of the focus groups were to:

1. Explore the cultural issues that nurses encounter as a part of their daily interactions with patients, colleagues, and the health care environment in which they work.
2. Examine whether the CCNM Introduction serves to pique participant attention and provides participants with a thorough explanation of what the format of the curriculum will be.
3. Examine if the curriculum and case study vignettes convey messages needed for nurses to provide culturally and linguistically appropriate care to diverse populations.
4. Explore if the curriculum and case study vignettes raise awareness and encourage self-reflection regarding culturally and linguistically appropriate care.
5. Identify if the cases/vignettes in the curriculum are realistic and useful in promoting culturally and linguistically appropriate care, and
6. Examine their opinions on the usability and overall design of the online CCNM Curriculum Introduction and Courses I, II, and III.

## **Methodology**

### ***Data Collection***

Seven focus groups were held from August 2006 – October 2006, in geographically and culturally diverse locations across the U.S.: Miami, FL; Los Angeles, CA; Denver, CO; Columbus, OH; Phoenix, AZ; Philadelphia, PA; and Baltimore, MD (academic setting). A total of 69 professional nurses (N= 59) and nursing students (N=10) participated in the focus groups, and their practice settings ranged from large, ethnically diverse urban and suburban settings throughout the U.S.

SAIC partnered with Metro Research Services (MRS) to recruit participants using a screener developed by SAIC and approved by the Project Officer. MRS organized the focus group logistics, to include participant food and facilities, coordinating closely with SAIC staff. The nonacademic recruitment screener used by MRS to find the participants that fit the selection criteria is at Appendix A. The academic screener used by faculty at the University of Maryland to recruit nursing students is included at Appendix B.

Eleven participants were recruited for each focus group to ensure six to nine participants were included. Criteria outlined in the nonacademic screeners included:

- Having a formal nursing education (BSN, MSN, AD, Diploma, etc.)
- Being currently employed/practicing in the nursing field for at least two years
- Having taken some type of nursing continuing education courses for training
- Access to computer with high speed internet
- Work in an environment that provides care to a population that is at least 20% ethnically diverse

Additionally, participants were recruited by MRS to represent the current diversity of the nursing profession. Of the five predominant employment settings identified for nurses by the HRSA survey, the largest employer continues to be hospitals (56%), followed by public health/community health setting (14.9%), which include: State and local health

departments, visiting nursing services and other health agencies, community health centers, student health services, occupational services and school health. Nursing homes and extended care facilities continued to be another consistent nursing care employment setting (6.3 percent).

The percent of RNs reporting their principal nursing position in other types of settings, particularly ambulatory care, comprise an estimated 11.5 percent. Ambulatory care settings include physician-based practices, nurse-based practices, and health maintenance organizations. The remaining RNs employed in nursing reported working in such settings as nursing education, Federal administrative agencies, State boards of nursing or other health associations, health planning agencies, prisons/jails, insurance companies, and other miscellaneous settings such as pharmaceutical and durable medical equipment companies. It appears likely that the number and percent of nurses employed in these “other” settings may continue to increase given changes in health care delivery.

The recruiting agency recruited nurses to match these employment settings as closely as possible. In addition, MRS attempted to recruit both male and female nurses, nurses from a variety of racial and ethnic backgrounds, and nurses practicing in urban, rural, and suburban settings. Before each focus group, MRS provided SAIC with the following participant demographic information: gender, age, ethnicity (self-reported), educational background, work setting, previous years of work experience, percent of patients cared for from racial and ethnic backgrounds and number of cultural competency courses taken in the last five years.

In collaboration with our OMH Project Officer, SAIC developed focus group protocols that consisted of a series of three focus group moderators’ guides (included at Appendix C, D, and E). The moderators’ guides were designed to solicit input from nurses regarding the objectives mentioned above and to solicit additional anecdotal feedback regarding the test questions, streaming video vignettes, interactivity, completion of the course in a group setting, cultural self-assessment, specific design elements, accreditation, and knowledge of the CLAS standards.

The curriculum was evaluated using a phased approach evaluating the Introduction and Course I, then adding on each course sequentially, rather than conducting a comprehensive review of the course in its entirety with all of the focus group participants. Advantages to this approach included the ability to provide the team with a more granular, in-depth review of each course sequentially. A disadvantage to this approach was the requirement to develop three separate moderators’ guides tailored to the different phases of review and to adapt to the allotted time for each focus group. The last two focus groups (Philadelphia, PA and Baltimore, MD) reviewed the CCNM course in its entirety.

Each focus group lasted two hours. For each group, two SAIC employees were present – one to serve as the moderator and one for note taking. All focus groups were audiotaped to ensure accuracy of the information.

The participants received monetary incentives that varied in amount depending on their locations.

## ***Data Analysis***

Following each focus group, note takers provided written summary reports to the OMH Project Officer. Any specific identifying data was removed from the reports and the note takers listened to audiotapes or used transcribed notes to verify their notes and capture specific quotes made during the sessions.

The objectives set forth for the focus group guided the data analysis and report format. Findings from the focus groups will be provided using the focus group objectives as the six summary headings for data presentation. The data presented represents key, recurring themes heard during the six focus groups and provides feedback that may be used to identify potential content revisions and formatting strategies for the final version of the CCNMs.

# Results from Primary Data Analysis

## *Demographic Data*

The demographics of the recruited focus group participants reflect national trends in the nursing profession. Figure 1 highlights the demographic information of the 59 practicing nurse participants and Figure 2 represents the demographic information of the 10 nursing students from the University of Maryland nursing program. Further data from the University of Maryland focus group will be provided as an addendum to this report.

A total of 59 professional nurses participated in the Field Testing; 54 women and five men. Of the 10 nursing students, two were men and eight were women. Of the total 69 participants (professional nurses and nursing students), 19 were under the age of 30, 14 were between the ages of 30-39, 29 were between the ages of 40-54, and seven were over the age of 54. As seen in Figure 1 below, these numbers were reflective of the national trends in the nursing profession.

Forty-five of all participants self-identified themselves as White, 11 as African American, four as Asian, and nine as Hispanic. The percent of professional Hispanic nurses (16%) and African American nurses (13%) participating in the focus groups is slightly higher than the national data, as reflected in Figure 1. There was no specific comparison data for student nurses.

Of the professional nurses, three graduated from a diploma program, 16 participants graduated from an Associates Degree (AD) program, 31 had a Bachelors of Science in Nursing (BSN) degree, five held Masters' degrees and three were Nurse Practitioners. There was one participant who identified themselves in the 'other' category. Of the nursing students, five were pursuing their Bachelors' degrees and five were in their Masters' degree programs.

The majority of the professional nurses worked in the hospital setting (59%), but participants also worked in the field of public health/community health (13%), long-term care (3%), ambulatory care (13%) and in other settings (12%), to include physicians' offices and school health clinics.

Thirty-one percent of the professional nurses reported that between 20-40% percent of the patients they typically care for are from ethnically diverse/minority backgrounds; 29% stated this percentage to be between 40-60%; 20% of nurses reported the percent to be between 60-80% of their patient population: with the remaining 20% of nurses reporting that the percent of patients cared for representing ethnically diverse/minority backgrounds to be over 80% of their patients.

Twenty-one of professional nursing participants had more than 20 years of experience in nursing, 12 nurses had between 11-20 years, and 26 participants had between 2-10 years of nursing experience.

The findings below are categorized by the specific questions outlined in the focus group protocol and reflect feedback received from participants in response to specific questions asked during the focus groups and additional anecdotal comments provided.

## Figure 1: Focus Group Participant Demographic Information

*\*Demographic data of focus group participants as compared to the U.S. nursing population*

Characteristic	National*	Total		Miami	Los Angeles	Denver	Columbus	Phoenix	Philadelphia
		Percent	Number	Percent	Number	Number	Number	Number	Number
<b>Gender</b>									
Male	5.7	5	8	0	1	2	1	1	0
Female	94.3	54	92	10	9	9	11	8	7
<b>Age</b>									
<30	8.1	9	16	3	2	1	1	0	2
30-39	18.5	14	23	3	2	3	2	3	1
40-54	47.9	29	29	2	4	6	9	5	3
>54	25.5	7	12	2	2	1	0	1	1
<b>Education</b>									
Diploma RN	25.2	3	5	0	1	1	1	0	0
AD	42.2	16	27	2	4	1	3	5	1
BSN	30.5	31	53	6	4	7	6	4	4
MSN	0.5	5	8	2	0	2	1	0	0
NP	NA	3	5	0	0	0	1	0	2
Other	NA	1	2	0	1	0	0	0	0
<b>Work Setting</b>									
Hospital	56.2	34	59	4	9	6	6	6	3
Public Health	14.9	8	13	1	1	1	1	1	3
Long-term Care	6.3	2	3	1	0	0	1	0	0
Ambulatory Care	11.5	8	13	2	0	2	1	2	1
Other	8.5	7	12	2	0	2	3	0	0
<b>Practice Years</b>									
2-10	NA	26	44	7	7	4	1	3	4
11-20	NA	12	20	1	2	2	2	2	3
>20	NA	21	36	2	1	5	9	4	0
<b>Ethnicity</b>									
White	88.4	40	68	5	4	8	11	8	4
African American	4.6	8	13	0	4	2	0	0	2
Asian	3.3	2	3	0	1	1	0	0	0
Hispanic	1.8	9	16	5	1	0	1	1	1
<b>Percentage of Ethnic Patients</b>									
20% to <40%	NA	18	31	3	1	4	6	4	0
40% to <60%	NA	17	29	1	3	4	4	3	2
60% to <80%	NA	12	20	2	3	2	2	1	2
>80%	NA	12	20	4	3	1	0	1	3
<b>Number of Cultural Competency Courses</b>									
0-5	NA	50	85	9	8	10	11	6	6
6-10	NA	4	7	1	1	0	0	1	1
11-15	NA	3	5	0	1	0	0	2	0
>15	NA	2	3	0	0	1	1	0	0

\*Source for National Figures: *The Registered Nurse Population: Preliminary Findings from the National Sample Survey of Registered Nurses* (March 2004). U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Division of Nursing.

NA = Not available

**Figure 2: Academic Focus Group Participant Demographic Information**

<b>Characteristic</b>	<b>Percentage</b>	<b>Number of Respondents (n=10)</b>
<b>Gender</b>		
Male	20%	2
Female	80%	8
<b>Age</b>		
20-22	50%	5
24-26	20%	2
26-28	20%	2
>28	10%	1
<b>Nursing Program</b>		
Bachelors	50%	5
Masters	50%	5
<b>Ethnicity</b>		
White	50%	5
African American	30%	3
Asian	20%	2
Hispanic	--	0
<b>Number of Cultural Competency Courses</b>		
0	30%	3
1-2	60%	6
2-4	--	0
>4	10%	1

## Focus Group Findings

**Objective 1: Explore the cultural issues that nurses encounter as a part of their daily interactions with patients, colleagues, and the health care environment in which they work.**

### Diversity of Patients and Staff

In each of the focus groups, participants stated that their patient population and members of the health care staff represented diverse cultural backgrounds. Some of the different cultural backgrounds identified by the participants included: Hispanic, Asian, Cubans, African Americans, Somalians, Russians, and Philipinos.

*“It has been a big switch for me to have to become more culturally aware of whom I’m actually educating. It’s very different from when I first started nursing.”  
- Phoenix, Arizona Focus Group participant*

Some representative comments from participants regarding the diversity in their organizations included: *“We have so many different nationalities at this place from housekeeping on up,”* and *“We see a lot of people from all over the world, but most of our doctors are white, male Americans.”* Other representative comments included: *“I feel like every year our culture is changing and becoming more diverse,”* and *“We have many non-English speaking patients and very few staff who are competent in the languages patients speak.”*

### Understanding of Cultural Competency

Most participants reported hearing the term cultural competency prior to participating in the field test review of the CCNMs.

When asked what cultural competency means to them, representative comments from participants included:

- *“It’s more having a respect for another culture – that they may do things differently from you and that you understand that and that you don’t make assumptions, or if you do, those assumptions don’t translate into the care that you provide for the person.”*
- *“To me it means having some knowledge about a lot of cultures, not knowing everything about each because it would be impossible for me to retain all of that information, but especially for the populations that we deal with.”*
- *“It’s a willingness to learn and to be proactive. For me as a nurse, I always found that it was a whole lot easier and more pleasurable for me to do my job if I had a rapport with the patient. And not everybody is going to be just like me, so it was interesting. They learn from me and I learn from them, and it’s an ongoing process.”*

Some respondents gave specific examples regarding their own increased awareness about cultural competency and gave examples of ways nurses can provide culturally competent care to their patients. Comments included:

- *“We learn through them [patients], but I think it’s the willingness, the openness to see that times are changing, and we have to adapt.”*

- *“I think nurses can do more prevention wise. When we see things at the hospital, it’s a crisis situation, which heightens things, but if they did things preventatively...like a lot of these minorities don’t have family doctors, so they’re very sick when they come in because they haven’t gotten the help, so I think we need to work more on prevention and getting them linked into the service.”*
- *“I think also what we’ve found is that it doesn’t hurt to ask. Because I really don’t know. I’m not saying I won’t do it, but I don’t know. And a lot of them are happy to tell you how they’re feeling and what they need. So I think for nurses, the communication aspect is the big deal.”*
- *“Lots of times I’ve found that they [patients] will just sit down and start doing whatever you tell them to do, and after you get to talking to them and you talk to the family, you realize they have no idea what you were going to do and they’re scared to death. This is something I was really surprised about, how insensitive my staff is, and we thought we were being very sensitive to these cultures.”*

Participants described staff cultural competency training, interpreter services, and community partnerships as activities their organizations engage in to promote culturally and linguistically appropriate care to the communities they serve. Respondents indicated a varying level of confidence in the efficacy of these organizational strategies. These three activities are described in further detail below.

## **Staff Training in Cultural Competency**

Some participants were asked who they thought in their respective organizations would benefit from taking this course besides nurses. Participants thought all staff should take this course; however, they thought it may have more of an impact on some groups than others. Representative comments included:

- *“Everyone does have to take cultural diversity [training] because everyone’s working together as a team anyways when dealing with patients.”*
- *“It would help anyone who has any kind of patient contact.”*
- *“I think it would be easier to get the staff medical assistants, etc. to implement this than some of the doctors. They say ‘this is the way I’m doing this’—very authoritative.”*

Several respondents indicated that their organizations provide some type of staff training in staff diversity. One nurse mentioned that this has usually taken the form of outside consultants coming in to deliver presentations and training sessions. Others indicated that their work Intranet offered basic information on cultural diversity. One participant stated: *“The [courses] in my hospital are not like this. This is a lot more detailed. They don’t have video clips – it’s just basic typed out information and you answer questions at the end. This is a lot more intricate.”* One nurse mentioned she had an eight-hour course on cultural competency that she had to take annually, while another nurse stated she had a four-hour course but *“it wasn’t as in-depth as this.”*

Several nurses expressed that they doubted the efficacy of training provided by their organizations. Comments included:

- *“It’s important to know what your facility has to offer. We had to do this competency training at my organization, but after you do that the competency*

*goes out the window. It's a ten question test and you're done until next year and you don't think about it, and so you might not be aware of what resources your facility has."*

- *"It's very easy for an organization to preach. They can preach all day, and they can make me do a competency unit, but does that mean that this is how they truly live and practice?"*

One nurse indicated that she has received "lots" of cultural competency training from her organization, whereas several others responded they received approximately one hour of training per year. Another nurse stated that her hospital offers a course specifically in care delivery to a local Native American tribe, the Miccosukee. To this comment, a nurse responded: *"And I think if you were in Idaho and if you took a course on the Miccosukee it wouldn't do you much good."* Several participants in the focus group expressed the distinctions between cultural competency overview courses and regional trainings focused on local populations.

## **Interpreter Services**

Respondents expressed that language barriers are the principal challenge they face in providing care to diverse populations and shared their experiences and needs for utilizing interpreters. However, only a small minority of nurses from the focus groups indicated that they have adequate tools to bridge the language gap. The respondent who conveyed the most trust in interpreter services was an oncology nurse who described that at her facility, the same interpreter was paired up with the same patient for each visit throughout their cancer treatment. One unique response was from a nurse who works for Kaiser Permanente: *"We have a Latino clinic where people go and everybody there can speak Spanish."*

Several participants noted that they have interpreters available sometimes, but not always. Many stated their organizations use phone services, such as language lines, when in-person interpreters are not available. However, several participants stated that the phone services do not work in certain situations and there is a need to have an interpreter available around the clock.

*"We had a lot of Vietnamese, and Spanish-speaking patients. We would get the housekeepers a lot to help [interpret] if there isn't a family member there. It's such a privacy issue with that."*

A few respondents spoke of using housekeepers or patients' children to interpret when professional interpreters were not available. One nurse stated *"It's embarrassing to do this. It's embarrassing to the mother, the child, and the person asking for the interpretation."*

A couple of nurses stated they did not need interpreters at their organization. One nurse noted that she worked at a surgery center where most of the patients speak English or bring their own interpreters, so the only translated materials they have are discharge instructions in Spanish. The other nurse works at the VA. However, he noted that there is *"bias towards Spanish-speaking families that come in large groups."*

Many participants indicated that because they are bilingual in Spanish, they are able to communicate to their Spanish-speaking patients without the use of an interpreter. One nurse described a language bank at her hospital that provides contact information for employees who are speakers of other languages that can be reached for interpretation services. However, she described that the operational reality of this language bank is far

from optimal: *“In my hospital, I find that to find an interpreter is almost impossible. They have a great list and this whole thing, but they work different hours, can’t get out of their unit... I know sign language, so there isn’t a sign language interpreter if I’m not there. Then, I don’t know what happens. And people will come in – I work in the ER – people will come and say ‘by law, I need an interpreter.’ The deaf do this frequently.”*

*“JCAHO dictates best practices. But they don’t exactly say how you have to do it. My guy is going to do it the cheapest way, and the cheapest way is to have his medical assistants be the interpreters.”*

## **Additional Resources**

A few participants spoke of additional resources they have or would like to have:

- *“There are flyers and books—any culture I can look up if I have questions. We’re really taught to ask questions in something we don’t understand.”*
- *“We have discharge instructions in different languages...Russian and Spanish.”*
- *“We have in-house translators that have taken tests and prove they can translate.”*
- *“I work at a surgery center and we do have those [phone lines and ‘I Speak’ cards].”*
- *“I want to get those ‘I Speak’ cards, those are essential.”*

As a means to engage additional resources, two nurses indicated that their organizations have initiated community partnerships to learn more about different cultures. Examples included:

- *“When we first started to develop our cultural competency program, we came out to the community. We contacted the community church leaders. We went out to some of the medical facilities. We toured the social groups, and we just asked for the input. So they helped us develop language for fact sheets, and they provided interpreter services for our language bank. They were able to tell us what they wanted from us in terms of the care and what was lacking.”*
- *“We’ve invited different community leaders to come in and we’ve had different cultural days – Indian Day, Portuguese Day, etc.”*

**Objective 2: Examine whether the CCNM Introduction, Course I, Course II, and Course III serve to pique participant attention and provide participants with a thorough explanation of what the format of the curriculum will be.**

## **Length of Introductory Section**

Overall, participants thought that the Introduction was too lengthy; however, several participants stated the Introduction was informative. Comments about the Introduction included:

- *“It was very long.”*
- *“Over and over again on the same thing.”*

*“It has very good information but you need to shorten the Introduction. I don’t need the same information four times.”*

- *“I was really impressed [with the Introduction].”*
- *“You need a briefer Introduction. If it came in book form you could read the Introduction then take the test. I looked for a shortcut, but with the computer you can’t.”*
- *“It was very informative; they’ve done a lot of research.”*
- *“My first reaction was when I think of an Introduction it’s going to have the objectives, tell me how to do it, and not be 15 pages long.”*
- *“Introductions are generally one page.”*
- *“I think I would just do an overview and a couple of statistics and put the standards in there and call it a day.”*
- *“Oh, can we start this already.”*
- *“The objectives [were given] about five times.”*
- *“It had fifteen parts...an intro is an intro, it’s not the whole program. So condense [it] down...everything that was in the intro was covered in the modules.”*
- *“It should take five minutes [to complete the Introduction].”*
- *“You start turning yourself off after awhile.”*
- *“We are all adult learners, our lives are so busy... you are there full-time on the job, juggling family, and studying. So we need to [get to] the point.”*
- *“I think you are going to lose some people before they continue sometimes.”*
- *“It just lost me. It was like, yeah, I’ve heard this before, can we please get to it? It’s too long, I think you lose people.”*
- *“Most of the stuff that was in the Introduction was in the course later, so just say this is what you’re going to learn and then move on.”*
- *“Make it more like an outline of what the content is going to be of the whole course and then go on. Make it more of an introduction.”*

*“I think maybe...go through the Introduction, pick out the things it is teaching us—emphasize that and teach it well.”*

*“I don’t think it’s needed. As a nurse you are exposed – it’s not like you are isolated – you are exposed to so many different kinds of ethnic groups just by nature of vocation. I think we are all aware that there are different cultures.”*

## **Content Feedback**

The moderator asked participants what new information they learned from the Introduction. Responses included:

- *“It is nice to read about how different cultures act as opposed to definitions.”*
- *“How much the culture or population was going to change.”*
- *“The graphing on health care and nurses, I think that was eye-opening, to see it in writing.”*
- *“The statistics were what did it for me.”*
- *“I thought there was a lot of good information and I thought it explained what the program was so I knew what to expect from module to module. It was a good reference in there as well.”*
- *“I thought it was good because it’s addressing what’s going to happen and talking about the year 2050 and half the population being of ethnic origin, and that they are actually preparing for this.”*
- *“I think if I could get something out of the Introduction, it could have been that [the CLAS standards].”*

- *“Just seeing the cross-section of different ethnic backgrounds and both genders pretty much equally represented, I think it’s a better, more diverse population so I was happy to see that.”*

Participants agreed that the Introduction provided a thorough description of the CLAS standards. They also stated the Introduction presented some informative statistics and new information.

