Educating Nursing Students to Meet Spanish-speaking Patients’ Needs

An Honors Thesis (HONRS 499)

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Abstract

The purpose of this research paper is to examine the implications of the growing Spanish-speaking population for nursing schools’ curriculum. The paper provides detailed information on updated statistics on the Spanish-speaking population in the U.S., national standards that mandate patient care for all sectors of populations, a literature review of current nursing schools across the country that address the growing need for cultural and linguistic competence, and an overview of the program at Ball State University. Finally, specific suggestions are made for enhancing the University’s nursing program to provide the best standard of care for this growing population.
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Culture is "clarified as referring to integrated patterns of human behavior including language, thoughts, communications, actions, customs, beliefs, values, and institution of racial, ethnic, religious, or social groups" (Logan, 2006, p. 29). "Cultural sensitivity and cultural competence are not synonymous. Cultural sensitivity is "an awareness and respect for the cultural beliefs, values, and practices of others" (Narayan, 2002, p. 79). Cultural competence "means that clinicians and staff adapt the care they provide to the cultural needs and preferences of their patients and families" (Narayan, 2002, p. 79). While sensitivity is commendable, nurses should strive for competence. Just realizing that a patient is of a different culture is not the last step in providing culturally and linguistically appropriate services; it is instead the first step. Once the realization has been made, nurses can then develop interventions to adapt their care to that cultural difference and ultimately provide the highest standard of care.

Nursing programs are where nurses learn their standards of care. According to Xu (2001) "The League for Nursing (NLN, 1993), American Academy of Nursing (Lenburg et al., 1995), and the American Association of College of Nursing (AACN, 1998) recommended that cultural content be incorporated into the basic nursing education curriculum" (para. 5). Current nursing programs can be proud of producing culturally sensitive graduates, but providing the workforce with culturally competent graduates would be far superior. Graduates would be more prepared for what they would encounter in their jobs.

Currently, nursing programs have different definitions and variability in the level of inclusion of cultural material in their curriculum. Many programs include cultural material throughout basic nursing courses; some programs offer elective courses with the
sole focus on cultural issues. One nursing program has trialed including Spanish phrases in their curriculum. There are select nursing programs that include a study abroad or transcultural international experience. Such experiences have been long recognized in other programs as vital to the educational curriculum; however, this has been lacking for nursing. Including such a trip or experience takes a lot of planning and problem solving. This is especially challenging with the rigid curriculum by which the nursing program abides. Too many required credit hours, too much expense, and too little time are among the numerous obstacles.

Ball State University’s School of Nursing has realized the need for culturally-prepared graduates. They have tried to mold their program around their students’ needs and current trends. In many cases they have been successful in implementing new ways for students to stay culturally relevant. Some of the attempts have not been as successful. The reasons for this are examined in later sections and suggestions for ways to better prepare students are provided.

Facts and Statistics

The fact that Spanish is the most encountered non-English language in the United States is not a surprise. Many people are well aware that the Spanish language is common throughout the United States. They may not be aware of just how prevalent and growing this language is and will be. According to the US Census Bureau, the prevalence of Spanish speakers is 1 in 10 US households. This number is expected to rise strongly and swiftly. Indeed, Parker (1997) found that by 2022, 25 years after the study done in 1997, the US will be second only to Mexico in its population of Spanish speakers (as cited in Odekirk, 1999). Another source, Miano, Rojas, and Trujillo (1996),
predicted that Hispanics would be greater than 50 percent of the US population growth by the year 2040 (as cited in Odekirk, 1999). As a result of this extreme growth, the US Census Bureau foresees that by 2050 nearly 1 in 4 people in the United States will be Spanish-speaking. According to the US Census Bureau in 2006 14.8 percent of the total population was Hispanic (See Appendix A). The population is well on its way to fulfilling all the predictions.

The indications of the Spanish-speaking population explosion are strong and undeniable for health care. Bernard et al. (2005) calculated that nearly 11 percent of all patients in search of health care in the US primarily speak Spanish. Eleven percent is a significant percentage of patients that are at high risk to experience health disparities due to language barriers. Some health care settings, such as emergency departments, acute care settings, and obstetrics departments encounter Spanish-speaking patients more frequently than other areas of health care. Bender, Clawson, Harlan, and Lopez (2004) explained that the reason is migrant Latinos are usually young, with women being of child-bearing age, and men being employed in high-risk occupations. As a result, obstetric and emergent care for this population has increased.

One of the main goals of Healthy People 2010 is to “eliminate health disparities.” An obstacle in the way of eliminating disparities in health is language differences. “Nearly 1 in 5 Spanish-speaking Latinos reports not seeking medical care because of language barriers” (Logan, 2006, p. 32). There is a large portion of the population who delays getting treatment until it is an emergent situation. The cost spent on secondary and tertiary care of this population drives up the cost of health care unnecessarily.
Primary prevention and teaching would prevent many illnesses and help reduce the number of visits to the ER and the doctor.

