4-27-2017

Improved Cultural Competence Through Simulation

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**Recommended Citation**

Costello, Mary; Sloan, Elizabeth; Steiner, Trisha; and Tollefson, Mitchell, "Improved Cultural Competence Through Simulation" (2017). *Celebrating Scholarship & Creativity Day*. 129.  
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Enhancing Nursing Curriculum Through the use of Cultural Simulation

Mary Costello, Lizzy Sloan, Trisha Steiner, Mitch Tollefson
Focus

- Concept development

- Student survey sent out to all accepted nursing majors

- 62 responses were collected

- Over half of students that responded have had 1 or fewer patient experiences with a patient who spoke a different language
Focus

- No student responded that they felt very comfortable caring for a patient who spoke a different language than English.

- 36.7% of students rated the current program as average for how well they feel they are prepared for caring for a patient from a different cultural background.

- Ways to improve: Q&A or a panel, speakers, class discussions, and Simulations.
Literature Review

Need for improved cultural competency in the nursing profession due to increased proportion of cultural diversity in U.S. population

- Health disparities and differences in health beliefs
  - (Bahreman & Swoboda, 2016; Roberts, Warda, Garbutt, & Curry, 2013; San, 2015)

Solution: incorporating cultural competence education in nursing programs through simulation

- More effective than lecture
- Safe environment

- (Bahreman & Swoboda, 2016; Cantey, Randolph, Molloy, Carter, & Cary, 2017; Roberts, Warda, Garbutt, & Curry, 2013; San, 2015)
Literature Review

Cultural competency simulation design:
- High-fidelity patient simulation
- Low-fidelity patient simulation
- Standardized patient simulation
- Integrating international concepts through simulation
  - (San, 2015)
- Include cultural aspects
  - (Roberts, Warda, Garbutt, and Curry, 2013)
Simulation in Action

- New Religion Information

- Morning report 0700

  - Patient Judy Jones 5/3/1950 admitted for a DVT formation in her right leg. She is a DNR. I haven’t had time to look up very much information on this patient, she just got up to the floor. There still needs to be an initial assessment done. I think she is a member of the New Religion.
Simulation in Action

Scene 1

Objective
Students will be able to use a phone interpreter

What the student should do/what will happen
Student will go into the room to do the morning assessment
Student will identify they need to call an interpreter
Student will call an interpreter and answer 2-4 questions with use of interpreter
Scene 1
Simulation in Action

Scene 2

Objective

Students will go into room to do morning cares however they must identify and respect the patient’s need for meditation practices.

What the student should do/what will happen

Students will go into room to do morning cares
Patient will need to do meditation during morning cares (brushing teeth)
Students will respect the patient's needs and leave the room to come back later for cares (scene is over here)
Scene 2
Simulation in Action

Scene 3

Objective
Student will identify that the patient should not receive heparin due to it containing a pork product

What the student should do/what will happen
Student will go into the room to give the needed dose of heparin for the patient
Student will identify that the patient should not receive this medication due to it containing a pork product going against her religion
Students should call doctor (this is when scene is over)
Scene 3
Simulation in Action

Scene 4

Objective
Students will identify DNR and the need to help with death ritual after MI happend

What the student should do/what will happen
The students will see vitals and hear family member screaming
Students will identify that the patient is in Asystole
Respect the family's needs and rituals call needed members
Scene 4
Application to CSB/SJU

Target audience - Junior nursing students during their fall semester

Before students begin inpatient clinical rotation

Junior nursing students also reported a desire for more experience caring for culturally diverse patients
Simulation Effectiveness

40% increase in comfort level using a phone interpreter

20% increase in confidence caring for a non-English speaking patients

16% increase in confidence supporting the cultural and religious needs of patients from diverse backgrounds

Overall effective for providing students with hands-on experience caring for culturally diverse patients