*“I think it would be good to include in the Introduction a little bit of education about immigration and who really the immigrant can be, because so many people assume that if you don’t speak any English, you must be here illegally. And that’s just not the case.”*

## **Time Commitment**

Each participant was asked to estimate the amount of time they spent on the Introduction. A variety of responses were offered including: *“17 minutes,” “45 minutes,” “toward the end I skimmed a lot and it still took me 20 minutes,”* and *“one hour.”* One participant commented, *“I don’t remember the Introduction, but I know it was a lot of information and it should be taken when your mind is fresh because it’s a lot of information.”* and *“An hour, but it’s hard to say because I was at work.”* Five respondents stated that the Introduction did not want to make them continue on to Course I, primarily due to length.

### ***Objective 3: Examine if the curriculum and case study vignettes convey messages needed for nurses to provide culturally and linguistically appropriate care to diverse populations.***

Several key themes emerged from focus group participants related to the efficacy of messages in the curriculum to provide culturally and linguistically appropriate care. They were:

- The curriculum was a good course for learning about different patient populations and the visual representation of statistics was helpful;
- The case studies and vignettes visualized the concepts;
- Concepts of disease versus illness and balancing knowledge-based care with skill-centered care were valuable;
- The curriculum was a good course for awareness-building and learning information about different cultures;
- The models presented [in Course I] increased self-awareness, but were not useful for daily practice;
- The curriculum was a good course for increasing knowledge in cultural competency;
- The information in Course II was the most applicable to daily practice;
- In general, respondents admitted to skimming over the curriculum, which may inhibit users from fully learning curriculum content; and
- The information on different cultures was useful for daily nursing practice.

## Awareness and Self-Realization

Many participants spoke of the self-realization they experienced while reading and reflecting on the case studies. Representative comments included the following:

- *“I think it was interesting as I was watching the vignettes of how easy it is to assume that the people that don’t understand what we are trying to convey isn’t because they want to be difficult, they just don’t understand. And how easy it is to be biased toward that. I found myself saying ‘Why don’t you just do what you are supposed to do?’ It is so easy to sit there and not realize they have other ways of doing it and my way isn’t necessarily the best way. I realized I need to step outside of the box.”*
- *“I see religious diversity all of the time up north. There are a lot of different forms of that. And you see in the ICU [intensive care unit] setting where a lot of patients need blood transfusions. I would say a relatively good majority of people have aversion to that. And you are just like well, you can get the blood transfusion or you could just die. I don’t see a gray area there. That’s what these things [point out], there is a gray area and you have got to figure that out.”*

*“But I think that is the lesson that we, as caregivers, need to learn is that I have to value your opinion because you truly—it means something to you. And if I fix it and you are still alive, does that do you any good?”*

## Cultural Competency Models

The participants had mixed reactions to the models, although most were unaware of the models prior to taking the course. However, most respondents stated the models increased their awareness to *“stop and think a little bit more”* in future patient situations. Representative comments included:

- *“It made me stop and think ‘Okay, I really need to look at their perspective, their culture, and our way at the hospital—is it the right way?’”*
- *“This one [Campinha-Bacote] made me feel like if I do something wrong it is going to explode [like the volcano]. It gave me a feeling like if you say something wrong or you’re disrespectful that you’re just going to cut off communications with that person—it’s like a threat.”*
- *“The Purnell [model] is very complicated here...it needs to be simplified.”*

*“It just made me aware of some things to watch out for.”*

The moderator asked participants if they were familiar with the LEARN, BATHE, or ETHNIC model of communication. Most participants indicated that they were not familiar with these tools. For example, one participant said, *“This was the first time I’ve ever seen something like this.”* Another participant commented, *“I’ve never seen any of those before. Never even heard of them.”*

There were some conflicting responses to the value of models, to include several respondents stating they were not useful and could be taken out. Comments included:

- *“I’m not sure they added to my values or my use. I’m not going to walk away with the theory and practice it.”*

- *“It didn’t make sense to me...I would have no clue on how to even look at this.”*
- *“I would say that it would help make the whole curriculum longer. And I started out really excited. I liked the intellectual component at first but then it didn’t stop. And I was like okay, I’m done now.”*
- *“I liked the BATHE and LEARN models. They have some good points to bring up when you’re talking with your patients.”*
- *“I’ve always disliked scripted stuff. But you can take what’s good from each and incorporate it into your own style. And I think that’s what’s unique about nursing—the ability to get on somebody’s level.”*
- *“They’re easy to read and easy to figure out the meaning because they are so concise.”*

Following this discussion, one participant stated, *“I think to understand them [the models], you really have to read it and ingest it a lot.”* This prompted feedback from other participants regarding their ability to remember the models in the curriculum. Comments included:

- *“I don’t know that I would use the models really. I thought it was a lot to remember.”*
- *“The pieces of information we’ve gotten with the models are helpful, but we’re not going to remember them. They’ll be erased from memory tomorrow.”*
- *“I’m not going to take the time to look at this right now [referring to the Purnell model]. If I need it later I’ll look at it...and I didn’t.”*
- *“I think you could shorten the course by getting rid of both of them.”*

Some nurses expressed that the information on models and theory was not appropriate for a continuing education program and that these concepts would be better presented in a college course.

- *“If I’m a nurse trying to learn how to do something that’s going to make me competent, it’s ridiculous all of those models. I don’t care. Just tell me what I need to know in the shortest period of time so that I can go and do my job.”*
- *“These theorists take something very simple, a very simple concept, and they make it complicated so that you can’t understand and then they sell you a book.”*

One participant, a nurse practitioner with a teaching background, expressed interest in the models, stating, *“I was kind of zealous over the models and when they had illustrations I found them to be even more helpful. I liked the Purnell Model and how it had diagrams of the different things. I really did appreciate that. I thought it was very helpful to identify some of those things. It was something I could apply to use and I thought it was valuable.”*

Another participant, also a nurse practitioner, commented positively on the models: *“These nursing models, some of them are far ahead of their time, and when you think about it, you might want to feel proud. Maybe if you’re going to need to really plan this [institutional guidelines], you need to know more about the models, but if you’re going to be at the bedside, maybe you don’t.”*

*“With all of those models and theory, I felt like I was taking a college course online rather than a CEU because it was giving you the theories. I mean, to me the CEUs are to become more proficient in the day-to-day nursing skills.”*

One participant had an interesting idea about how to make the models more practical: “[Have] a couple of bullet points and then immediately just do a scenario depicting the nurse using the theory. Then ask a multiple choice question in a positive tone such as, ‘How was the Purnell model applied [in this situation]?’ ”

## Course Overview

Five primary themes emerged from focus group participants related to the efficacy of messages in the curriculum to provide culturally and linguistically appropriate care. They were:

- The information presented in Course II was more helpful and easier to apply than the concepts in Course I.
- The course provided useful information on people with diverse cultural backgrounds.
- The case studies and vignettes helped illustrate the concepts.
- The communication models could be used in daily clinical practice, but are not the most memorable part of the curriculum.
- Concepts of disease versus illness and balancing knowledge-based care with skill-centered care were valuable.

While some respondents felt they had a good understanding of cultural competency prior to taking the course, others felt that the course offered them “*things I can take back to my job.*” ‘Take-aways’ from the course identified by participants included: the CLAS standards, information about interpreter services, clarification on what was federal guidance versus regulatory, and examples of signage such as the “Universal Health Care Symbols.”

*“Most of the things they talk about in Course III are beyond my control. But this is the part that you could take to the people and say, “Hey, guess what. You’re getting a federal grant. This comes from the Office of Minority Health. So, you know, here. Look at how far short you fall.”*

## Course Feedback

Most participants agreed that Course I was their favorite because they liked the “overview” of cultural competency information presented in this course. Several nurses in the focus groups stated that they thought the CLAS standards presented in Course I would be valuable to take back to their organizations. Selected comments include:

- “*Course I was good. It was a general overview of more information. I thought II and III were just -- they started getting into language and stuff like that but were less valuable.*”
- “*[Courses] II and III are just a repeat, you know, just going into different stuff but it all comes back to the same thing.*”

The majority of participants felt the concepts included in Course II are more practical and can be used in their daily interactions with patients, particularly the information on interpretation. Representative comments included:

- “*I was more familiar with the information in Course II than I was in Course I.*”

- *“I was more interested in it [Course II information] and I could relate more to it, so I liked it more.”*
- *“I work a lot with interpreters and I’ve never really been educated on what an interpreter does or doesn’t do, like to sit across from the person you’re speaking to. I always do that, but I never knew that was so critical.”*
- *“Everybody has had to take the communication classes at some point, so I thought that information was more applicable to us.”*
- *“You know, I really liked Course II much better. I felt like I could use it more.”*

Feedback was received on the different modules and the components in each; participants agreed that they have a better understanding of cultural competency after taking the CCNMs. Representative comments included the following:

- *“It was very useful, somewhat new, but it was interesting just because I never thought of it in that way. I hadn’t thought of it and I don’t know why, but it seemed to me that it was another thing I should look at, so it was good.”*
- *“In regards to the health literacy stuff, in the office I’ve worked in we’ve developed some of this stuff, so it wasn’t really new to me, but it’s good to know that we’re ahead in some regard.”*
- *“I liked the ‘understanding health-related experience’ and talking about it from my patients’ point of view. I liked that point.”*

Participants commented specifically on the concepts of effective communication and health literacy that was discussed in Course II and how important both are in their daily practice. Comments are listed in the bulleted list below:

- *“My biggest fear is having one of my discharge planners discharge somebody who doesn’t understand the instructions, and maybe they have a biopsy that needs to be followed up.”*
- *“We’ve got to know what level we can give somebody written material.”*
- *“The module does state that, that just because someone is given material in their preferred language, don’t assume they can read it. It does state that, and I come across that often in my job, like with consent forms.”*

*“Like when you were talking about written materials, and we have to ascertain whether that person coming from that other country is literate in his own language. Because a lot of people assume, ‘okay he’s from Mexico,’ but that person may not read or write in their own language, let alone English.”*

Following this discussion on the importance of health literacy, participants were asked what tools they use to determine their patients’ literacy levels. Responses included:

- *“You just have to ask them.”*
- *“I say, ‘Did you go to school in your country? Did you finish school?’”*
- *“I give them something upside down, and I say, ‘Can you tell me what this is about?’ and if they don’t know that it’s upside down, I know that they can’t read. And you’re not making them feel uncomfortable.”*

Most participants indicated that they did not use the readability formulas included in the curriculum and were not likely to do so in the future.

## Patient-centered care and concepts of disease versus illness

Respondents generally found the information on concepts of patient-centered care and disease versus illness as valuable and new information to them. One participant stated: *“Patient-centered care was the most helpful to me out of the entire thing because -- and here's the rub about this cultural competency nonsense to me. The bottom line is we're all individuals. We all have to eat, drink, you know, eliminate, whatever. We all have needs to be loved, period, bottom line. So you know, we can't make assumptions about any single person whether born in America or not. So I think the patient-centered piece to me was the most helpful because it's universal. It applies to everybody. Everybody wants to feel empowered, wants to feel in control of their health, especially when a health care issue is presented to them.”*

Another participant stated, *“I liked the difference between disease and illness. We usually know what disease someone has, but the illness it brings about is different for each person and different families.”*

Some additional comments included:

- *“I had never even thought about it. I kind of thought these were interchangeable terms, so I got that.”*
- *“Disease is what we look at, and illness is the way the patient interprets it. I had never heard this before.”*
- *“You're right. We use them both interchangeably. Reading it makes you think, oh yeah, this is something different. It's never been mentioned in any course I've taken.”*

In contrast, respondents were familiar with the term patient-centered care. However, several nurses remarked that this is a concept that has to be taught in partnership with physicians and other members of the care team. One comment included: *“These kinds of things should be integrated because both of us [physicians and nurses] are working on one patient. Yes, they have their issues, and we have ours. But the one issue is the patient. And if it's really patient centered then we would be doing this together.”*

One nurse summarized the patient-centered care content as: *“They were referring to the treatment plan and involving the patient in the treatment plan. A patient should be involved in all disciplines of their care.”* Another nurse responded to this comment by saying: *“It doesn't always work that way though. Sometimes the patients are last to know.”*

*“I think nurses get exposed a lot more to the cultural diversity thing because we are more hands-on than physicians. While they get exposed to it, they don't necessarily deal with it. They need a lot more education on cultural diversity than perhaps nurses do.”*

Many participants retained information about the importance of balancing knowledge-centered care with skill-centered care. One participant commented, *“I liked the part that talked about balancing knowledge- and skill-centered approaches because we could learn all this cultural stuff and learn the facts. But just because somebody may be Asian doesn't mean that automatically all that stuff applies to them. That's definitely true, you have to balance the knowledge you gain and the skills in dealing with people not just because they're of a certain ethnicity.”* Another participant used a vignette in the curriculum to describe the balance: *“In that story [Vu Nguyen], that fellow from Vietnam wanted to take his herbs. Well as long as they [the health care team] check with the pharmacist and it [the herbs] didn't bother with the HIV medication than that's both—*

you're making sure your patient gets his [HIV] medications and address his need for his herbs." Another participant simply stated: "I mean it made sense."

## Cultural Insights

Participants indicated that the course provided cultural insights on people of diverse race and ethnicity and helped them to visualize the concepts described in the curriculum.

Comments pertaining to this included:

- *"What it called to mind for me is that a lot of times, especially when dealing with different ethnic backgrounds, you have more than one generation at the bedside. So you're dealing maybe with the parents that have certain cultural herbal remedies. And there is some conflict within the family as to what to do sometimes."*
- *"The hot and the cold thing with the Asian population is pretty neat. I never knew about that."*
- *"That information [on the different cultures] is really, really good."*
- *"Those are the things that I'll remember. Like I can't look at this person in the eye, but I'll never stand there talking to an Asian person and be thinking which model I'm going to use."*
- *"The information about the African American woman who wasn't taking her medication because she couldn't read hydrochlorothiazide, that was good information and a very user-friendly piece of information."*
- *"Those were the tidbits we were grabbing on to and taking back to work."*
- *"The cultural insights were definitely a plus."*
- *"I wrote down some of the facts, like the Middle Easterners don't like this or that and the nurse should share some things about herself first and then avoid eye contact with the opposite sex. And with Hispanics, you're supposed to focus on their family first and then go into their health. So I thought it was really helpful. And with Native Americans you're supposed to use low tones."*

*"I thought the cultural insights were a bit stereotypical, and they were what a lot of people have dealt with, but they should have gone a bit further so you can feel more comfortable learning about other cultures."*

Throughout the focus groups, nurses underscored their desire to attain specific information about different cultures which they felt was not included in the course.

Representative comments included the following:

- *"I need to know what is respectful and disrespectful in different cultures because they are different. So going in, I can be more sensitive to their needs, so if I ask them to disrobe – is their husband in or out of the room – to be more careful and again more sensitive. But again, where do you gain this knowledge? That's what I am concerned with. The course is great. I learned that we need to do this – but where do nurses go to get knowledge of different communities? If I had a patient from Vietnam or someplace else, where would I gain the knowledge about them? What if I approach them incorrectly because I didn't know?"*
- *"If you are doing the courses for Miami, or New Jersey, or whatever it may be, but each may have different populations so you can't really do it in an overall course, you'd be there forever if you went into every culture. The course itself is good to make you aware that there are different customs and cultures and traditions out there. But then it's up to you – or your hospital –*

*to hone in on whatever populations you have. But as far as an overall general course that brings your awareness to the problem or situation, then I think that's fine and you need to go on the internet or go to the patient or whatever, or your organization, whatever, bring it up to human resources to get additional information."*

When asked about the statistics and pie charts in the curriculum, respondents generally stated the statistics were not memorable but they liked the pie charts. Representative comments include:

- *"I don't remember them [the statistics]."*
- *"Okay, you gave the numbers, I think if you tell the importance of why we need to do this or that, versus 80% like this versus 20% doesn't."*
- *"The pie charts were good. They separated the statistics into pie charts—that was a much better representation."*
- *"The charts I liked. It was easier visually. I think if the literature part just said that Hispanics are more likely than African Americans to get a certain type of cancer, etc. then they broke it down into pie charts and put numbers there—that would be fine."*
- *"You need to give Cliffs Notes. Cliffs Notes of a culture."*

*"I think you have to identify the basics – the must haves - knowledge everybody has to have. And present that. So that people have those tools and they inculcate them into their practices. You could have a separate one that's regional. Because here, the whole issue is ... if you don't know anything about that culture, and you don't have time to go and look it up. You need a mechanism like this that has the basics about that so you can keep working and yet still give the patient the care they deserve."*

## **Case studies and vignettes**

The participants agreed that the case studies and vignettes helped illustrate the concepts described in the curriculum. Comments included the following:

- *"I think what they were trying to do was emphasize some of the specific features to some cultures. And it doesn't mean that other cultures don't have those features, but maybe you can remember that it was more evident in one culture versus another."*
- *"I kept thinking [while watching the videos], 'oh my gosh, I hope none of us nurses are that rude.'"*
- *"I just think I'll remember them [the videos] more than other parts."*
- *"The time it would take to remember all of that well enough to use with every patient...it would take a lot of work."*
- *"I liked the stories especially about the Alaska(n) baby case study—I could see what was going on."*
- *"There is a difference in seeing versus reading."*
- *"The stories totally described...essentialism, another one was ethnocentrism. To keep reading those words over and over again, we knew what those were because you could see it [in the case studies and vignettes]...the little stories brought this [the terms] to life without having to try to remember what that meant. I thought they were excellent stories."*

## **Objective 4: Explore if the curriculum and case study vignettes raise awareness and encourage self-reflection about culturally and linguistically appropriate care.**

Concepts presented in the curriculum relating to self-awareness received mixed reviews from focus group participants. Some participants felt they already had an increased awareness of cultural competency, while others felt that the curriculum raised their awareness and made them mindful of their need to be more culturally sensitive. Others shared that examples in the curriculum provided them the opportunity to reflect on past clinical encounters.

