



Featured Article

Implementing Standardized Patients to Teach Cultural Competency to Graduate Nursing Students

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KEYWORDS

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survey

Abstract

Background: Although many programs emphasize knowledge enhancement on caring for patients from diverse cultural backgrounds, few integrate cultural assessments, skills, and encounters with these patients. To fill this gap, an objective structured clinical examination (OSCE) with culturally diverse standardized patients was introduced to 29 first-year graduate nursing students.

Method: The learning experience was implemented in three phases: (a) Pretest, (b) didactic introduction to culturally sensitive issues, and (c) video-recorded OSCE with two ethnically diverse, standardized patients. A posttest and final evaluation concluded the experience.

Results/Conclusions: The objective scoring of student competency from the SPs was positive, especially their assessment of patient use of alternative therapies. The students perceived that their critical thinking skills were enhanced.

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It is projected that by 2050, one in three persons in the United States will be persons of color. This is largely owing to increased differential birth rates and changing demographics of immigrants (Rutledge, Garzon, Scott, & Karlowicz, 2004). Most health care settings already experience a diverse clientele in relation to culture, race, religion, heritage, gender, and sexual preference. Nurses

need to understand how cultural variations are expressed and be able to use communication skills to deliver patient-centered care (American Association of Colleges of Nursing, 2008). It is also important for educational programs to determine the most effective strategy for integrating and evaluating cultural competence or cross-cultural skills within extant pedagogical frameworks.

Evidence-based guidelines on the development of cultural competence are scarce. However, a variety of teaching

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strategies have been used to support medical and nursing students to enhance cross-cultural skills. These include community service learning projects, readings, objective structured clinical examinations (OSCE), case studies, role-play, self-reflection (Axtell, Avery, & Westra, 2010),

and immersion in another country (Godkin & Savageau, 2001). Although many programs emphasize knowledge enhancement on caring for patients from diverse cultural backgrounds, few integrate needed cultural assessments, skills, and encounters with such patients. To fill this gap, an OSCE with culturally diverse patients was introduced to a Northeast graduate nursing program. The graduate nursing program has successfully used OSCEs with standardized patients (SPs) to evaluate clinical skills of nurse practitioner students

Key Points

- Students agree that OSCEs helped them gain insight into critical thinking and asking culturally appropriate questions.
- More detailed preparation and immediate feedback after the SP encounter would improve the experience.
- OSCEs allow students to develop cross cultural skills and increase confidence before real life patient encounters.

during the final year of the program, but its use in presenting course content was a novel approach. A cultural competency program consisting of didactic content combined with simulation was introduced to first-year students in an accelerated master's degree program in nursing.

Literature Review

Simulation is a pedagogic tool that provides a means for formative and objective evaluation of students' knowledge, application of clinical skills, and critical thinking (Cantrell, 2008; Rentschler et al., 2007), and provides the opportunity to evaluate the clinical experiences of all students at the same time, in the same controlled environment. One simulation method, SPs, has been used as a teaching and evaluation strategy in nursing programs, medical schools, and residency programs. SPs are persons who have been taught to simulate patients with health concerns or conditions. The encounters take place in a realistic setting that closely resembles a clinical environment. Students experience an interaction with the patient and observe the response to their assessment or intervention.

The use of SPs as part of a teaching strategy can improve student skills in assessment and communication, decrease students' stress/anxiety, and promote a relaxed learning environment (Robinson-Smith et al., 2009; Rutledge et al., 2004). Another benefit is that SPs provide immediate and real-time objective feedback to students and allow faculty the opportunity to reassess curricula strengths and

weaknesses (Robinson-Smith et al., 2009; Rutledge et al., 2004). The use of video-recording can improve the learning experience both before and after simulation. Video-recorded content developed by faculty and viewed by students before participation in clinical simulation were found to prepare students for the experience and increased their confidence in their assessment skills in relation to didactic instructions (Alfes, 2008). Video playback with self-evaluation can be a powerful tool after simulation because it reinforces positive and reflective aspects of the learning experience (Jeffries, 2005). Faculty who have utilized video-recording of student encounters found that reviewing its content offered students the opportunity to assess their communication skills and that it improved retention of information (Yoo, Yoo, & Lee, 2010; Zick, Granieri, & Makoul, 2007).

SPs have been used as part of the OSCE in education to both teach and evaluate medical and nurse practitioner student performances in such areas as history and physical examination, communication, and counseling (Green et al., 2007; Rosenzweig et al., 2008). This teaching method is viewed as active learning consistent with adult learning theory (Aeder et al., 2007). Students participate in clinical encounters with patients who present with complaints and simulated symptoms. After the encounter, the SP rates the student's performance on a checklist designed to assess desired behaviors or competencies specific to the case being presented (Guiton, Hodgson, May, Elliott, & Wilkerson, 2004).

According to Green et al. (2007), "with careful planning, the OSCE can be adapted to assess cultural competence skills" (p. 349). The OSCE has been used by educators in several studies with culturally diverse SPs to both teach cross-cultural skills and evaluate student performance.

The benefit of using the OSCE is that it "can elicit students' attitudes toward cross-cultural situations and their skill in recognizing cross-cultural issues in interviewing, in communicating medical information, and in negotiating treatment with patients of different backgrounds" (Guiton et al. 2004, p. 2). Miller and Green (2007) also view the OSCE as a valuable teaching tool, a good pedagogical method for incorporating cross-cultural care into curricula. The authors found that the OSCE experience illuminated student gaps in interviewing and communication skills, which aided faculty in the development of curriculum. While there is evidence that cultural competence training improves the knowledge of health care providers, there are no studies to evaluate patient health outcomes (Beach et al., 2005).

OSCEs have been used by researchers to evaluate a variety of outcomes. Faculty have been able to evaluate a student's ability to elicit a patient's explanatory model or beliefs about health and illness, and perceptions of treatment choices (Aeder et al., 2007. Guiton et al., 2004). The majority of researchers used the ratings of student performance by the SP or faculty from a standardized checklist to measure outcomes post-OSCE. Researchers have also examined outcomes in the areas of attitudes

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