### **Awareness and Self-Reflection**

Many participants shared their own personal encounters as a way to relate their understanding of awareness with the principles learned in the curriculum.

- *“[We had] this patient from Ethiopia who was actively dying. There must have been twelve people in her room all the time in our in-patient hospice setting. We contracted with an outside hospice agency organization to come in and provide services. The hospice nurse felt that she was doing nothing for the family—when she offered to do things, what she felt was comforting, but the family didn't accept it. She felt like ‘Well, what do you want my service for?’ She couldn't interact with the patient and she discharged [the patient]. We thought, ‘This is probably something cultural. There is some misunderstanding here between what she thinks she needs to provide’—she wanted to provide Service A and the family obviously wanted Service B. We contracted with another hospice agency and in the meantime we did a huge search on Google for what Ethiopian death and dying means...it was sparse but we found out that they are not allowed to be alone. Their soul can not pass to heaven unless they are surrounded and have this pathway. [The hospice nurse] didn't understand that and so there was major conflict there.”*
- *“We had a mom who came in, a Jehovah's Witness. She was delivering, losing a lot of blood, and needed a blood transfusion. Two little girls were waiting with dad. Mom did not want blood at all—for whatever reason, she can't go to heaven if she gets blood. Her husband was saying ‘Give her blood and just don't tell her.’ They quickly called the Ethics Committee and they said ‘No—she said no, so you can't [give her the blood transfusion].”*

*“I think it raised an important point and that is nurses today are too busy to listen. Back then—when I was trained in the '70s, you had to know your patients because your charge nurse would ask you about your patients. And it wasn't just about medication; you had to know something about them. Today you know their name but you don't know what they do for a living, how many children they have, where they live. If we went back to talking with them, building a relationship with them, you would know more but time isn't budgeted in [for that] anymore.”*

Some participants spoke about the importance of knowing their patients as part of the overall concept of awareness:

- *“If you don't have a good understanding of your patients and their cultural habits you're not going to have a relationship with them.”*
- *“[You won't] be able to do your job or it makes your job harder.”*
- *“You need to be able to relate to them.”*

- *“That was an eye opener too, because they may not tell you what they’re on because they don’t know how to pronounce it or they don’t want to be embarrassed or they don’t know what they take it for, but they still take it. So you have to get to know them.”*
- *“You can’t make generalizations. There may be reasons why someone might not buy into these things.”*
- *“You have to focus in on not only are they culturally different, they’re going to need to be treated a little bit differently or in different ways. Just have an awareness about each of your patients.”*

Other respondents discussed the impact of the course and the vignettes as it pertains to awareness in their daily work situations. Some of the participants’ comments included:

- *“When you’re going to do your physical assessment, you have time to talk. You go in and [say] ‘tell me about this’ or even ‘I’m going to ask you this’ but a lot of nurses don’t do the physical assessment. They put down the medications...and they leave, they’re on to the next one [patient]. That is the reality...they don’t make the effort to build a relationship...it used to be about getting to know them, building a rapport with them. It’s not about that anymore.”*
- *“I think it depends on where you come from because I’m from Ohio. So back there honestly, you don’t have all the ethnicity that you have here [Los Angeles]. So coming out here you learn more and become more culturally aware versus there [in Ohio] you may overlook things or may not understand or many not even want to [understand]. I mean that is the reality, you may not have time to. So you stereotype, ‘they’re all like that.’”*
- *“I think it started off right with the importance of self-awareness because I think we don’t see how we approach other cultures. It was an opener to think about, are my hands like this because I’m in a hurry and I want to get the answers. I think that really opened my eyes and it was right up front, so that was good.”*
- *“Being a minority myself, it was interesting. Some of the questions were interesting. I try not to stereotype people ever, so I thought to myself that there really are people out there that do this, that’s the way it came through to me, the self-awareness.”*
- *“This wasn’t a new idea to me, and I remembered it as I was doing it. As a young woman, I always prided myself that I really wasn’t a bigot and I didn’t treat people differently. And I remembered very seriously the day I had a reaction to a certain kind of person, and I thought, ‘But I don’t do that,’ but I did. And I remembered that when I was doing this, and I was so disappointed in myself, and there’s probably other places where I do that too. So it was interesting and I liked the eye opener part of that.”*
- *“This allows us to look inside ourselves and we spend so much time looking outward. None of us are really in the business of looking inward.”*

*“I think it made me think about tying it in with the overall quality of care. I mean, I guess I’ve said, ‘Well maybe they don’t understand this,’ but I’ve never thought about it as thoroughly as to why we’ve had some poor outcomes, because maybe we didn’t really have those noncompliant patients. Maybe we weren’t sensitive enough. So that’s what it kind of made me think about.”*

## Cultural Awareness

Participants generally felt that the course provided a valuable overview of cultural differences in patient populations and was an effective tool for raising awareness. Participants discussed how the case studies raised their awareness about the overlooked needs of the patient. Discussions of the case studies, in particular Vu Nguyen and Vida Zahari, included:

- *“The Vietnamese teenager [Vu Nguyen] who stopped taking his anti-retroviral [medication]—that was a good example because it wasn't just because she [his mother] wanted [him] to use Vietnamese traditional medicines; it was because he had not been adhering to their culture. This was a way to get him back to their culture. It didn't have anything to do with anti-retroviral [medication]. It didn't have anything to do with Western medicine. It had to do with bringing him back into the fold...it just means that there is more than just not understanding or more than just being resistant...you don't realize—there are cultural issues I may not be grasping.”*
- *“There was a lot of dynamics going on in that family [referring to Vu Nguyen case study].”*
- *“You know for the woman going into surgery [Vida Zahari], what was more important in that whole scenario could have all just been modesty. You know it may not have been anything but modesty...we always start by giving a directive instead of asking a question.”*

Focus group participants generally agreed that the course was worthwhile. All agreed that they learned new information from taking this course and that self-assessment is very important in nursing.

### **Objective 5: Identify if the case studies and vignettes in the curriculum are realistic and useful in promoting culturally and linguistically appropriate care.**

Most respondents indicated that the case studies and video vignettes were their favorite aspect of the curriculum and several nurses stated that the vignettes “were good at explaining why” more so than other pieces of the course.

## Realism and Applicability

Many participants spoke about how they related to the nurses and situations depicted in the case studies and vignettes. Some specific examples of comments provided about relevance to nursing practice included:

- *“I liked these stories—I could see the people and I could see my patients doing these same things. Some of the things I remember they said almost exactly those words—hot drinks only or certain things. So I appreciated the stories especially and it was complementary to what I [had already] learned.”*
- *“In the one case [study] where the nurse was checking the blood sugar, I could see exactly what was going wrong. He was trying to tell her all this stuff and she was like ‘I'll tell the doctor the blood sugar is high.’ And it's like dummy, he told you the whole story, he told you how he was feeling. You were going to relay one thing and you completely ignored it [the other information]. I can see why she did it—she's overworked. She was probably*

*late for another patient and I see how things fall in the ditch like that. It happens.”*

- *“...of the other story about the young Asian mom and the nurse coming on shift saying, ‘Oh they’re always quiet’ and just dismissed it [her depression]. That woman got no care. She could have committed suicide, done something to the baby, or had problems later on.”*
- *“I could have made that mistake.”*
- *“Yes, there was one about ‘How could this have been handled differently?’ and I was like, ‘Well I thought they did pretty good.’”*
- *“I think you could really relate to the stories and videos. One of them actually happened in my practice. It makes you relate more to the material presented in the courses.”*
- *“I really enjoyed them. I thought it was a good break from reading on and on and on, so I looked forward to them.”*
- *“It’s just usually better to show me in an example how I can do that [the concepts presented] as opposed to just saying, this is what the law says.”*
- *“What I thought after a while was, you know what? This is a reflection of what’s out there. You know, I’m fortunate that I have good co-workers, you know, but actually when I worked at another hospital, it existed. Yeah, I mean, it’s bad. It really was.”*
- *“The little scenarios and the little things that told you how other cultures act, those were great. Like when it talked about drinking the hot and cold fluids, that was super. I’ll remember that more than the models.”*

Participants referred to the vignette of Vu Nguyen – the HIV patient using herbal medicines instead of antiretrovirals – several times during the focus group in reference to their clinical experience. One nurse stated: *“It did relate. The one with the Vietnamese patient – this was something that I actually had experienced with a Haitian patient, an HIV patient. I felt that when I saw the videos that these are cases that really do happen.”*

### **Additional feedback**

A few respondents felt that the vignettes played up existing stereotypes of different cultures. One provocative remark included: *“I have to say, I have multi, multi, multi-ethnicity background myself. And I am married into a multi-ethnic person, and I found some of the vignettes offensive. Not offensive, but annoying, like the ones that were aimed toward a particular ethnicity really annoyed me. Annoying because these are stereotypical things that people think. That’s what people think and it’s not even true.”* Some participants agreed with this nurse, and one responded, *“Yeah. I thought this is what we’re supposed to be getting away from.”*

One participant did not like the scenario involving the White health care provider and the African American teenager. She stated: *“[It was] very prejudicial and very stereotypical. As an adult learner, what may have made me think more is to make it more subtle. It is obvious when people are really outright rude and prejudiced. [You should] be asking us to do some self-reflection and say, ‘Oh, maybe I’m being a little bit insensitive and not recognizing it.’ It should inspire me to think ‘I thought that this person was doing some good, but yet here was the prejudice that came through.’ If you made the scenario a little bit more subtle, it would make you think and say ‘You know he was doing good until he got to this point...then he blew it.’”*

In general, the comments provided by the focus group participants were positive regarding the realism of the scenarios depicted in the case studies and vignettes. Respondents felt that the vignettes serve to reinforce the points made in the curriculum and make them “real” to the learner.

### **Objective 6: Examine nurses’ opinions on the usability and overall design of the online CCNM Curriculum Introduction, Course I, Course II, and Course III.**

Participants provided a wide range of comments regarding the online courses’ usability and design elements, including: Web page set-up, length of the course, test questions, streaming video vignettes, interactivity, completion of the course in a group setting, cultural self-assessment, Pulse Points, and Course Highlights.

#### **Web Page Set-up**

Participants stated the pages on the Web site had too much information. Representative comments included:

- “[The web pages are] too busy, there is too much information on one page.”
- “The screen when you opened it—it was just a section of blanks...talking about the course. It used up a bit of my screen, that would’ve been nice to close so you don’t have to scroll quite so much.”
- “Most nurses will just go through the course quickly to get the CEUs.”
- “It was long. I don’t know if they’re trying to give you a retention quality, but some of the things are said over and over again in other places.”
- “There’s a lot of repetition and maybe that increases retention, but that also makes it lengthier. Because once you finish that part, I don’t really want to hear it again later on.”
- “As a group, I don’t think we like to sit still too much, but you have to with this.”

Some participants commented that because of the length of the course, they found themselves skipping over some of the material. One comment included, “I really tried to spend a lot of time in the beginning on each module, but I didn’t have any idea how long it was going to take. So then, as time was going by, I said, ‘I really need to not be focusing so much time on all these little details and just move on.’ With six modules per course, it’s really, really hard.”

#### **Length of the Course**

All participants agreed the course needed to be shortened and some stated there was redundant information. The majority of participants reported that they would not recommend this course to their colleague; however, all agreed they would recommend the curriculum if the material was shortened. Comments included:

- “I saw the course would be six separate modules each about an hour [and thought] ‘What? I can’t do this now.’ I clicked it off and didn’t save it. I thought I would have to do it all over again. Thank God it saved.”
- “Just shorten it.”
- “The flow of it, it droned on for awhile there.”

Many of the participants suggested shortening the course to a one or two hour format that was more conducive to completion in a short period of time. Other suggestions were to add a “print this page” function to allow printing of the materials for use as quick references or to facilitate the learner reading the more dense material at their leisure rather than having to read it online.

## Test Questions

As expected, respondents stated they scored higher on the posttest versus the pretest. Two respondents had differing views on the fact that the pre- and posttest questions are the same. The first participant stated: *“Having the identical test at the beginning and the end, I thought that was kind of pointless.”* To which a second participant replied: *“I understand having the pre- and posttest questions be the same—to see if you gained knowledge—if what you read really helped you.”*

Other comments related to the validity of the questions and whether they really reflected the learning objectives. Many of the participants felt that the questions were too difficult for a continuing education course. The test questions may need to be reexamined as part of the course review.

Participant scores on the pre and posttests are at Appendix F. A graph depicting average test scores is at Appendix G. The data reflects the participant comments on their scores, i.e. higher on the posttest than the pretest. Overall, the scores are not reflective of any particular trends. However, based on the comments from the participants, the test questions should be reviewed and validated as part of the overall course review.

## Streaming Video Vignettes

Not all of the participants watched the streaming video vignettes—some did not want to download the software to watch the vignettes; others were at work where the computer was too slow to watch; others only read the transcripts. A few participants clicked on Windows Media Player and it would not open; however, they were able to watch the video vignettes on Real Player. The remaining participants did not report any issues with the streaming videos. Some reported the sound being muffled and others stated they had no problem distinguishing the voices.

Overall, the responses to the vignettes themselves were positive. One participant stated she found the video clips *“by accident, but it was nice hearing the voice(s).”* Other comments provided positive feedback about the interactive capability of vignettes and the fact that they felt it was important to have the visual applications to reinforce the content in the curriculum.

## Interactivity

There were conflicting opinions on whether the curriculum should be more interactive. Comments included:

- *“No, that’s more to do.”*
- *“No, I don’t know about that.”*
- *“I think there could have been smaller tests after each section instead of one big test and trying to retain all the information. Instead just have smaller tests and you’ll retain it better and get more rewards.”*
- *“I’m a paper and pencil person. I want to be able to take my time and read the stories. I don’t need interaction.”*

- *“I don’t use the computer much at work. We still do everything hand-written, so I’m very computer illiterate and to have to type, I didn’t use capitalization and punctuation. So I think some nurses who don’t have to use the computer aren’t comfortable using it.”*

While others commented that the course was not adequately interactive. These comments included:

- *“I mean, the only thing it had was fill in the blanks. Nothing else.”*
- *“It just had the Pulse Points. And you couldn’t go any further until you did them.”*

### **Completion of the Course in a Group Setting**

Participants had a range of responses to the question of whether or not they thought the curriculum was conducive to use in a group setting. Responses included:

- *“If I have time.”*
- *“Either [in a group] or [by myself].”*
- *“I’d rather do it by myself.”*

### **Cultural Self-Assessment**

Participants generally agreed that the cultural self-assessment checklist tool was valuable in determining their own biases and that the tool was a strength of the course. Comments included:

- *“I got all this in school...so maybe you can do it and then just say if you answer so many of this [letter] you need to reassess.”*
- *“I thought the answers were obvious, so I’m going to put down what is the right answer whether I really do that or not. Of course I’m wonderful.”*
- *“I think my favorite part was doing the self-assessment part. It’s important in helping you to be aware of some of the other cultures so that you can treat them appropriately.”*

### **Pulse Points**

There were mixed reviews regarding the Pulse Points. Some nurses stated they *“make you think about how you’re going to relate this to yourself.”* However, the majority of the participants had problems with the Pulse Points, specifically the layout and the flow.

Representative comments included:

- *“It would be easier if the Pulse Points were at the bottom—you could read everything and then they would be at the end of the page, then you go onto the next page. It’s on the right hand side and small—you have to squint your eyes to answer them.”*
- *“[It is] annoying that you have to hit ‘submit’ then close a box for the Pulse Points.”*
- *“Once you close the box, it puts you at the top of the same page and you have to go to the bottom to go onto the next page.”*
- *“You had to keep submitting it like once or twice.”*
- *“Simple is always better.”*
- *“Make it real continuous.”*
- *“The flow is a problem...you have to scroll up and down the page, then scroll back up for the Pulse Points.”*

Respondents indicated that the Pulse Points were frustrating and because of the issues involved with their format and usability did not serve as an effective tool to promote self-reflection. Most participants felt that the Pulse Points did not “*make them think differently about what [they] read or watched.*” Nurses felt the Pulse Points should be reduced, put at the end of the courses, or made optional.

Some participants had differing views on the fact that participants have to complete the Pulse Points to move on in the course. Some participants stated they “*had issues making it mandatory to do the Pulse Points—I don’t think it should have to be mandatory,*” while others responded: *If they are going to get continuing education credits, they need to be mandatory.*”

## Reference Library

Participants were asked if they viewed the Reference Library, and most indicated that they did not use this feature. When asked if the Reference Library was worth viewing, the moderator received answers listed below:

- “*It wasn’t worth it.*”
- “*I went there three different times, thinking I’d find something but I didn’t.*”
- “*I think it depends on why people were doing it (the course). I think we wanted to get through it all and make sure we got the test right, but some people might want to look at everything.*”
- “*It might be useful for someone getting their Masters.*”
- “*I clicked on it just to see what it was, but the information there was pretty self-explanatory.*”
- “*I clicked on it and read it, but then when I went to close that section, my whole computer shut down.*”
- “*I thought there was enough information in the course without extra.*”

## Course Highlights

When asked about their favorite aspects of the course, nurses mentioned the following components: video vignettes, case studies, and summary points following the video vignettes.

## Implications

### Accreditation

Participants were in agreement that the number of CEUs offered for this curriculum should be consistent with the amount of time the course takes; for example, one CEU per hour spent on the curriculum. Comments regarding the accreditation included:

- “*I always think the CEUs go with how much time you put into it. And this took quite a bit of time. I’d think you have to know how long the course is going to take before you know how many CEUs go with it, so asking us right now, we wouldn’t know.*”
- “*I always seem to go wrong with that approach,*” referring to the amount of time spent on a CEU course.
- “*If someone knows it’s going to be a four hour credit course, they have the option of limiting it to four hours, or if they have an interest, they can spend more time*

*knowing they're only getting four. So you set a standard and what you put into it is what you're going to get out of it. It's that way with any course work."*

Most participants emphasized that they are required to complete several annual courses, and this one course would take as long as all of the required classes combined. For example, one nurse stated, *"Usually our whole annual is eight hours for everything. Every year we have to take classes on different topics. And usually the courses all together take eight hours."* Other comments reflected the need to shorten the curriculum and to take into consideration that nurses have other mandatory course they must take for their own professional competencies and certifications.

### **CLAS Standards**

Most participants were not aware of the CLAS standards prior to reviewing the course. This fact supports the need for ongoing CLAS outreach and education.

Some participants commented that they were *"interested in them and wanted to learn more about how they could get involved in more and make them happen and that [the CLAS standards] were a concept we appreciated more information on."* However, other participants reported that there was too much information on the CLAS standards. For example, one nurse stated, *"You could just say, 'There's a group of laws that deals with interpreting,' but to break it up, nurses aren't going to care which numbers deal with what. We all know what we need to deal with, but we don't need to know if it's the first section or the second."*

Although the CLAS standards serve as a framework for the CCNMs, a more streamlined presentation of the CLAS standards may be beneficial in increasing awareness and dissemination.

## **Summary and Next Steps**

### **General comments**

The focus group findings revealed consensus that the content is strong and the theoretical framework of the curriculum is sound. Also favorably received are the video vignettes and the case studies. The primary message from all participants is that the curriculum is too long and the pedagogical delivery methods are weak. Based on these findings, the priority for revisions needs to be placed on the reformatting of the curriculum into a more appropriate online adult learning delivery format. The videos and other added features, to include the interactivity, reference library, pulse points, etc. can also be reviewed during the curriculum conversion. Feedback from the NPAC will be valuable in assisting the project team to refine the content and reprioritize the amount of material that needs to be included to provide a superior, yet usable and relevant product.

## **Conclusion and Recommendations**

The following provides a list of cumulative comments from focus group participants for consideration in the curriculum revisions.

### ***Curriculum Content***

- Repetitiveness and length of the curriculum
  - Suggest including information in the Introduction on how long the course will take
  - Consider deleting models or keeping one and providing a concrete example/scenario demonstrating the appropriate use of the model
  - Shorten the Introduction and provide it in more of an outline format
- Course I provided the most interesting information and Course II provided the most practical information and helpful tools for clinical use
  - Suggest decreasing some of the Course I theoretical material
  - Suggest keeping tools provided in Course II ('I Speak' cards)
  - Revise Course III to make it more applicable to providers in their day to day practice; consider adding a section in the Introduction recommended Course III as more appropriate for administrators.
- Cultural competency facts and insights were considered valuable by most participants
  - Leave in information on specific cultures.
  - Add additional cultural information and include information about religious beliefs and practices.
- Vignettes and case studies were the highlights of the course
  - Finalize the vignettes, adding narration and other interactive components
- Most respondents were not aware of the CLAS standards prior to taking this course
  - Include information on the CLAS standards and how to apply them
  - Offer learners additional links for more information on CLAS and CLAS resources
  - Review curriculum for repetitiveness and redundancies

### ***Curriculum Format and Technology***

- Case studies were popular, but many participants experienced technical difficulties that prevented them from viewing the videos
  - Continue to provide the transcripts that accompany the videos
  - Provide clear instructions on accessing and using the technology required to view the vignettes
- 'Pulse Points' were unpopular among most participants.
  - Participants felt typing in free text took too much time and reported shortening their answers as a result.
  - Reduce the number of questions and Pulse Points
  - Consider deleting the confirmation message that pops up on the same Web page and instead consider allowing participants the ability to be immediately directed to the next page of the curriculum

- Most respondents did not use the content ‘See More’ function or the Reference Library
  - Consider revising this function to make it more visible
- Some participants were unaware that they could go in and out of the course at their own pace; they thought the curriculum had to be completed in one sitting.
  - Provide clearly marked instructions on how course is completed (possibly in numerous spots throughout the curriculum)

### ***Overall Recommendations for Revisions***

- Create a shorter course; many recommended an hour.
  - Most participants have other annual continuing education requirements and felt anything longer than an hour would be difficult to complete
- Add additional information on specific cultures
- Remove ‘Pulse Points’ submission confirmation message
- Decrease the number of ‘Pulse Points’ and make the questions multiple choice
- Make the ‘play’ feature of the streaming video vignettes more visible
- Review test questions and modify items pertaining to specific content (i.e., number of CLAS standards, communication models)
- Revise pedagogical delivery method; provide a more usable and powerful learning platform

In summary, the development of the Culturally Competent Nursing Modules reflect one of the many ways OMH seeks to improve the health of minority populations and to eliminate health disparities. Field testing of the curriculum focused on the content, delivery, and cultural appropriateness of the curriculum for professional nurses. Focus group participants generally agreed that the course was worthwhile and that they would recommend it to their colleagues. All agreed that they learned new information from taking this course. The content analysis by web-based module and video vignettes provided a means for organizing the data in a way that is relevant to improving the curriculum. The use of these field test data helps ensure that the curriculum is responsive to real-world experiences among nurses in their efforts to implement culturally and linguistically appropriate services. The results of the field testing should be used as a tool to prioritize changes to the curriculum. These data will be presented to the Project Officer and to the National Project Advisory Committee for review and discussion. Recommendations from the focus group participants should be weighed heavily in the revisions to the content and to the final continuing education product development.

# Appendix A

## Non-academic Recruitment Screening Questionnaire Culturally Competent Nursing Modules (CCNMs)

Location: <input type="checkbox"/> Philadelphia, PA	<input type="checkbox"/> Miami, FL	<input type="checkbox"/> Columbus, OH
<input type="checkbox"/> Phoenix, AZ	<input type="checkbox"/> Denver, CO	<input type="checkbox"/> Los Angeles, CA

Date: \_\_\_\_\_ Gratuity (2 hour group):  \$100  
 \$125  \$150

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone: (     ) \_\_\_\_\_ Work Phone: (     ) \_\_\_\_\_  
Cell Phone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_  
Email: \_\_\_\_\_

How would you like to receive your confirmation letter?:  
 Mail  Email  Fax

TO BE ASKED AT THE CONCLUSION OF SCREENING:  
Are you currently scheduled for any other market research studies, including focus groups?  
 Yes, **SEE SUPERVISOR**  No, **CONTINUE**

Do you now anyone else coming to this focus group?  
 Yes, **SEE SUPERVISOR**  No, **CONTINUE**

<b>PLEASE REMEMBER TO BRING A PICTURE ID WITH BIRTHDATE FOR REGISTRATION</b>
<b>GIVE PHONE NUMBER OF FACILITY _____</b>
<b>PARTICIPANTS WILL BE CALLED THE DAY BEFORE TO CONFIRM THEIR ATTENDANCE</b>
<b>CONFIRMATION LETTER SENT AND INCLUDES URL ADDRESS FOR TESTING AND REMINDER TO RECORD TIME IT TOOK TO COMPLETE EACH COURSE?</b>
<b>DATE _____</b>
<b>REMINDER PHONE CALL MADE AND INCLUDES URL ADDRESS FOR TESTING?</b>
<b>DATE _____</b>

Assumptions for each location:

- Recruit to get 9 participants (across all six locations). Over-recruit 2 participants for each testing group in anticipation of no-shows. Recruitment total=66 participants.
- Recruit adults (ages 21-65) currently holding RN license, practiced in clinical setting within the last two years in a hospital, community clinic, physician office, home health or long term care facility, work routinely with at least 20% of patients from ethnic/minority backgrounds, mix of race/ethnicity, mix of education levels with Associates, Bachelors, or Masters in Nursing degrees, and mix of gender to fulfill recruitment quotas.

**READ**

Hello, this is \_\_\_\_\_. I am calling from Metro Research Services, a national market research company. We have been hired to speak with nurses in your area and this will only take a few minutes. Please be assured that we are not selling anything—we are only interested in your opinions. No salesperson will call on you as a result of this survey.

If you are interested in participating, and you meet the requirements, we will invite you to come for a discussion group at (**INSERT LOCATION**). The group will meet for about two hours and you will be compensated for your time.

Before the group discussion, you will be asked to review an online nursing training program and record how long it took you to complete each Course. Then at the group discussion we will ask for your opinions about the online program. We will use what we learn from these group discussions to create an online continuing education curriculum for nurses.

May I ask you a few questions? **IF YES, GO TO Q1. IF NO, THANK AND END.**

**If needed, explain further:** Since we need to include people who are a mix of different backgrounds and experiences, there are some requirements that I have to check on for all the people we bring in to participate in the group discussion. I need to ask you a few questions to see if you meet participant requirements.

Date \_\_\_\_\_ Time \_\_\_\_\_

1. **RECORD SEX**

Female \_\_\_\_\_ (**CONTINUE**)

Male \_\_\_\_\_ (**CONTINUE**)

**(TRY AND RECRUIT AT LEAST 20% MALE RESPONDENTS)**

2. We would like to get a range of age groups for the focus group. Would you please state your age? **RECORD RESPONSE.**

**(NOTE: IF UNDER 20 THANK AND END SCRIPT A or if 66 or older THANK AND END SCRIPT A)**

---

3. What type of nursing program did you graduate from?  
**READ LIST. PLEASE STOP ME WHEN I MENTION YOUR NURSING PROGRAM. RECRUIT EDUCATION MIX.**

A.D. (Associates Degree Program) (**CONTINUE**)  
 Nursing Diploma Program (**CONTINUE**)  
 B.S.N. (Bachelors of Science in Nursing Program)  
(**CONTINUE**)  
 M.S.N. (Masters of Science in Nursing) (**CONTINUE**)  
 Nurse Practitioner Program (**CONTINUE**)  
 Other (**PLEASE DESCRIBE--IF NO NURSING DEGREE  
THANK AND END SCRIPT A**)

4. Do you have access to a high-speed (DSL, cable modem, broadband) Internet connection?

YES (**CONTINUE AND GO TO Q.5**)  
 NO (**THANK AND END SCRIPT A**)

5. Do you currently work in a **READ LIST. PLEASE STOP ME WHEN I GET TO YOUR WORK SETTING.**

Hospital (**CONTINUE**)  
 Public, community or clinic (**CONTINUE**)  
 Ambulatory care center (**CONTINUE**)  
 Long term care facility (Nursing home, Assisted living facility) (**CONTINUE**)  
 Home Health (**CONTINUE**)  
 Nursing education (**CONTINUE**)  
 Other (**PLEASE DESCRIBE COULD INCLUDE PHYSICIAN OFFICE, SCHOOL NURSE, CONTINUE**) \_\_\_\_\_

*It is important that the focus groups consist of participants that reflect the employment settings of the nurse population. The predominant employment setting is the hospital (56%), followed by public/community health settings (18.3%), ambulatory care (11.5%), long term care (6.9%), home health (6.5%), and nursing education (2.1%). It is okay to keep the groups mixed as long as we try to recruit from the above settings to represent the dominant nursing employment settings.*

Hospital	56%
Public/community health	18.3%
Ambulatory care	11.5%
Long term care	6.9%
Home health	6.5%
Nursing education	2.1%
Other	

6. In your current health care setting what percent of patients that you typically care for are from ethnic/minority backgrounds? (**IF NEEDED EXPLAIN FURTHER-- AFRICAN AMERICAN, HISPANIC, ASIAN-AMERICAN, NATIVE HAWAIIAN, AMERICAN INDIAN**) **READ LIST. PLEASE STOP ME WHEN I GOT TO THE CORRECT PERCENT.**)

<Less than 20% (**THANK AND END SCRIPT A**)  
 >20% but less than 40% (**CONTINUE**)  
 > 40% but less than 60% (**CONTINUE**)

\_\_\_\_ > 60% but less than 80% (*CONTINUE*)

\_\_\_\_ > 80 % (*CONTINUE*)

7. How long have you been practicing nursing in a clinical setting?

**READ LIST. PLEASE STOP ME WHEN I MENTION THE CORRECT YEARS.**

\_\_\_\_ < 2 Years (*THANK AND END SCRIPT A*)

\_\_\_\_ 2-10 Years (*CONTINUE*)

\_\_\_\_ 11-20 Years (*CONTINUE*)

\_\_\_\_ > 20 Years (*CONTINUE*)

8. Please tell me your current position title. **RECORD RESPONSE.**

\_\_\_\_\_

9. We are hoping to get a diverse mix of participants for our focus groups. Can you tell me what racial or ethnic group you belong to? **RECORD RESPONSE. RECRUIT MIX.**

\_\_\_\_\_

10. How many nursing continuing education courses have you taken in the last five years?

\_\_\_\_ 0 or 1 (*THANK AND END SCRIPT A*)

\_\_\_\_ 2 or more (*CONTINUE*)

11. How many cultural competency continuing education courses or training courses have you attended in the last five years? **RECORD RESPONSE. GO TO INVITATION.**

\_\_\_\_\_

#### **INVITATION IF INDIVIDUAL MEETS RECRUITING CRITERIA**

Thank you for answering all of my questions. You are eligible to participate in the discussion group. Are you available to attend a discussion group at \_\_\_\_\_ (*INSERT LOCATION*) \_\_\_\_\_ (*INSERT DATE and TIME*) for about two hours? As a token of appreciation for helping us in our research efforts, you will receive a gratuity of \_\_\_\_\_ (*INSERT AMOUNT*).

**RECORD INFORMATION ON THE FRONT PAGE  
PROVIDE TELEPHONE NUMBER**

#### **END SCRIPT A FOR THOSE PEOPLE WHO DO NOT MEET SELECTION CRITERIA**

Thank you very much for answering my questions. As I said earlier, we are trying to recruit people who meet certain criteria. Unfortunately, you have not met these requirements. I appreciate your taking the time to speak with me and I hope you have a good day.

**END SCRIPT B FOR THOSE PEOPLE WHO DO NOT MEET SELECTION CRITERIA**

Thank you very much for answering my questions. As I mentioned earlier, we are trying to recruit people from different backgrounds and work experiences. It looks like you are eligible to participate but right now we already have enough people in our study with backgrounds similar to yours. Can we contact you in the future in case we have any cancellations? **IF RESPONDENT SAYS YES RECORD RESPONDENT'S INFORMATION ON THE FRONT PAGE AND GIVE PHONE NUMBER.**

**IF NO, THANK AND END.**

## Appendix B

### **Academic Recruitment Screening Questionnaire Culturally Competent Nursing Modules (CCNMs)**

Location: \_\_\_\_\_  
Date: \_\_\_\_\_  
Gratuuity: \_\_\_\_\_

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone: (     ) \_\_\_\_\_ Work Phone: (     ) \_\_\_\_\_  
Cell Phone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_  
Email: \_\_\_\_\_

How would you like to receive your confirmation letter?:  
\_\_\_ Mail \_\_\_ Email \_\_\_ Fax

**PLEASE REMEMBER TO BRING A PICTURE ID WITH BIRTHDATE FOR REGISTRATION**  
**GIVE PHONE NUMBER OF FACILITY \_\_\_\_\_**  
**PARTICIPANTS WILL BE CALLED THE DAY BEFORE TO CONFIRM THEIR ATTENDANCE**  
**CONFIRMATION LETTER SENT AND INCLUDES URL ADDRESS FOR TESTING AND**  
**REMINDER TO RECORD TIME IT TOOK TO COMPLETE EACH COURSE?**  
**DATE \_\_\_\_\_**  
**REMINDER PHONE CALL MADE AND INCLUDES URL ADDRESS FOR TESTING?**  
**DATE \_\_\_\_\_**

Assumptions for each location:

- Recruit to get 9 participants. Over-recruit 2 participants in anticipation of no-shows.
- Recruit RN's who will be entering their senior year of a BSN program or those currently enrolled in an MSN program. Try and recruit a gender and ethnic mix.

#### **READ**

Hello, this is \_\_\_\_\_. I am working on behalf of the Department of Health and Human Services Office of Minority Health. We are interested in talking to nursing students and this will only take a few minutes. Please be assured that we are not selling anything—we are only interested in your opinions. No salesperson will call on you as a result of this survey.

If you are interested in participating, and you meet the requirements, we will invite you to come for a discussion group

at our facility on West Pratt Street. The group will meet for about two hours and you will be compensated for your time.

Before the group discussion, you will be asked to review an online nursing training program and record **how long it took you to complete each Course** (please emphasize that it is very important that each participant record this information as they are completing the curriculum). Then at the group discussion we will ask for your opinions about the online program. We will use what we learn from these group discussions to create an online continuing education curriculum for nurses.

May I ask you a few questions? **IF YES, GO TO Q1. IF NO, THANK AND END.**

**If needed, explain further:** Since we need to include people who are a mix of different backgrounds and experiences, there are some requirements that I have to check on for all the people we bring in to participate in the group discussion. I need to ask you a few questions to see if you meet participant requirements.

Date \_\_\_\_\_ Time \_\_\_\_\_

12. **RECORD SEX**

Female \_\_\_\_\_ (**CONTINUE**)

Male \_\_\_\_\_ (**CONTINUE**)

**(TRY AND RECRUIT AT LEAST 20% MALE RESPONDENTS)**

13. We would like to get a range of age groups for the focus group. Would you please state your age? **RECORD RESPONSE.**

14. What type of nursing program are you currently enrolled in? **RECORD RESPONSE.**

\_\_\_\_\_ Bachelors of Nursing (**IF YES, GO TO Q. 3A**)

\_\_\_\_\_ Masters in Nursing (**IF YES, GO TO Q.3C**)

\_\_\_\_\_ Other (**PLEASE DESCRIBE—IF NEITHER PROGRAM THANK AND END SCRIPT A**)

3A. What year of the program are you currently in? **RECORD RESPONSE.**

\_\_\_\_\_ Freshman (**THANK AND END SCRIPT A**)

\_\_\_\_\_ Sophomore (**THANK AND END SCRIPT A**)

\_\_\_\_\_ Junior (**THANK AND END SCRIPT A**)

\_\_\_\_\_ Entering Senior Year (**CONTINUE AND ASK Q.3B**)

\_\_\_\_\_ Senior (**CONTINUE AND ASK Q.3B**)

3B. How many clinical rotations have you completed? **ASK SENIORS IN**

**BACHELORS PROGRAM ONLY RECORD RESPONSE.**

\_\_\_\_\_ <2 (**THANK AND END SCRIPT A**)

\_\_\_\_\_ >2 (**CONTINUE**)

3C. How many semesters have you completed? **ASK MASTERS STUDENTS**

**ONLY. RECORD RESPONSE.**                  1 (IF YES, GO TO Q. 3D)  
      2 (IF YES, GO TO Q. 3D)  
      3 (IF YES, GO TO Q. 3D)  
      4 (IF YES, GO TO Q. 3D)  
      5 or more (IF YES, GO TO Q. 3D)

3D. How long has it been since you have worked in a clinical setting? **READ LIST.** (If they are students, they may not be working in a clinical setting yet, clinical coursework would also count towards this question.)  
       Currently, working in a clinical setting (CONTINUE)  
       Less than a year (CONTINUE)  
       Greater than a year (**THANK AND END SCRIPT A**)

15. Do you have access to a high-speed (DSL, cable modem, broadband) Internet connection?  
       YES (**CONTINUE AND GO TO Q.5**)  
       NO ( **THANK AND END SCRIPT A**)

16. We are hoping to get a diverse mix of participants for our focus groups. Can you tell me what racial or ethnic group you belong to? **RECORD RESPONSE. RECRUIT MIX.**

\_\_\_\_\_

17. How many cultural competency courses have you attended or taken in your nursing program in the last five years? **RECORD RESPONSE. GO TO INVITATION.**

**INVITATION IF INDIVIDUAL MEETS RECRUITING CRITERIA**

Thank you for answering all of my questions. You are eligible to participate in the discussion group. Are you available to attend a discussion group at Observation Baltimore at West Pratt Street on October 5<sup>th</sup> from 6-8PM? As a token of appreciation for helping us in our research efforts, you will receive a gratuity of \$250.

**RECORD INFORMATION ON THE FRONT PAGE  
PROVIDE TELEPHONE NUMBER**

**END SCRIPT A FOR THOSE PEOPLE WHO DO NOT MEET SELECTION CRITERIA**

Thank you very much for answering my questions. As I said earlier, we are trying to recruit people who meet certain criteria. Unfortunately, you have not met these requirements. I appreciate your taking the time to speak with me and I hope you have a good day.

**END SCRIPT B FOR THOSE PEOPLE WHO DO NOT MEET SELECTION CRITERIA**

Thank you very much for answering my questions. As I mentioned earlier, we are trying to recruit people from different

backgrounds and work experiences. It looks like you are eligible to participate but right now we already have enough people in our study with backgrounds similar to yours. Can we contact you in the future in case we have any cancellations? ***IF RESPONDENT SAYS YES RECORD RESPONDENT'S INFORMATION ON THE FRONT PAGE AND GIVE PHONE NUMBER.***  
***IF NO, THANK AND END.***

# Appendix C

## Phase 1 Moderators' Guide

<b>Stage Setting</b>
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Introduction:	Pre-Housekeeping Activities
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Description:	The purpose of this module is to prepare participants for the session ahead.
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Time: 6:00-6:05 -- 5 minutes

Theme: Upon successful completion of this module participants will:

- Sign-in/Complete Incentive Paperwork
- Complete name tags & table tents
- Be ready to discuss the Culturally Competent Nursing Curriculum

Logistics: Consent Forms  
Name tags/Table tents  
Incentive Request Form  
Small Table Clock for the Moderator  
Pads/Paper/Flipcharts  
Minimum of 12 pens/pencils  
Audio-recording Equipment  
Laptop with cord to take notes; seat for recorder  
Handouts (CLAS Standards, Models, Self-assessment exercise)  
Food/Snacks for participants as appropriate

As participants arrive, Metro Research Services/Focus Group Facility staff will show them where to get refreshments, explain the consent form, ask if they have any questions, have participants sign the consent form, and give each participant a copy of the signed consent form to keep.

Once they get their food and come into the meeting room, the Moderator will ask participants to write their name on the name tag/table tent. While they wait for everyone to get settled into their seats, the Moderator will remind them that the session will start promptly at 6 pm. Start as close to 6 pm as possible- do not wait for late arrivals.

## Introduction

Discussion Guide:	Housekeeping Activities
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Description:	The purpose of this module is to outline the parameters of the focus group, introduce participants, and identify the themes that will be explored during the session.
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Time: 6:05-6:15 -- 10 minutes

Theme: Upon successful completion of this module participants will:

- Know the name of the moderator, the other participants, and their nursing specialty
- The rules of conduct
- The goals of the focus group

<u>Moderator</u>	<u>Activities</u>
<ul style="list-style-type: none"><li>• Hello, thank you for being here and for making the time to participate in this group discussion. My name is:           and I am the Moderator for today's discussion.</li><li>• Affiliation—I work for SAIC, which is a science and research company located in the Washington, DC area. We are currently supporting an Office of Minority Health/DHHS funded project to create continuing education materials that will be used as part of a nursing training program.</li><li>• Before we get started, I would like to go over a few pieces of information and some ground rules with you.</li><li>• Ground Rules: Location of bathrooms.</li><li>• Cell phone pager/off or vibrate.</li><li>• Speak in a voice at least as loud as mine.</li><li>• Avoid side conversations. We are interested in all of your ideas, and others in the group may get ideas just from listening to yours.</li><li>• This is an open discussion and there are no wrong answers; all of your experiences are important in helping to understand the value of the curriculum.</li><li>• We want everyone to participate equally.</li></ul>	<p style="color: red;">Can put on flip chart prior to meeting.</p>

- If it seems that some questions are repetitive it is because we need to make certain that all the elements within the curriculum are thoroughly explored.
- Because we have a lot to discuss I may have to move quickly to a new topic. If I do, I don't mean to cut anyone off or prevent someone from voicing their opinion.
- Everything said in this room should stay in this room; please be respectful of each others' opinions.
- Take breaks if needed; however, I ask that only one person leave at a time.
- Disclosures: We are audio taping today's session to capture all your comments. No one will be identified; no names will be used.
- We will be writing a report for our client at the Office of Minority Health, Department of Health and Human Services. No one's name will be mentioned in the report.
- **ASK:** Ask participants to give their first names, how long they have been a nurse, and their nursing specialty/area that they are currently working in and for how long.
- State why participants are here: **“You are here today so we can get your feedback on the Culturally Competent Nursing Curriculum education program.”**
- Our goal: is to gather as much information as possible regarding the Introduction and Course I of the program you recently completed.
- We want to figure out which parts of the curriculum are most valuable and which may need to be changed.
- I'd like to review the Goals for our discussion with you:
  - **To explore the cultural issues that nurses encounter as a part of their daily interactions with patients, colleagues, and the health care environment in which they**

Participants give names and nursing specialty.

**Note:** Goals could be on a flipchart or written on board if desired. They are listed below.

**\*\*Moderator may or may not choose to review all of these, but instead can suggest participants**

<p><b>work</b></p> <ul style="list-style-type: none"><li>○ <b>To examine whether the CCNM Introduction serves to pique participant attention and provides participants with a thorough explanation of what the format of the curriculum will be.</b></li><li>○ <b>To examine if the curriculum and the case study vignettes convey messages needed for nurses to provide culturally and linguistically appropriate care to diverse populations.</b></li><li>○ <b>To explore if the curriculum and case study vignettes raise awareness and encourage self-reflection regarding culturally and linguistically appropriate care.</b></li><li>○ <b>To identify if the cases/vignettes in the curriculum are realistic and useful in promoting culturally and linguistically appropriate care.</b></li><li>○ <b>To examine their opinions on the usability and overall design of the online CCNM Curriculum Introduction and Course I.</b></li></ul>	<p>take a quick look at them.</p>
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## Culturally Competent Care

Discussion Guide: Part 1	Culturally Competent Care and Understanding
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Description:	The purpose of this module is to gain insights to the types of patient populations participants care for; the varied cultural background of their colleagues; the challenges they face working with patients with different cultural backgrounds, their knowledge and understanding of culturally competent care.
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Time: 6:15- 6:25: 5-10 minutes

Theme: Upon successful completion of this module participants will talk through the following activities:

- Describe the amount of time spent in patient care
- Discuss the cultural backgrounds of their colleagues

<u>MODERATOR</u>	<u>ACTIVITIES</u>
<ol style="list-style-type: none"> <li>1. <b>SAY:</b> Let's begin by talking for a few minutes about your role as a health care provider and the staffing where you work. <b>ASK:</b> How much of your time is spent dealing directly with patients and their families?</li> <li>2. <b>ASK:</b> Do you feel the staff in your facility reflects the types of patient populations served in your community?</li> <li>3. <b>ASK:</b> Would you say that the nurses you work with come from a variety of diverse cultural backgrounds? Can you share some of them with me? IF YES, how has the experience of integrating nurses from other cultures into your work setting impacted you directly?</li> <li>4. <b>ASK:</b> What are some positive aspects of working with staff from different backgrounds?</li> <li>5. <b>ASK:</b> Do you feel that your colleagues at work share a similar understanding of working in a culturally diverse environment? Do you think they are supportive of each other, no matter how their</li> </ol>	<p style="color: red;">Go around the table and allow participants to respond.</p>

background may differ from another person's?	
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## Cultural Competency Knowledge

Discussion Guide: Part 2	Culturally Competency Knowledge
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Description:	The purpose of this module is to determine the challenges participants face in care for patients from diverse populations, how they deal with these challenges, and their understanding of culturally competent care.
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Time: 6:25-6:40 10-15 minutes

Theme: Upon successful completion of this module participants will talk through the following activities:

- Describe the diverse patient populations they care for
- Discuss the challenges they face in caring for diverse patients
- Describe their understanding of culturally competent care and how nurses demonstrate they are culturally competent with their patients.

<u>MODERATOR</u>	<u>ACTIVITIES</u>
<p>1. <b>SAY:</b> As I mentioned earlier, one of our goals is to create materials to help nurses learn about interacting with patients with different cultural beliefs and backgrounds.</p> <p>Most of you have mentioned that you have experience working with patients from different backgrounds. What I'd like to do now is talk about some of your experiences so that I can learn more about how the curriculum may be of value to you.</p> <p>First, let's talk about the patient populations that you interact with directly.</p> <p><b>ASK:</b> What patient populations do you work with? How diverse are these populations in terms of ethnicity, cultural beliefs, religious beliefs, etc.?</p> <p>2. <b>ASK:</b> What types of challenges do you face working with/caring for patients from diverse populations?</p>	

<p>3. <b>ASK:</b> How do you deal with these challenges?</p> <p>4. <b>ASK:</b> What types of tools and resources do you have in your organization that helps you meet these challenges?</p> <p>5. <b>SAY:</b> I'd like to talk a bit about the idea of providing culturally competent care. (<b>NOTE:</b> When asking the next set of questions, probe for specific examples and remind participants that no names are needed and everything in the room remains confidential)</p> <p>6. <b>ASK:</b> Prior to reviewing the CCNM Introduction and Course I, how many of you had heard the term "cultural competence?" For those of you who have heard this term before, where/how did you learn about cultural competence? What does providing culturally appropriate care mean to you?</p> <p>7. <b>ASK:</b> After reviewing the CCNM Introduction and Course I, do you have a better understanding about cultural competence? <b>PROBE:</b> What do they understand that they did not understand; do they have the same level of understanding that they had prior to completing the sections they completed?</p> <p>8. <b>ASK:</b> What are some things you believe nurses can do to provide culturally competent care?</p> <p>9. <b>ASK:</b> As a nurse, do you feel that you have made any changes or tried to be more culturally competent with patients—or have you seen others try to make changes?</p>	<p>Cultural competence is a set of behaviors, attitudes, and skills that enables nurses to work effectively in cross-cultural situations.</p> <p>Through cultural competence, nurses can help by providing more equitable and quality care to their patients that can, in turn, help reduce disparities for minority populations.</p>
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<b>Cultural Introduction Review</b>
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Discussion Guide: Part 3	CCNM Introduction Review
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Description:	The purpose of this module is to gain participants' opinion about the CCNM Introduction and its ease of use.
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Time: 6:40- 7:10 30 minutes

- Theme: Upon successful completion of this module participants will:
- Discuss their initial reaction to the Introduction
  - Describe what new information they learned and will use in their daily practice
  - Discuss what they liked and disliked about the Introduction
  - Identify any recommendations changes to improve the Introduction
  - Provide feedback on the usability and overall appearance of the Introduction

<u>MODERATOR</u>	<u>ACTIVITIES</u>
<p>1. <b>SAY:</b> Now I would like to talk about the CCNM Introduction you reviewed prior to coming to this group. (NOTE: Write Introduction section headings on the flip chart prior to the group) <b>I would like to first find out from each of you how long it took for you to review the Introduction.</b></p> <p>2. <b>SAY:</b> As a refresher, the CCNM Introduction provides information on:</p> <ul style="list-style-type: none"> <li>• The National Standards for Culturally and Linguistically Appropriate Services (CLAS) issued by the Office of Minority Health</li> <li>• Statistics about health disparities and the ever-changing diverse population in the United States</li> <li>• The Curriculum format</li> <li>• The rationale for cultural competence in nursing</li> <li>• The foundations of cultural competency in</li> </ul>	<p style="color: red;">Go around the table</p>

nursing

3. **ASK:** What was your initial reaction to the Introduction?

**PROBE: Both positive and negative responses—  
NOTE: Write responses on flipchart**

4. **ASK:** What new information about health disparities and culturally competent care did you learn after reading the Introduction?
5. **ASK:** How well did the Introduction keep your interest? Tell me after viewing the Introduction, how interested were you to move on to Course I?

**PROBE: Piqued my interest to learn more, I had a good understanding on what to expect by taking the Course, etc.**

6. **ASK:** What two-three things did you like best about the Introduction?

**PROBE: Statistics, length, content, etc.**

7. **ASK:** What didn't you like about the Introduction?

8. **ASK:** Are there any recommendations you have for changing the Introduction?

**PROBE: Was it appealing—in what ways? Did you have any problems viewing the Introduction, going back to look for information, etc.?**

Can you think of anything that is missing from the Introduction?

9. **SAY:** Let's talk for a moment about your thoughts on the appearance and ease of use of navigating through the Introduction.

10. **ASK:** Was it appealing—in what ways? Did you have any problems viewing the Introduction, going back to look for information, etc.?

11. **ASK:** Did the icons used (give examples or show picture) serve as a useful tool to help identify the different sections of the curriculum?

Probe: Are there any parts of the Introduction you specifically liked; disliked?– If so, please explain.

- CLAS standards and OMH's role in developing standards
- The increase in the diverse population and health disparities
- The impact of the lack of diversity in the health care workforce
- Transcultural nursing
- Legal and professional requirements

SHOW: Pictures of icons

<p>12. <b>ASK:</b> Did the Introduction do a good job of letting you know what is covered in each Course and Module?</p> <p>13. <b>ASK:</b> After viewing the Introduction did you have a good understanding of the online curriculum's format and interactive components?</p> <p>14. <b>ASK:</b> Did you think the Introduction provided thorough information on the CLAS standards?</p> <p><b>ASK:</b> Thinking only of the CCNM Introduction, what if anything, have you learned that will help you most in your daily practice?</p>	
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<b>CCNM Course I Review</b>
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Discussion Guide: Part 4	CCNM Course I Review
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Description:	The purpose of this module is to gain participants reactions to the CCNM Course I content and interactive components and determine how the information presented in Course I will be used in their practice.
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Time: 7:10-7:50 35-40 minutes

- Theme: Upon successful completion of this module participants will:
- Discuss their first impression and what they liked and disliked about Course I
  - Describe what new information they learned and how it could be applied in their daily practice
  - Discuss how they felt about the interactive components
  - Discuss the relevance of the material to nursing practice
  - Provide feedback on any recommended modifications for Course I

<u>MODERATOR</u>	<u>ACTIVITIES</u>
<p>1. <b>SAY:</b> Now let’s switch gears and talk about the CCNM Course I. I am interested in learning more about what you thought about the content and interactive features of Course I and the relevance of the material included in Course I to your daily practice of nursing. I will be asking you specific questions about the content in each module. <b>(NOTE: Write Course I Module headings on the flip chart prior to the group)</b></p> <p>2. <b>SAY:</b> As a refresher, the CCNM Course I provides information on:</p> <ul style="list-style-type: none"> <li>• Module 1: Principles of Cultural Competence               <ul style="list-style-type: none"> <li>○ Cultural competence definition</li> <li>○ CLAS Standards 1-3</li> <li>○ Factors that may affect nurses’ ability to provide culturally competent care</li> </ul> </li> <li>• Module 2: The Importance of Self-Awareness               <ul style="list-style-type: none"> <li>○ The need for self awareness in culturally</li> </ul> </li> </ul>	<p>Suggestion: have the outline as a handout so you can quickly go through the topic areas.</p> <p>Handout of CLAS Standards</p>

<p>competent nursing</p> <ul style="list-style-type: none"> <li>○ Cultural competence assessment tools</li> <li>● Module 3: Models for Becoming Culturally Aware <ul style="list-style-type: none"> <li>○ Campinha-Bacote Model</li> <li>○ Purnell Model</li> <li>○ Leininger Model (is a link--accessible in the Reference Library)</li> </ul> </li> <li>● Module 4: Understanding Health-Related Experience <ul style="list-style-type: none"> <li>○ Distinction between disease and illness</li> <li>○ Understanding cultural and social factors</li> </ul> </li> <li>● Module 5: Delivering Patient-Centered Care <ul style="list-style-type: none"> <li>○ Patient-centeredness</li> <li>○ Using transcultural communication techniques</li> </ul> </li> <li>● Module 6: Balancing Knowledge-Centered and Skill-Centered Approaches <ul style="list-style-type: none"> <li>○ Knowledge-centered approach</li> <li>○ Skill-centered approach</li> </ul> </li> </ul> <p>3. <b>ASK:</b> What was your first impression after viewing Course I?</p> <p><b>PROBE: Both positive and negative responses—</b>  <b>NOTE: Write responses on flipchart</b></p> <p>4. <b>ASK:</b> What three things did you like most about Course I?</p> <p>5. <b>ASK:</b> Where there any parts that you disliked in Course I?</p> <p>6. <b>ASK:</b> Do you think the content in the Course is appropriate for nurses?</p> <p><b>PROBE: Too much information, too little information, etc.</b></p> <p>Is the information something you could use in your daily practice—share with your colleagues?</p> <p><b>PROBE: Ask for specifics—CLAS standards, self awareness tools, cultural competence development models, Fast Facts, CLAS Acts, Stories from the Front Line, Pulse Points, definitions: patient-centeredness, disease vs. illness, knowledge and skilled centered approaches, etc. – was any of this information more helpful than other areas?</b></p>	<p>Handout of Models</p> <p><b>PROBE: Can you clarify any specific sections that you disliked or did not see as “adding to the overall content”?</b></p> <p><b>FACTORS:</b></p>
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<p>7. <b>ASK:</b> Prior to reviewing Course I Module 1: Principles of Cultural Competence, how many of you were aware of the factors that may impact a nurse’s ability to provide culturally competent care?</p> <ul style="list-style-type: none"> <li>• Based on what you learned about these factors, how will you use this information in your practice?</li> </ul> <p>8. <b>SAY:</b> In Course I Module 2: The Importance of Self Awareness, you were asked to complete a self-assessment exercise. (<b>Note: Provide as a handout</b>)</p> <ul style="list-style-type: none"> <li>• What did you think of the checklist?</li> <li>• How will you use what you learned from completing the checklist in your daily practice?</li> </ul> <p>9. <b>ASK:</b> How many of you were familiar with the Campinha-Bacote Competent Model of Care prior to viewing Course I Module 3: Models for Becoming Culturally Aware? (<b>Note: Provide as a handout</b>)</p> <p>10. <b>ASK:</b> How many of you were familiar with the Purnell Model for Cultural Competence prior to viewing Course I Module 3? (<b>Note: Provide as a handout</b>)</p> <p>11. <b>ASK:</b> In what ways, will these models be helpful to you in your practice?</p> <p>12. <b>SAY:</b> Let’s talk a minute about the distinction between disease vs. illness. <b>ASK:</b> How do you describe the distinction? How will you use the information you learned about disease vs. illness in your daily practice?</p> <p>13. <b>ASK:</b> Thinking about the patients you have cared for in the last 12 months, how often have you cared for patients that followed common folk/traditional remedies?</p> <ul style="list-style-type: none"> <li>• How did you handle the situation?</li> <li>• Did you feel well-equipped to handle these situations?</li> <li>• Do you feel better-equipped to handle these</li> </ul>	<p><u>Ethnocentrism</u>- is a belief that one’s way of life and view of the world are inherently superior to others and more desirable</p> <p><u>Essentialism</u>- defines groups as essentially different, with characteristics “natural to a group”</p> <p><u>Power differences</u>- represent the power imbalance in patient—provider relationships</p> <ul style="list-style-type: none"> <li>■ Awareness.</li> <li>■ Skill.</li> <li>■ Knowledge.</li> <li>■ Encounters.</li> <li>■ Desire.</li> </ul> <p><b><i>PURNELL MODEL</i></b> 12 cultural domains which are:</p> <ul style="list-style-type: none"> <li>• Overview/heritage</li> <li>• Communication (verbal and nonverbal)</li> <li>• Family roles and organizations</li> <li>• Workforce issues</li> <li>• Biocultural ecology</li> <li>• High-risk behaviors</li> <li>• Nutrition</li> <li>• Pregnancy</li> <li>• Death rituals</li> <li>• Spirituality</li> <li>• Health care practices</li> <li>• Health care practitioners</li> </ul> <p><u>disease</u>- refers to the physiological processes</p> <p><u>illness</u>- refers to the psychosocial meaning and experience of the perceived disease for the individual, the family, and those associated with the individual</p>
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<p style="text-align: center;">situations after reading the CCNM Introduction and Course I?</p> <p><b>PROBE: In what ways does the content provide you the tools to deal with cultural competency issues?</b></p> <p>14. <b>ASK:</b> What does the term patient-centered care mean to you?</p> <p style="padding-left: 20px;">a. How can patient-centered care be woven into your nurse/patient encounters?</p> <p>15. <b>ASK:</b> Prior to viewing Course I Module 6: Knowledge-centered and skilled-centered approaches, how many of you knew about these approaches?</p> <p style="padding-left: 20px;">a. How do you describe these approaches?</p> <p style="padding-left: 20px;">b. How can they be applied in your practice?</p> <p>16. <b>SAY:</b> Course I presented three video clips—Mrs. Zahari, Mr. Pavlov, and Vu Nguyen.</p> <p style="padding-left: 20px;">a. What was your reaction to each of these video clips?</p> <p style="padding-left: 20px;">b. Do you believe they enhanced what you learned in Course I? If yes, in what way(s).</p> <p style="padding-left: 20px;">c. How did you feel about the Pulse Point questions that followed the video clips? Did the questions encourage self-reflection and reinforce the learning points?</p> <p>17. <b>SAY:</b> Course I also provided Stories from the Front Line with accompanying Pulse Point questions.</p> <p style="padding-left: 20px;">a. What did you think about these stories?</p> <p style="padding-left: 20px;">b. Do you believe they supplemented what you learned in Course I? If yes, in what way(s).</p> <p>18. <b>ASK:</b> Did you find the information presented in the Fast Facts, CLAS Acts, and Cultural Insights beneficial? If yes, in what way(s)</p> <p>19. <b>ASK:</b> How many of you used the online Reference Library? Can you tell me about your experience in using this feature? What resources or tools did you access in the Reference Library?</p> <p><b>PROBE: Length, organization, appropriate content,</b></p>	<p>Principles of Patient-Centered Care</p> <ul style="list-style-type: none"> <li>• Treat everyone with dignity</li> <li>• Share unbiased info w. patients &amp; families</li> <li>• Strengthen patients' sense of control</li> <li>• Collaborate w patients, families, and broader community in how office looks &amp; functions</li> </ul> <p>Patient-centeredness is furthered when:</p> <ul style="list-style-type: none"> <li>• Patients receive info in own language</li> <li>• Clinicians have awareness of potential communication difficulties</li> <li>• Care is provided taking into account patient's cultural beliefs &amp; practices</li> </ul> <p>Mrs. Zahari is a Middle Eastern Muslim female in her 30's. She speaks only Arabic and complains through her husband of abdominal pain caused by an ectopic pregnancy.</p> <p>Mr. Pavlov is a 72 year old White Russian male who is moderately obese. He is in the hospital for post operation care.</p> <p>Vu Nguyen is a 17 year old Vietnamese male is HIV positive and has been taking herbal remedies.</p>
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etc.

20. **ASK:** How did you find the overall online experience in viewing the CCNM Introduction and Course I?

21. **ASK:** Now that you completed Course I do you feel more equipped with the awareness, knowledge, and skills to better provide culturally competent care to the diverse patient population you are caring for?

**PROBE: For specifics—CLAS standards, self awareness tools, cultural competence development models, patient-centeredness, disease vs. illness, knowledge and skilled centered approaches, etc.**

22. **ASK:** How do you believe your interactions with patients may have changed or will change based on what you learned in the CCNM Introduction and Course I?

23. **ASK:** Are there any recommendations you have for changing Course I?

**PROBE: Length, organization, appropriate content, etc. Do you think the CCNM curriculum is conducive to use in a group setting? If not, why not?**

**ASK:** Can you think of anything that is missing from Course I or that could be changed?

24. **ASK:** How long did it take you to complete Course 1? Was the time too much, too little? How much time do you think should be provided for the training?

25. **ASK:** Would you take a longer course on cultural competency if you could get free continuing education credits for it?

26. After completing the Introduction and Course I, would you recommend the online Curriculum to your colleagues? What would you say to your colleague about the Curriculum?

**PROBE: Provided new information, found Site easy to use, was full of information that can be used in daily practice, etc.**

<b>Closing</b>
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Discussion Guide: Part 6	Closing Remarks
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Description:	This module gathers some demographic information and concludes the group discussion.
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Time: 7:50-8:00 5-10 minutes

Theme: Upon successful completion of this module participants will:

- Discuss their practice setting, primary job responsibility, who would benefit by taking a cultural competency training program in their organization, and the size of their organization

<u>MODERATOR</u>	<u>ACTIVITIES</u>
<ol style="list-style-type: none"> <li>1. <b>SAY: We are getting ready to wrap-up our group discussion. I have just a few more questions.</b></li> <li>2. Who in your organization would benefit by taking a course on culturally competent care? (<b>no names, titles such as doctors, CEO, President, Nursing Supervisors, Nursing Assistants, EMS personnel, Social Workers, etc.</b>)</li> <li>3. What size is the organization you work for?</li> <li>4. Would you describe your organization as a culturally competent organization? Why/why not?</li> <li>5. <b>SAY: I have certainly learned a great deal from these discussions. Thanks for all your ideas and suggestions. They will help us as we continue to develop nursing continuing education program on culturally competent care.</b></li> </ol> <p style="text-align: center; padding: 10px 0 10px 40px;"><b>Before you leave, I would like to find out if you have any additional comments that you want to make about any of the topics we discussed today, or topics that we didn't cover.</b></p> <p><b>Pause for comments.</b></p> <ol style="list-style-type: none"> <li>6. <b>SAY: Thank you again for your</b></li> </ol>	

**participation.**

**Offer business card to contact you for further  
comments/questions.**

## Appendix D

### *Phase II Moderators' Guide*

<b>Stage Setting</b>
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Introduction:	Pre-Housekeeping Activities
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Description:	The purpose of this module is to prepare participants for the session ahead.
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Time: 5 minutes -- 6:00 – 6:05

Theme: Upon successful completion of this module participants will:

- Sign-in/Complete Incentive Paperwork
- Complete name tags & table tents
- Be ready to discuss the Culturally Competent Nursing Curriculum

Logistics: Consent Forms  
Name tags/Table tents  
Incentive Checks (provided by MRS)  
Small Table Clock for the Moderator  
Pads/Paper/Flipcharts  
Minimum of 12 pens/pencils  
Audio-recording Equipment  
Laptop with cord to take notes; seat for recorder  
Handouts (CLAS Standards, Models, Self-assessment exercise)  
Food/Snacks for participants as appropriate

As participants arrive, Metro Research Services/Focus Group Facility staff will show them where to get refreshments, explain the consent form, ask if they have any questions, and have participants sign the consent form. A copy of the consent form will be provided upon participant request.

Once they get their food and come into the meeting room, the Moderator will ask participants to write their name on the name tag/table tent. While they wait for everyone to get settled into their seats, the Moderator will remind them that the session will start promptly at 6:00 pm.

Start as close to 6:00 pm as possible- do not wait for late arrivals.

<b>Introduction</b>
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Discussion Guide:	Housekeeping Activities
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Description:	The purpose of this module is to outline the parameters of the focus group, introduce participants, and identify the themes that will be explored during the session.
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Time: 10 minutes -- 6:05 – 6:15

Theme: Upon successful completion of this module participants will:

- Know the name of the moderator, the other participants, and their nursing specialty
- The rules of conduct
- The goals of the focus group

<u>Moderator</u>	<u>Activities</u>
<ul style="list-style-type: none"> <li>• Hello, thank you for being here and for making the time to participate in this group discussion. My name is:         and I am the Moderator for today’s discussion.</li>   <li>• Affiliation—I work for SAIC, which is a science and research company located in the Washington, DC area. We are currently supporting an Office of Minority Health/DHHS funded project to create continuing education materials that will be used as part of a nursing training program.</li>   <li>• Before we get started, I would like to go over a few pieces of information and some ground rules with you.</li>   <li>• Ground Rules: Location of bathrooms.</li> <li>• Cell phone pager/off or vibrate.</li> <li>• Speak in a voice at least as loud as mine.</li> <li>• Avoid side conversations. We are interested in all of your ideas, and others in the group may get ideas just from listening to yours.</li>   <li>• This is an open discussion and there are no wrong answers; all of your experiences are important in</li> </ul>	

<p>helping to understand the value of the curriculum.</p> <ul style="list-style-type: none"><li>• We want everyone to participate equally.</li><li>• If it seems that some questions are repetitive it is because we need to make certain that all the elements within the curriculum are thoroughly explored.</li><li>• Because we have a lot to discuss I may have to move quickly to a new topic. If I do, I don't mean to cut anyone off or prevent someone from voicing their opinion.</li><li>• Everything said in this room should stay in this room; please be respectful of each others' opinions.</li><li>• Take breaks if needed; however, I ask that only one person leave at a time.</li><li>• Disclosures: We are audio taping today's session to capture all your comments. No one will be identified; no names will be used.</li><li>• We will be writing a report for our client at the Office of Minority Health, Department of Health and Human Resources. No one's name will be mentioned in the report.</li><li>• ASK: Ask participants to give their first names, how long they have been a nurse, and their nursing specialty/area that they are currently working in and for how long.</li><li>• State why participants are here: <b>"You are here today so we can get your feedback on the Culturally Competent Nursing Curriculum education program."</b></li><li>• Our goal is to gather as much information as possible regarding the Introduction, Course I, and Course II of the program you recently completed.</li><li>• We want to figure out which parts of the curriculum are most valuable and which may need to be changed.</li></ul>	<p>Participants give names and nursing specialty.</p>
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- I'd like to review the Goals for our discussion with you:

- To explore the cultural issues that nurses encounter as a part of their daily interactions with patients, colleagues, and the health care environment in which they work.
- To examine whether the CCNM Introduction serves to pique participant attention and provides participants with a thorough explanation of what the format of the curriculum will be.
- To examine if the curriculum and the case study vignettes convey messages needed for nurses to provide culturally and linguistically appropriate care to diverse populations.
- To explore if the curriculum and case study vignettes raise awareness and encourage self-reflection regarding culturally and linguistically appropriate care.
- To identify if the cases/vignettes in the curriculum are realistic and useful in promoting culturally and linguistically appropriate care.
- To examine their opinions on the usability and overall design of the online CCNM Curriculum Introduction, Course I, and Course II.

**Note:** Goals could be on a flipchart or written on board if desired. They are listed below.

**\*\*Moderator may or may not choose to review all of these, but instead can suggest participants take a quick look at them.**

## Culturally Competent Care

Discussion Guide: Part 1	Culturally Competent Care and Understanding
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Description:	The purpose of this module is to gain insights to the types of patient populations participants care for; the varied cultural background of their colleagues; the challenges they face working with patients with different cultural backgrounds, their knowledge and understanding of culturally competent care.
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Time: 5 minutes -- 6:15 – 6:20

Theme: Upon successful completion of this module participants will talk through the following activities:

- Discuss the cultural backgrounds of their colleagues and patients

<u>MODERATOR</u>	<u>ACTIVITIES</u>
<p><b>ASK:</b> Do you feel the staff in your facility reflect the types of patient populations served in your community?</p> <p><b>ASK:</b> Would you say that the nurses you work with come from a variety of diverse cultural backgrounds? Can you share some of them with me?</p> <p><b>ASK:</b> Do you feel that your colleagues at work share a similar understanding of working in a culturally diverse environment?</p>	

## Cultural Competency Knowledge

Discussion Guide: Part 2	Cultural Competency Knowledge
Description:	The purpose of this module is to determine the challenges participants face in caring for patients from diverse populations, how they deal with these challenges, and their understanding of culturally competent care.

Time: 10 minutes -- 6:20 – 6:30

Theme: Upon successful completion of this module participants will talk through the following activities:

- Describe the diverse patient populations they care for
- Discuss the challenges they face in caring for diverse patients
- Describe their understanding of culturally competent care and how nurses demonstrate they are culturally competent with their patients

<u>MODERATOR</u>	<u>ACTIVITIES</u>
<p>10. <b>SAY:</b> As I mentioned earlier, one of our goals is to create materials to help nurses learn about interacting with patients with different cultural beliefs and backgrounds.</p> <p>Most of you have mentioned that you have experience working with patients from different backgrounds. What I'd like to do now is talk about some of your experiences so that I can learn more about how the curriculum may be of value to you.</p> <p><b>ASK:</b> What does cultural competency mean to you?</p> <p>11. <b>ASK:</b> Prior to reviewing the Culturally Competent Nursing Curriculum, how many of you had heard the term "cultural competence?" For those of you who have heard this term before, where/how did you learn about cultural competence?</p> <p>12. <b>ASK:</b> What types of challenges do you face working with/caring for patients from diverse</p>	

<p>populations?</p> <p>13. <b>ASK:</b> How do you deal with these challenges?</p> <p>14. <b>ASK:</b> What types of tools and resources do you have in your organization that help you meet these challenges?</p> <p>15. <b>ASK:</b> After reviewing the Culturally Competent Nursing Curriculum, do you have a better understanding about cultural competence? (<b>Probe: What do they understand now that they did not understand before; do they have the same level of understanding that they had prior to completing the sections they completed?</b>)</p> <p>16. <b>ASK:</b> What are some things you believe nurses can do to provide culturally competent care?</p> <p>17. <b>ASK:</b> As a nurse, do you feel that you have made any changes or tried to be more culturally competent with patients—or have you seen others try to make changes?</p>	<p>Cultural competence is a set of behaviors, attitudes, and skills that enables nurses to work effectively in cross-cultural situations.</p> <p>Through cultural competence, nurses can help by providing more equitable and quality care to their patients that can, in turn, help reduce disparities for minority populations.</p>
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<b>Cultural Introduction Review</b>
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Discussion Guide: Part 3	CCNM Introduction Review
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Description:	The purpose of this module is to gain participants' opinion about the CCNM Introduction and its ease of use.
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Time: 15 minutes -- 6:30 – 6:45

- Theme: Upon successful completion of this module participants will:
- Discuss their initial reaction to the Introduction
  - Describe what new information they learned and will use in their daily practice
  - Discuss what they liked and disliked about the Introduction
  - Identify any recommendations or changes to improve the Introduction

<u>MODERATOR</u>	<u>ACTIVITIES</u>
<p>15. <b>SAY:</b> Now I would like to talk about the CCNM Introduction you reviewed prior to coming to this group. (NOTE: Write Introduction section headings on the flip chart prior to the group) <b>I would like to first find out from each of you how long it took for you to review the Introduction.</b></p> <p>16. <b>SAY:</b> As a refresher, the CCNM Introduction provides information on:</p> <ul style="list-style-type: none"> <li>• The National Standards for Culturally and Linguistically Appropriate Services (CLAS)</li> <li>• Statistics about health disparities and population diversity</li> <li>• Curriculum format</li> <li>• Rationale for cultural competence in nursing</li> <li>• Foundations of cultural competency in nursing</li> </ul> <p>17. <b>ASK:</b> What was your initial reaction to the Introduction? (<b>Probe: Both positive and negative responses</b>)</p> <p>18. <b>ASK:</b> What new information about health disparities</p>	<p style="color: red;">Go around the table</p>

<p>and culturally competent care did you learn after reading the Introduction?</p> <p>19. <b>ASK:</b> How well did the Introduction keep your interest? Tell me after viewing the Introduction, how interested were you to move on to Course I? (<b>Probe: Piqued my interest to learn more, I had a good understanding on what to expect by taking the Course, etc.</b>)</p> <p>20. <b>ASK:</b> What two-three things did you like best about the Introduction? (<b>Probe: Statistics, length, content, etc.</b>)</p> <p>21. <b>ASK:</b> What didn't you like about the Introduction?</p> <p>22. <b>ASK:</b> Are there any recommendations you have for changing the Introduction? (<b>Probe: Was it appealing—in what ways? Did you have any problems viewing the Introduction, going back to look for information, etc.?</b>) Can you think of anything that is missing from the Introduction?</p> <p>23. <b>ASK:</b> Did you think the Introduction provided thorough information on the CLAS standards?</p> <p>24. <b>ASK:</b> Thinking only of the CCNM Introduction, what if anything, have you learned that will help you most in your daily practice?</p>	<p><b>Probe: Are there any parts of the Introduction you specifically liked; disliked?– If so, please explain.</b></p> <ul style="list-style-type: none"> <li>• CLAS standards and OMH's role in developing standards</li> <li>• The increase in the diverse population and health disparities</li> <li>• The impact of the lack of diversity in the health care workforce</li> <li>• Transcultural nursing</li> <li>• Legal and professional requirements</li> </ul>
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## CCNM Course I Review

Discussion Guide: Part 4	CCNM Course I Review
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Description:	The purpose of this module is to gain participants' reactions to the CCNM Course I content and determine how the information presented in Course I will be used in their practice.
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Time: 25 minutes -- 6:45 – 7:10

- Theme: Upon successful completion of this module participants will:
- Discuss their first impression and what they liked and disliked about Course I
  - Describe what new information they learned and how it could be applied in their daily practice
  - Discuss the relevance of the material to nursing practice
  - Provide feedback on any recommended modifications for Course I

<u>MODERATOR</u>	<u>ACTIVITIES</u>
<p>14. <b>SAY:</b> Now let's switch gears and talk about the CCNM Course I. I am interested in learning more about what you thought about the content of Course I and the relevance of the material included in Course I to your daily practice of nursing. I will be asking you general questions about the content in the course. (<b>NOTE: Write Course I Module headings on the flip chart prior to the group</b>)</p> <p>15. <b>SAY:</b> As a refresher, the CCNM Course I provides information on:</p> <ul style="list-style-type: none"> <li>• <b>Module 1: Principles of Cultural Competence</b> <ul style="list-style-type: none"> <li>○ Cultural competence definition</li> <li>○ CLAS Standards 1-3</li> <li>○ Factors that may affect nurses' ability to provide culturally</li> </ul> </li> </ul>	<p style="text-align: center;">Handout of CLAS standards</p>



20. **ASK:** Is the information something you could use in your daily practice—share with your colleagues? (**Probe: Ask for specifics—CLAS standards, self awareness tools, cultural competence development models, Fast Facts, CLAS Acts, Stories from the Front Line, Pulse Points, definitions: patient-centeredness, disease vs. illness, knowledge and skilled centered approaches, etc. – was any of this information more helpful than other areas?)**)

8. **ASK:** Now that you completed Course I do you feel more equipped with the awareness, knowledge, and skills to better provide culturally competent care to the diverse patient population you are caring for? (**Probe: For specifics—CLAS standards, self awareness tools, cultural competence development models, patient-centeredness, disease vs. illness, knowledge and skilled centered approaches, etc.)**)

9. **ASK:** What models, tools, concepts, and approaches presented in Course I do you believe were most helpful to you that can be applied in your practice?

10. **ASK:** Are there any recommendations you have for changing Course I? (**Probe: Length, organization, appropriate content, etc.)**)

**ASK:** Can you think of anything that is missing from Course I or that could be changed?

11. **ASK:** How long did it take you to complete Course I? Was the time too much, too little? How much time do you think should be provided for the training?

## CCNM Course II Review

Discussion Guide: Part 5	CCNM Course II Review
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Description:	The purpose of this module is to gain participants' reactions to the CCNM Course II content and interactive components and determine how the information presented in Course II will be used in their practice.
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Time: 35 minutes -- 7:10 – 7:45

- Theme: Upon successful completion of this module participants will:
- Discuss their first impression and what they liked and disliked about Course II
  - Describe what new information they learned and how it could be applied in their daily practice
  - Discuss how they felt about the interactive components
  - Discuss the relevance of the material to nursing practice
  - Provide feedback on any recommended modifications for Course II

<u>MODERATOR</u>	<u>ACTIVITIES</u>
<ol style="list-style-type: none"> <li>1. <b>SAY:</b> Now let's switch gears and talk about Course II. <b>(NOTE: Write Course II Module headings on the flip chart prior to the group)</b></li> <li>2. <b>SAY:</b> As a refresher, the CCNM Course II provides information on:               <ul style="list-style-type: none"> <li>• <b>Module 1: Overview of Effective Communication Between Patient and Nurse</b> <ul style="list-style-type: none"> <li>○ Articulate the importance of effective nurse-patient communications</li> <li>○ Use the patient explanatory model interview questions to elicit information about health beliefs</li> </ul> </li> <li>• <b>Module 2: Tools for Effective Communication</b> <ul style="list-style-type: none"> <li>○ Articulate the importance of using communication tools in cross cultural encounters</li> <li>○ Describe and apply three effective</li> </ul> </li> </ul> </li> </ol>	<p><b>Suggestion: have the outline as a handout so you can quickly go through the topic areas.</b></p>

communication models

- Module 3: Overview of Language Access Services
  - List the responsibilities for providing language access services under the CLAS standards
  - Describe the Office of Civil Rights Title VI Guidance
  - Articulate the importance of and when to provide interpreter services, and what type of interpreter services are available
  - Describe types of written or translated materials and identify resources for obtaining them
- Module 4: When Interpreter Services are Needed
  - Articulate the four main roles of an interpreter
  - Define the triadic interview process and its participants
  - Identify best practices of working with interpreters
- Module 5: Role of Health Literacy in Effective Communication
  - Define health literacy
  - Understand and recognize low literacy behaviors
  - Create strategies for helping patients with low health literacy
  - Describe strategies for adopting the provisions of CLAS standard 7
  - Identify one or more health literacy assessment tools and how they are used
- Module 6: When Written or Translated Materials Are Needed
  - Describe types of written or translated materials to communicate with LEP patients
  - Define plain language
  - Understand the distinction between interpretation and translation
  - Identify the characteristics of qualified translators

3. **ASK:** What was your first impression of Course II?  
**(Probe: Both positive and negative responses—  
NOTE: Write responses on flipchart)**

<p>4. <b>ASK:</b> What three things did you like most about the Course?</p> <p>5. <b>ASK:</b> Where there any parts that you disliked in Course II?</p> <p>6. <b>ASK:</b> Do you think the content in the Course is appropriate for nurses? (<b>Probe: Too much information, too little information, etc.</b>) Is the information something you could use in your daily practice—share with your colleagues? (<b>Probe: Ask for specifics—using language access services, patient explanatory model, communication tools/models, learning more about written materials, interpreter services, and health literacy, Fast Facts, CLAS Acts, Stories from the Front Line, Pulse Points, etc. – was any of this information more helpful than other areas?</b>)</p> <p>7. <b>ASK:</b> Prior to reviewing Course II Module 1: Overview of Effective Communication Between Patient and Nurse, how many of you were aware of the patient explanatory model? About Kleinman’s interviewing questions to elicit health beliefs in clinical encounter?</p> <ul style="list-style-type: none"> <li>• Based on what you learned about the model and interviewing questions, how will you use this information in your practice?</li> </ul> <p>8. <b>SAY:</b> In Course II Module 2: Tools for Effective Communication, a variety of communication tools and models were presented. (<b>NOTE: Provide as a handout</b>) <b>ASK:</b> How many of you were familiar with Andrews and Boyle’s Transcultural Assessment Guide? The LEARN model? The BATHE model? The ETHNIC model?</p> <ul style="list-style-type: none"> <li>• What did you think of these tools/models?</li> <li>• How will you use what you learned from completing the checklist in your daily practice?</li> <li>• In what ways, will these tools/models be helpful to you in your practice?</li> </ul> <p>9. <b>SAY:</b> Let’s talk a minute about the Overview of</p>	<p><b>PROBE:</b> Can you clarify any specific sections that you disliked or did not see as “adding to the overall content”?</p> <p>The explanatory model is the belief system that people from a given culture have about what caused their illness and what the illness does to them.</p> <p>Some of Kleinman’s interview questions: -What do you call your problem? What name does it have? -What do you think caused your problem? -Why do you think it started when it did?</p> <p><b>LEARN Model (Listen, Explain, Acknowledge, Recommend, Negotiate)</b></p> <p><b>BATHE Model (Background, Affect, Trouble, Handling, Empathy)</b></p> <p><b>ETHNIC Model (Explanation, Treatment, Healers, Negotiation, Intervention, Collaboration)</b></p>
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<p>Language Access Services which is Module 3 in Course II. <b>SAY: How many of you were familiar with the term language access services? With LEP—limited English proficiency? CLAS standards 4-7? The Office of Civil Rights Title VI Guidance?</b></p> <p>10. <b>ASK:</b> How many of you have been involved with interpreters? What type of involvement did you have? How was the experience? Did you feel prepared?</p> <p>11. <b>SAY:</b> In Course II Module 4: When Interpreter Services are Needed guidelines are included when using interpreter services? Are these guidelines similar to those used by your organization. (<b>Probe: in what ways? No guidelines used, etc.</b>)</p> <p>12. <b>SAY:</b> Let’s talk a few minutes about Module 5: Role of Health Literacy in Effective Communication. <b>ASK:</b> How many of you were familiar with the terms health literacy, low literacy, and limited literacy? Please describe them.</p> <p>13. <b>ASK:</b> Thinking about your current place of employment, do you work with low and limited literacy patients?</p> <ul style="list-style-type: none"> <li>• What percentage of patients have low and limited literacy patients?</li> <li>• What role do you play in identifying low and limited literacy patients? (<b>Probe: how do you identify?</b>)</li> <li>• What strategies does your organization have in place to help patients with low and limited literacy?</li> </ul> <p>14. <b>ASK:</b> Have you used any readability formulas when developing written materials?</p> <ul style="list-style-type: none"> <li>• If so, which ones?</li> <li>• Did you find the information on SMOG and Fry readability formulas helpful?</li> <li>• Does your organization use any readability formulas? Which ones?</li> </ul> <p>15. <b>SAY:</b> The last module in Course II addressed when written or translated materials are needed. In the</p>	<p><b>ESFT Model (Explanatory model of health and illness, Social and environmental factors, Fears and concerns, Therapeutic contracting)</b></p> <p><b>Sunrise Model (different components that influence culture care; for example, specific cultural values, beliefs, and lifeways, kinship and social factors, and economic factors, among others.</b></p> <p><b>CLAS Standards 4-7:</b>  <b>Standard 4: Language assistance services must be offered at no cost to the patient</b>  <b>Standard 5: Patients and consumers must be informed of their rights to language assistance services</b>  <b>Standard 6: Health care organizations must assure the competence of language assistance provided by interpreters/bilingual staff</b>  <b>Standard 7: Availability of easily understood patient materials and appropriate signage.</b></p> <p><b>Section 601 of Title VI of the Civil Rights Act of 1964, states that no person shall “on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.” “The failure of a recipient of Federal financial assistance from HHS to take reasonable steps to provide LEP persons with meaningful opportunity to participate in HHS-funded programs may constitute a violation of Title VI and HHS’s implementing regulations.”</b></p> <p><b>Health literacy-the degree to which individuals have the capacity to obtain, process, and</b></p>
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<p>course <b>samples of translated materials were presented such as ‘I Speak’ cards, picture cards, or cards with phrases from various languages, and universal care symbols.</b></p> <p>16. <b>ASK:</b> Prior to reviewing this module which of these materials were you familiar with?</p> <ul style="list-style-type: none"> <li>• Are they available in your organization?</li> <li>• When are they used?</li> </ul> <p>17. <b>ASK:</b> After completing Course II, do you feel more informed about the importance of providing language access services to your patients? (<b>Probe: more specifics- legal/federal LAS requirements, patient explanatory model, communication tools/models- Andrews and Boyle, LEARN, BATHE, ETHNIC, working with interpreters, providing translated materials, role of health literacy, readability formulas</b>)</p> <p>18. <b>SAY:</b> Course II presented three video clips- Jose Gomez, Vida Zahari, and Ida Wilson.</p> <ul style="list-style-type: none"> <li>• What was your reaction to each of these video clips?</li> <li>• Do you believe they enhanced what you learned in Course II? If yes, in what way(s)?</li> <li>• How did you feel about the Pulse Point questions that followed the video clips? Did the questions encourage self-reflection and reinforce the learning points?</li> </ul> <p>19. <b>ASK:</b> Are there any recommendations you have for changing Course II? Anything missing? (<b>Probe: length, organization</b>)</p> <p>20. <b>ASK:</b> How long did it take you to complete Course II? Was the time too much, too little?</p>	<p>understand basic health information and services needed to make appropriate health decisions</p> <p><u>Low or limited literacy-</u> An inability to read or write well enough to perform necessary tasks in society or on the job.</p> <p><b>Assessment Tools:</b></p> <p>-The Rapid Estimate of Adult Literacy (REALM) is a medical word recognition test that uses medical terms of various levels of difficulty.</p> <p>-The Test of Functional Health Literacy in Adults (TOFHLA) gives patients medical instructions and then tests their understanding of the instructions.</p> <p>-The Short Assessment of Health Literacy for Spanish Adults (S-TOFHLA) measures reading and comprehension of health-related materials.</p> <p>The SMOG readability formula is a recommended tool that can test how easy text is to read. The intent is to match the reading level of the material to the reading with understanding level of the reader.</p> <p>The Fry readability formula is another method used to calculate the reading level of any text. With this formula, three or more samples of 100 words are used from the text.</p> <p>“I speak” cards with the phrase in different languages so that a patient can communicate to others which language he or she speaks.</p> <p>Picture cards or cards with phrases from various languages.</p> <p>The newly released universal health care symbols developed</p>
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	<p>by Hablamos Juntos, a Robert Wood Johnson program, that helps patients feel more comfortable and confident within a health care setting.</p> <p>Jose Gomez is a 55-year old Hispanic male who has prostate cancer and speaks broken English. He works in construction.</p> <p>Mrs. Zahari is a Middle Eastern Muslim female in her 30's. She speaks only Arabic and complains through her husband of abdominal pain caused by an ectopic pregnancy.</p> <p>Ida Wilson is a 72-year old African American female who is moderately obese with diabetes, hypertension, and mental status issues.</p>
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<b>Overall Usability</b>
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Discussion Guide: Part 6	Overall Usability
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Description:	The purpose of this module is to gain participants' insights to the online CCNM experience.
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Time: 10 minutes -- 7:45 – 7:55

Theme: Upon successful completion of this module participants will:

- Provide feedback on the usability and overall appearance of the online CCNMs.

<u>MODERATOR</u>	<u>ACTIVITIES</u>
<ol style="list-style-type: none"> <li>1. <b>SAY:</b> Let's talk a moment about your thoughts on the appearance and ease of use of navigating through the online training program.</li> <li>2. <b>ASK:</b> Was it appealing—in what ways? Did you have any problems viewing the courses, going back to look for information, etc.?</li> <li>3. <b>ASK:</b> Did the icons used (give examples or show picture) serve as a useful tool to help identify the different sections of the curriculum?</li> <li>4. <b>ASK:</b> How well did the training program keep your interest? Tell me after viewing the Introduction, how interested were you to move on to Course I and Course II?</li> <li>5. <b>SAY:</b> Course I and Course II also provided Stories from the Front Line with accompanying Pulse Point questions.               <ul style="list-style-type: none"> <li>• What did you think about these stories?</li> <li>• Do you believe they supplemented what you learned in Course I and Course II? If yes, in what way(s)?</li> </ul> </li> <li>6. <b>ASK:</b> Did you find the information presented in the Fast Facts, CLAS Acts, and Cultural Insights beneficial? If yes, in what way(s)? (<b>Probe: Piqued</b></li> </ol>	<p>Have handout of icons</p>

**my interest to learn more, I had a good understanding on what to expect by taking the Course, etc.)**

7. **ASK:** How many of you used the online Reference Library? Can you tell me about your experience in using this feature?
8. **ASK:** How did you find the overall online experience in viewing the training program?
9. **ASK:** How do you believe your interactions with patients may have changed or will change based on what you learned after viewing this program?
10. **ASK:** After completing the program, would you recommend the online Curriculum to your colleagues? What would you say to your colleagues about the Curriculum? (**Probe: Provided new information, found Site easy to use, was full of information that can be used in daily practice, etc.)**)
11. **ASK:** How much time do you think you should be provided for the training?

## Closing

Discussion Guide: Part 7	Closing Remarks
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Description:	This module gathers some demographic information and concludes the group discussion.
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Time: 5 minutes -- 7:55 – 8:00

Theme: Upon successful completion of this module participants will:

- Discuss their practice setting, primary job responsibility, who would benefit by taking a cultural competency training program in their organization, and the size of their organization

<u>MODERATOR</u>	<u>ACTIVITIES</u>
<p>1. <b>SAY: We are getting ready to wrap-up our group discussion. I have just a few more questions.</b></p> <p>2. Who in your organization would benefit by taking a course on culturally competent care? (<b>no names, titles such as doctors, CEO, President, Nursing Supervisors, Nursing Assistants, EMS personnel, Social Workers, etc.</b>)</p> <p>3. Would you describe your organization as a culturally competent organization? Why/why not?</p> <p>4. <b>SAY: I have certainly learned a great deal from these discussions. Thanks for all your ideas and suggestions. They will help us as we continue to develop nursing continuing education program on culturally competent care.</b></p> <p><b>Is there something that I didn't ask that I should have?</b></p> <p><b>Pause for comments.</b></p> <p>5. <b>SAY: Thank you again for your participation.</b></p> <p><b>Offer business card to contact you for further comments/questions.</b></p>	

# Appendix E

## Phase III Moderators' Guide

<b>Stage Setting</b>
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Introduction:	Pre-Housekeeping Activities
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Description:	The purpose of this module is to prepare participants for the session ahead.
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Time: 5 minutes -- 6:00 – 6:05

Theme: Upon successful completion of this module participants will:

- Sign-in/Complete Incentive Paperwork
- Complete name tags & table tents
- Be ready to discuss the Culturally Competent Nursing Curriculum

Logistics:

- Consent Forms
- Name tags/Table tents
- Incentive Checks (provided by MRS)
- Small Table Clock for the Moderator
- Pads/Paper/Flipcharts
- Minimum of 12 pens/pencils
- Audio-recording Equipment
- Laptop with cord to take notes; seat for recorder
- Handouts (CLAS Standards, Models, Self-assessment exercise)
- Food/Snacks for participants as appropriate

As participants arrive, Metro Research Services/Focus Group Facility staff will show them where to get refreshments, explain the consent form, ask if they have any questions, and have participants sign the consent form. A copy of the consent form will be provided upon participant request.

Once they get their food and come into the meeting room, the Moderator will ask participants to write their name on the name tag/table tent. While they wait for everyone to get settled into their seats, the Moderator will remind them that the session will start promptly at 6:00 pm.

Start as close to 6:00 pm as possible- do not wait for late arrivals.

## Introduction

Discussion Guide:

Housekeeping Activities

Description:

The purpose of this module is to outline the parameters of the focus group, introduce participants, and identify the themes that will be explored during the session.

Time: 10 minutes -- 6:05 – 6:15

Theme:

Upon successful completion of this module participants will:

- Know the name of the moderator, the other participants, and their nursing specialty
- The rules of conduct
- The goals of the focus group

### Moderator

- Hello, thank you for being here and for making the time to participate in this group discussion. My name is: \_\_\_\_\_ and I am the Moderator for today's discussion.
- Affiliation—I work for SAIC, which is a science and research company located in the Washington, DC area. We are currently supporting an Office of Minority Health/DHHS funded project to create continuing education materials that will be used as part of a nursing training program.
- Before we get started, I would like to go over a few pieces of information and some ground rules with you.
- Ground Rules: Location of bathrooms.
- Cell phone pager/off or vibrate.
- Speak in a voice at least as loud as mine.
- Avoid side conversations. We are interested in all of your ideas, and others in the group may get ideas just from listening to yours.
- This is an open discussion and there are no wrong answers; all of your experiences are important in helping to understand the value of the curriculum.

### Activities

- We want everyone to participate equally.
- If it seems that some questions are repetitive it is because we need to make certain that all the elements within the curriculum are thoroughly explored.
- Because we have a lot to discuss I may have to move quickly to a new topic. If I do, I don't mean to cut anyone off or prevent someone from voicing their opinion.
- Everything said in this room should stay in this room; please be respectful of each others' opinions.
- Take breaks if needed; however, I ask that only one person leave at a time.
- Disclosures: We are audio taping today's session to capture all your comments. No one will be identified; no names will be used.
- We will be writing a report for our client at the Office of Minority Health, Department of Health and Human Resources. No one's name will be mentioned in the report.
- **ASK:** Ask participants to give their first names, how long they have been a nurse, and their nursing specialty/area that they are currently working in and for how long.
- State why participants are here: **“You are here today so we can get your feedback on the Culturally Competent Nursing Curriculum education program.”**
- Our goal is to gather as much information as possible regarding the Culturally Competent Nursing Curriculum.
- We want to figure out which parts of the curriculum are most valuable and which may need to be changed.
- I'd like to review the Goals for our discussion with you:
  - **To explore the cultural issues that nurses**

Participants give names and nursing specialty.

**Note:** Goals could be on a flipchart or written on board if desired. They are listed below.

**encounter as a part of their daily interactions with patients, colleagues, and the health care environment in which they work.**

- **To examine whether the CCNM Introduction serves to pique participant attention and provides participants with a thorough explanation of what the format of the curriculum will be.**
- **To examine if the curriculum and the case study vignettes convey messages needed for nurses to provide culturally and linguistically appropriate care to diverse populations.**
- **To explore if the curriculum and case study vignettes raise awareness and encourage self-reflection regarding culturally and linguistically appropriate care.**
- **To identify if the cases/vignettes in the curriculum are realistic and useful in promoting culturally and linguistically appropriate care.**
- **To examine their opinions on the usability and overall design of the online CCNM Curriculum.**

**\*\*Moderator may or may not choose to review all of these, but instead can suggest participants take a quick look at them.**



<p>Nursing Curriculum program how many of you had heard the term “cultural competence?”</p> <ol style="list-style-type: none"><li>1. For those of you who have heard this term before, where/how did you learn about cultural competence?</li><li>9. <b>ASK:</b> After reviewing this program, do you have a better understanding about cultural competence? <b>(Probe: What do they understand now that they did not understand before; do they have the same level of understanding that they had prior to completing the sections they completed?)</b></li><li>10. <b>ASK:</b> What are some things you believe nurses can do to provide culturally competent care?</li><li>11. <b>ASK:</b> As a nurse, do you feel that you have made any changes or tried to be more culturally competent with patients—or have you seen others try to make changes?</li></ol>	<p>cultural situations.</p> <p>Through cultural competence, nurses can help by providing more equitable and quality care to their patients that can, in turn, help reduce disparities for minority populations.</p>
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<p>22. <b>ASK:</b> How well did the Introduction keep your interest? Tell me after viewing the Introduction, how interested were you to move on to Course I? (<b>Probe: Piqued my interest to learn more, I had a good understanding on what to expect by taking the Course, etc.</b>)</p> <p>23. <b>ASK:</b> What two-three things did you like best about the Introduction? (<b>Probe: Statistics, length, content, etc.</b>)</p> <p>24. <b>ASK:</b> What didn't you like about the Introduction?</p> <p>25. <b>ASK:</b> Are there any recommendations you have for changing the Introduction? (<b>Probe: Was it appealing—in what ways? Did you have any problems viewing the Introduction, going back to look for information, etc.?</b>)  Can you think of anything that is missing from the Introduction?</p> <ul style="list-style-type: none"> <li>• What could we get rid of?</li> </ul> <p>26. <b>ASK:</b> Did you think the Introduction provided thorough information on the CLAS standards?</p> <p>27. <b>ASK:</b> Were the CLAS standards new to you?</p> <p>28. <b>ASK:</b> Do you see yourself implementing them in your practice? Will this curriculum (i.e., CLAS Acts) help you do so?</p> <p>29. <b>ASK:</b> Thinking only of the CCNM Introduction, what if anything, have you learned that will help you most in your daily practice?</p>	<ul style="list-style-type: none"> <li>• CLAS standards and OMH's role in developing standards</li> <li>• The increase in the diverse population and health disparities</li> <li>• The impact of the lack of diversity in the health care workforce</li> <li>• Transcultural nursing</li> <li>• Legal and professional requirements</li> </ul>
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## CCNM Course I Review

Discussion Guide: Part 3	CCNM Course I Review
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Description:	The purpose of this module is to gain participants' reactions to the CCNM Course I content and determine how the information presented in Course I will be used in their practice.
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Time: 25 minutes -- 6:40 – 7:05

- Theme: Upon successful completion of this module participants will:
- Discuss their first impression and what they liked and disliked about Course I
  - Describe what new information they learned and how it could be applied in their daily practice
  - Discuss the relevance of the material to nursing practice
  - Provide feedback on any recommended modifications for Course I

<u>MODERATOR</u>	<u>ACTIVITIES</u>
<p><b>37. SAY:</b> Now let's move on to Course I. I am interested in learning more about what you thought about the content and its relevance to your daily practice of nursing. I will be asking you general questions about the content in the course. <b>(NOTE: Write Course I Module headings on the flip chart prior to the group)</b></p> <p><b>38. SAY:</b> Let's start by finding out how long it took each of you to complete Course I.</p> <p><b>39. SAY:</b> As a refresher, the CCNM Course I provides information on:</p> <ul style="list-style-type: none"> <li>• Module 1: Principles of Cultural Competence               <ul style="list-style-type: none"> <li>○ Cultural competence definition</li> <li>○ CLAS Standards 1-3</li> <li>○ Factors that may affect nurses' ability to provide culturally competent care</li> </ul> </li> <li>• Module 2: The Importance of Self-Awareness</li> </ul>	<p style="color: red;">Go around the table.</p> <p style="color: red;">Suggestion: have the outline as a handout so you can quickly go through the topic areas.</p> <p style="color: red;">Handout of CLAS Standards</p>



<p><b>45. ASK:</b> Have you used anything in your practice?</p> <p><b>46. ASK:</b> Now that you completed Course I do you feel more equipped with the awareness, knowledge, and skills to better provide culturally competent care to the diverse patient population you are caring for? <b>(Probe: For specifics—CLAS standards, self awareness tools, cultural competence development models, patient-centeredness, disease vs. illness, knowledge and skilled centered approaches, etc.)</b></p> <p><b>47. ASK:</b> What models, tools, concepts, and approaches presented in Course I do you believe were most helpful to you that can be applied in your practice?</p> <p><b>48. ASK:</b> Are there any recommendations you have for changing Course I? <b>(Probe: Length, organization, appropriate content, etc.)</b></p> <ul style="list-style-type: none"> <li>• <b>ASK:</b> Can you think of anything that is missing from Course I or that could be changed?</li> <li>• <b>ASK:</b> Is there something we could do without?</li> </ul> <p><b>ASK:</b> Tell me about the case study vignettes. Were they realistic? Did they help to reinforce the concepts presented in the course?</p> <p><b>49. ASK:</b> Did you feel the length was appropriate? Did you get “bogged down” in the material; was your interest sustained?</p>	<p><b>Mrs. Zahari is a Middle Eastern Muslim female in her 30’s. She speaks only Arabic and complains through her husband of abdominal pain caused by an ectopic pregnancy.</b></p> <p><b>Mr. Pavlov is a 72 year old White Russian male who is moderately obese. He is in the hospital for post operation care.</b></p> <p><b>Vu Nguyen is a 17 year old Vietnamese male is HIV positive and has been taking herbal remedies.</b></p>
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<b>CCNM Course II Review</b>
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Discussion Guide: Part 4	CCNM Course II Review
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Description:	The purpose of this module is to gain participants' reactions to the CCNM Course II content and interactive components and determine how the information presented in Course II will be used in their practice.
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Time: 10 minutes -- 7:05 – 7:15

- Theme: Upon successful completion of this module participants will:
- Discuss their first impression and what they liked and disliked about Course II
  - Describe what new information they learned and how it could be applied in their daily practice
  - Discuss the relevance of the material to nursing practice
  - Provide feedback on any recommended modifications for Course II

<u>MODERATOR</u>	<u>ACTIVITIES</u>
<p><b>50. SAY:</b> Now let's switch gears and talk about the Course II. (<b>NOTE: Write Course II Module headings on the flip chart prior to the group</b>)</p> <p><b>51. SAY:</b> As a refresher, the CCNM Course II provides information on:</p> <ul style="list-style-type: none"> <li>• Module 1: Overview of Effective Communication Between Patient and Nurse               <ul style="list-style-type: none"> <li>○ Articulate the importance of effective nurse-patient communications</li> <li>○ Use the patient explanatory model interview questions to elicit information about health beliefs</li> </ul> </li> <li>• Module 2: Tools for Effective Communication               <ul style="list-style-type: none"> <li>○ Articulate the importance of using communication tools in cross cultural encounters</li> <li>○ Describe and apply three effective communication models</li> </ul> </li> </ul>	<p>Suggestion: have the outline as a handout so you can quickly go through the topic areas.</p>

- Module 3: Overview of Language Access Services
  - List the responsibilities for providing language access services under the CLAS standards
  - Describe the Office of Civil Rights Title VI Guidance
  - Articulate the importance of and when to provide interpreter services, and what type of interpreter services are available
  - Describe types of written or translated materials and identify resources for obtaining them
- Module 4: When Interpreter Services are Needed
  - Articulate the four main roles of an interpreter
  - Define the triadic interview process and its participants
  - Identify best practices of working with interpreters
- Module 5: Role of Health Literacy in Effective Communication
  - Define health literacy
  - Understand and recognize low literacy behaviors
  - Create strategies for helping patients with low health literacy
  - Describe strategies for adopting the provisions of CLAS standard 7
  - Identify one or more health literacy assessment tools and how they are used
- Module 6: When Written or Translated Materials Are Needed
  - Describe types of written or translated materials to communicate with LEP patients
  - Define plain language
  - Understand the distinction between interpretation and translation
  - Identify the characteristics of qualified translators

**52. ASK:** What was your first impression of Course II?  
**(Probe: Both positive and negative responses)**

**53. ASK:** What three things did you like most about the Course?

<p><b>54. ASK:</b> Where there any parts that you disliked in Course II?</p> <p><b>55. ASK:</b> Were there any specific sections that you felt were particularly helpful; or did not see as “adding to the overall content”?</p> <p><b>56. SAY:</b> Module 5 discusses the role of health literacy in effective communication?</p> <ul style="list-style-type: none"><li>• <b>ASK:</b> Were you familiar with the concept of health literacy prior to taking this course?</li><li>• <b>ASK:</b> Have you used either the “teach back” or “teach to goal” method to check for patient understanding?</li></ul> <p><b>57. ASK:</b> Are there any recommendations you have for changing Course II? Anything missing? (<b>Probe: length, organization</b>)</p> <p><b>58. ASK:</b> How long did it take you to complete Course II? Was the time too much, too little?</p>	<p>“Teach-to-goal” method: involves targeted patient education until comprehension is achieved.</p>
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<b>CCNM Course III Review</b>
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Discussion Guide: Part 5	CCNM Course III Review
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Description:	The purpose of this module is to gain participants' reactions to the CCNM Course III content and interactive components and determine how the information presented in Course III will be used in their practice.
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Time: 30 minutes -- 7:15 – 7:45

- Theme: Upon successful completion of this module participants will:
- Discuss their first impression and what they liked and disliked about Course III
  - Describe what new information they learned and how it could be applied in their daily practice
  - Discuss how they felt about the interactive components
  - Discuss the relevance of the material to nursing practice
  - Provide feedback on any recommended modifications for Course III

<u>MODERATOR</u>	<u>ACTIVITIES</u>
<p><b>59. SAY:</b> Now let's switch gears and talk about the Course III. (<b>NOTE: Write Course III Module headings on the flip chart prior to the group</b>)</p> <p><b>60. SAY:</b> As a refresher, the CCNM Course III provides information on:</p> <ul style="list-style-type: none"> <li>• Module 1: Culturally Competent Organizations               <ul style="list-style-type: none"> <li>○ List characteristics of a culturally competent organization</li> <li>○ Identify ways that nurses can support organizational cultural competence</li> </ul> </li> <li>• Module 2: Nurses' Roles as Advocates for Cultural Competence in Organizations               <ul style="list-style-type: none"> <li>○ Describe how nurses can advocate for cultural competence</li> <li>○ Identify the skills nurses need to effectively advocate for culturally competent care in their organizations</li> </ul> </li> <li>• Module 3: Organizational Assessment               <ul style="list-style-type: none"> <li>○ Explain organizational assessments as a</li> </ul> </li> </ul>	<p>Suggestion: have the outline as a handout so you can quickly go through the topic areas.</p>

<p>major organizational cultural competence support</p> <ul style="list-style-type: none"> <li>○ Identify critical domains of organizational assessments</li> <li>○ Use an organizational assessment checklist</li> <li>● Module 4: Strategic Planning <ul style="list-style-type: none"> <li>○ Understand strategic planning and its relationship to developing culturally competent organizations</li> <li>○ Explain continuous quality improvement and its role in the strategic planning process</li> <li>○ Describe data collection and its role in the strategic planning process</li> <li>○ Identify tools for cultural competence data collection</li> </ul> </li> <li>● Module 5: Training and Education <ul style="list-style-type: none"> <li>○ Describe recommendations for culturally competent training and education programs</li> <li>○ Identify the attitudes, knowledge, and skills necessary to develop cultural competence</li> </ul> </li> <li>● Module 6: Developing Effective Partnerships <ul style="list-style-type: none"> <li>○ Understand the importance of developing partnerships to support organizational cultural competence</li> <li>○ Identify factors that contribute to successful partnerships</li> <li>○ Describe the role of minority communities in partnerships for improving culturally competent care</li> </ul> </li> </ul> <p><b>61. ASK:</b> What was your first impression after viewing Course III? (<b>Probe: Both positive and negative responses.</b>)</p> <p><b>62. ASK:</b> What three things did you like most about the Course?</p> <p><b>63. ASK:</b> Where there any parts that you disliked in Course III?</p> <p><b>64. ASK:</b> Do you think the content in the Course is appropriate for nurses? (<b>Probe: too much information, too little information, etc.</b>) Is the information something you could use in your daily practice—share with your colleagues? (<b>Probe: Ask for specifics—using language access</b></p>	<p><b>PROBE:</b> Can you clarify any specific sections that you disliked or did not see as “adding to the overall content”?</p>
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services, patient explanatory model, communication tools/models, learning more about written materials, interpreter services, and health literacy, Fast Facts, CLAS Acts, Stories from the Front Line, Pulse Points, etc.—was any of this information more helpful than other areas?)

**65. SAY:** Course III Module 1 addresses characteristics of culturally competent organizations. **ASK:** Can you describe the characteristics?

- a. How many of you were aware of these characteristics prior to reviewing this Module?
- b. Thinking of these characteristics, how does your current place of employment fare as a culturally competent organization? (**Probe: Specifics**)

**66. SAY:** In Module 2, the nurses' roles as advocates for cultural competence in organizations are discussed. **ASK:** What opportunities do you have to support the use of cultural competence practices in your organization?

**67. ASK:** Based on what you learned about advocating for cultural competency, how will you become more involved?

**68. SAY:** In Module 3 Organizational Assessment, 8 domains/areas for measuring organizational cultural competence were discussed. (**NOTE: Provide as handout**)

**69. ASK:** Was anyone familiar with these 8 domains/areas before reviewing Module 2? (**Probe: where did they become familiar—something their organization is focusing on?**)

**ASK:** How has your organization addressed these areas?

**70. SAY:** In Module 4 Strategic Planning is discussed.

**ASK:** How many of you have been involved in the strategic planning process in

According to Anderson and colleagues (2003), a culturally competent health care organization should have the following characteristics:

- A culturally diverse staff that reflects the community (or communities) served;
- Providers or interpreters who speak the patients' language(s);
- Training for providers to better understand the culture and language of the people they serve;
- Signs and written instructions in the patients' language(s) that are consistent with their cultural norms; and

To advocate for cultural competence, nurses can:

- Encourage changes in policy, procedures, and infrastructure support that affect the provision of the CLAS standards at their organization;
- Advance policy changes in the larger community, in professional organizations, or at the state and federal levels; and
- Be active members of decision-making bodies and committees that are charged with making organizational and community changes to ensure culturally and linguistically competent services.

To advocate effectively, nurses need a combination of skills. For example, Mallik (1997) suggested that nurses need the following skills:

- Ability to communicate effectively with patients and



<p>questions that followed the video clips? Did the questions encourage self-reflection and reinforce the learning points?</p> <p><b>75. ASK:</b> Are there any recommendations you have for changing Course III? Anything missing? (<b>Probe: length, organization</b>)</p> <p><b>76. ASK:</b> How long did it take you to complete Course III? Was the time too much, too little?</p>	<p>African American female who is moderately obese with diabetes, hypertension, and mental status issues.</p> <p>Rob Ocuca is a 13-year old Pima Indian youth who is overweight with diabetes and Attention Deficit Disorder. He has complained of being bullied at school and has been suspended for disruptive behavior.</p>
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<b>Overall Usability</b>
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Discussion Guide: Part 6	Overall Usability
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Description:	The purpose of this module is to gain participants' insights to the online CCNM experience.
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Time: 10 minutes -- 7:45 – 7:55

Theme: Upon successful completion of this module participants will:

- Provide feedback on the usability and overall appearance of the online CCNMs.

<u>MODERATOR</u>	<u>ACTIVITIES</u>
<p><b>76. SAY:</b> Let's talk a moment about your thoughts on the appearance and ease of use of navigating through the online training program.</p> <p><b>77. ASK:</b> Was it appealing—in what ways? Did you have any problems viewing the courses, going back to look for information, etc.?</p> <p><b>78. ASK:</b> Did the icons used (give examples or show picture) serve as a useful tool to help identify the different sections of the curriculum?</p> <p><b>79. ASK:</b> How well did the training program keep your interest? Tell me after viewing the Introduction, how interested were you to move on to the remainder of the curriculum?</p> <p><b>80. SAY:</b> Course I, Course II, and Course III also provided Stories from the Front Line with accompanying Pulse Point questions.</p> <ul style="list-style-type: none"> <li>• What did you think about these stories?</li> <li>• Do you believe they supplemented what you learned in Course I, Course II, and Course III? If yes, in what way(s)?</li> </ul> <p><b>81. ASK:</b> Did you find the information presented in the Fast Facts, CLAS Acts, and Cultural Insights beneficial? If yes, in what way(s)? <b>(Probe: Piqued</b></p>	<p style="color: red; text-align: center;">Have handout of icons</p>

**my interest to learn more, I had a good understanding on what to expect by taking the Course, etc.**

**82. ASK:** How many of you used the online Reference Library? Can you tell me about your experience in using this feature? What resources or tools did you access in the Reference Library?

**83. ASK:** How did you find the overall online experience in viewing the training program?

**84. ASK:** How do you believe your interactions with patients may have changed or will change based on what you learned after viewing this program?

**85. ASK:** After completing the program, would you recommend the online Curriculum to your colleagues? What would you say to your colleagues about the Curriculum? (**Probe: Provided new information, found Site easy to use, was full of information that can be used in daily practice, etc.**)

**86. ASK:** How much time do you think you should be provided for the training?

**87. ASK:** Would you take a longer course on cultural competency if you could get free continuing education credits for it?

## Closing

Discussion Guide: Part 7	Closing Remarks
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Description:	This module gathers some demographic information and concludes the group discussion.
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Time: 5 minutes -- 7:55 – 8:00

Theme: Upon successful completion of this module participants will:

- Discuss who would benefit by taking a cultural competency training program in their organization, and identify any missing topics or questions pertaining to the curriculum that were not asked.

<u>MODERATOR</u>	<u>ACTIVITIES</u>
<p><b>88. SAY: We are getting ready to wrap-up our group discussion. I have just a few more questions.</b></p> <p><b>89. Who in your organization would benefit by taking a course on culturally competent care? (no names, titles such as doctors, CEO, President, Nursing Supervisors, Nursing Assistants, EMS personnel, Social Workers, etc.)</b></p> <p><b>90. SAY: I have certainly learned a great deal from these discussions. Thanks for all your ideas and suggestions. They will help us as we continue to develop nursing continuing education program on culturally competent care.</b></p> <p><b>Before you leave, I would like to find out if there is anything I should have asked you but didn't.</b></p> <p><b>Pause for comments.</b></p> <p><b>91. SAY: Thank you again for your participation.</b></p> <p><b>Offer business card to contact you for further comments/questions.</b></p>	

# Appendix F

## Participant Test Scores

Focus Group Site	User Name	Course I Pretest	Course I Posttest	Course II Pretest	Course II Posttest	Course III Pretest	Course III Posttest
Philadelphia	Philadelphia2	40	80	40	90	80	100
Philadelphia	Philadelphia3	80	90	70	80	80	100
Philadelphia	Philadelphia4	90	90	90	100	90	100
Philadelphia	Philadelphia5	60	80	80	90		
Philadelphia	Philadelphia6	80	100	70	90	80	100
Philadelphia	Philadelphia8	80	90	80	100	100	100
Philadelphia	Philadelphia10	80	70	70	60	60	90
Phoenix	Arizona1	90	100	80	90		
Phoenix	Arizona3	60	80	100	100	100	90
Phoenix	Arizona4	60	100	100	100		
Phoenix	Arizona5	70	100	80	90		
Phoenix	Arizona7	70	100	60	100		
Phoenix	Arizona8	80	100	100	100		
Phoenix	Arizona9	80	70	70	100		
Phoenix	Arizona10	60	100	100	100		
Phoenix	Arizona11	80	90	80	100		
Columbus	Ohiotest1	90	90	80	90		
Columbus	Ohiotest2	70	90	80	100		
Columbus	Ohiotest3	70	100	70	100		
Columbus	Ohiotest4	70	80	80	90		
Columbus	Ohiotest5	80	90	90	100		
Columbus	Ohiotest6	70	100	80			
Columbus	Ohiotest7	50	90	60	100		
Columbus	Ohiotest8	70	80	60	90		
Columbus	Ohiotest9	70	100	60	90		
Columbus	Ohiotest10	80					
Columbus	Ohiotest11	60	80	80	90		
Columbus	Ohiotest12	70	80	70	80		
Denver	Site1test10	70	100				
Denver	Site1test12	90	100	70	100		
Denver	Site1test13	70	100	70	100		
Denver	Site1test14	80	90	90	100		
Denver	Site1test15	50	100				
Denver	Site1test16	70	90	40	100		
Denver	Site1test17	60	70	70	100		
Denver	Site1test18	80	100	40	100		
Denver	Site1test19	60	100	80	100		
Denver	Site1test20	50	80				
Denver	Site1test21	80	90				
Los Angeles	Site2test1	80	100				
Los Angeles	Site2test3	90	90				
Los Angeles	Site2test5	50	90				
Los Angeles	Site2test6	40					
Los Angeles	Site2test7	50	70				
Los Angeles	Site2test8	70	100				
Los Angeles	Site2test9	80	100				
Los Angeles	Site2test10						
Los Angeles	Site2test11	70	80				
Los Angeles	Site2test12	80	100				

Focus Group Site	User Name	Course I Pretest	Course I Posttest	Course II Pretest	Course II Posttest	Course III Pretest	Course III Posttest
Miami	Site3test1	60	80				
Miami	Site1test2	70	90				
Miami	Site1test3	80	90				
Miami	Site3test4	70					
Miami	Site1test6	60					
Miami	Site3test7	80	90				
Miami	Site3test8	70	70				
Miami	Site1test9	70	80				
Miami	Site3test10	70	100				
Miami	Site3test12	50	70				

# Appendix G

## Average Participant Test Scores