A Costa Contra study (Gaston, 2003) documented an example of health disparities experienced by minorities. The study found that the number of cases of breast cancer that were diagnosed early were significantly greater in white women (72%) than either Hispanic (58%) or African American women (44%) (as cited in Baquet, Carter-Pokras, & Bengen-Seltzer, 2004). Disparities like this are appalling and demonstrate the need to target minority groups with health interventions. Disparities relating directly to the Hispanic population found on the Healthy People 2010 website include the following:

Hispanics living in the United States are almost twice as likely to die from diabetes as are non-Hispanic whites. Although constituting only 11 percent of the total population in 1996, Hispanics accounted for 20 percent of the new cases of tuberculosis. Hispanics also have higher rates of high blood pressure and obesity than non-Hispanic whites. There are differences among Hispanic populations as well. For example, whereas the rate of low birth weight infants is lower for the total Hispanic population compared with that of whites, Puerto Ricans have a low birth weight rate that is 50 percent higher than the rate for whites. (Healthy People 2010)

National Standards

With the Spanish-speaking population making its way into the forefront, it is no wonder that the government has taken notice. There are many national standards that apply to people of different cultures and languages. The oldest standard goes back to the Civil Rights Act of 1964, and the most recent are the CLAS standards of 2000 (see Appendix B). As the country changes, and if the projections for growth of diversity are correct, these certainly will not be the last standards dealing with the issues of culture and language.
The very basic standard for providing all patients with the same quality of care was the Civil Rights Act of 1964. It sought to "provide injunctive relief against discrimination in public accommodations...to prevent discrimination in federally assisted programs." It also included in SEC. 201. (a):

All persons shall be entitled to the full and equal enjoyment of the goods, services, facilities, and privileges, advantages, and accommodations of any place of public accommodation, as defined in this section, without discrimination or segregation on the ground of race, color, religion, or national origin. (Transcript of Civil Rights Act)

Later in 2000, the Office of Civil Rights (OCR) developed a document called *Title VI of the Civil Rights Act of 1964: Policy Guidance on the Prohibition Against National Origin Discrimination As It Affects Persons with Limited English Proficiency (LEP)*. This document published in the Federal Register in 2000 clarifies the Civil Rights Act Title VI intent as follows:

No person in the United States shall, on the grounds 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. (as cited in Narayan, 2002, p. 77)

During the time the OCR was developing standards, the U.S. Department of Health and Human Services (DHHS) had a department working on similar standards. In 2000, the Office of Minority Health (OMH) put together the National Standards for Culturally and Linguistically Appropriate Services in Health Care. This set of standards is referred to as CLAS. The intent of these standards according to the Federal Register (2000) was to "ensure that all people entering the health care system receive equitable and effective treatment in a culturally and linguistically appropriate manner" (as cited in Narayan, 2002, p. 77).
Standards 4, 5, 6, and 7 are mandates for federally funded institutions; standards 1-3 and 8-14 are recommendations or suggestions for improving culturally and linguistically appropriate services. Standards 1-3 are for providing culturally competent care, 4-7 are for providing language access services, and 8-14 are organizational supports for cultural competence. The government has realized that language can cause health disparities and medical errors. The standards that are linguistically based are mandates. Health care providers need to realize the same and be more than familiar with these mandates. They need to be proficient at abiding by these standards. To further increase their cultural knowledge, sensitivity, and competence, the additional standards could be instituted. The following section examines current cultural inclusions in nursing programs around the country.

Current Nursing Programs

A literature review revealed a number of nursing programs that incorporate study abroad or international experiences. Four articles were chosen with the programs being in North Carolina, Alabama, and two in Michigan. One other article revealed an at-home technique for improving cultural competence tried in South Carolina. These articles include a brief description of how the program was initiated, what steps were taken, and information about the trip itself. All of the articles agree that an intercultural experience has positive effects on a nursing student’s education. Some of the articles make observations based on students’ responses, and one article gives qualitative evidence of students’ improvement.

_Lenoir-Rhyne College_
The program in North Carolina was initiated at Lenoir-Rhyne College, a small liberal arts institution. This college has offered nursing students the opportunity to travel to Zambia, Africa, for a five-week elective course. This program, while exciting to many students, lacked participation because of the cost, the length, and the distance. These are common issues encountered when planning an international experience. The college attempted an additional international experience to Merida, Mexico, that targeted the wants and needs of its students.

The college conducted a survey and found that most students were interested in participating in an international experience as long as it met a few guidelines. The students did not want to have their nursing sequence or curriculum interrupted, they did not want to pay too much, and they wanted an experience less than two weeks. A feasible option, according to the faculty, was Mexico. The proximity would make travel less expensive, and they had an affiliate with a college in Mexico with potential lodging. The faculty decided to implement this course and undertook the preparation.

Much paperwork, time, and many meetings later, agreements were made to course hour allocation, course objectives, description, and course work. They made their trip involve service projects, which co-aligned with their college’s mission statement, a comparative analysis of health care and nursing educations, journal entries, projects, and tours. The course was made up of not only the trip but also included pre-trip preparation, fundraising, and pre- and post-trip reflection essays. Knowledge of Spanish was not a requirement even though the majority of students did have previous experience with the language. The course was set to take place between spring and summer semester as not to interfere with coursework. Course objectives were as follows:
Develop appropriate knowledge base needed for compassionate interaction with clients during study abroad experience. Plan appropriate therapeutic strategies for various service projects for clients, giving consideration to cultural, environmental, developmental, and biopsychosocial conditions. Use nursing knowledge base to develop and implement various service projects for the Mexican people. Display problem-solving skills related to planning for and engaging in a trip out of the country. Demonstrate ethical approaches in professional practice as related to health promotion projects in Mexico. Demonstrate professional responsibility and accountability for protecting the rights of clients during health promotion endeavors in Mexico. Analyze the impact of legal and economic impact on the healthcare system in Mexico. (Johanson, 2006, p.129)

While in Merida, the students were able to visit three hospitals: a private hospital, a public hospital, and a social security hospital. They also toured the University of the Yucatan’s School of Nursing, helped out in a mobile health clinic, visited an orphanage, visited a nursing home, and helped pass out donations. Teaching, vital signs, and medication administration were among the nursing interventions the students performed. Students’ journals were collected, and the response to this experience was positive. Students expressed new knowledge and cultural insight that would be useful in their future careers. Johanson (2006) reported that, “Most of the students felt that they would be more culturally sensitive to patients and colleagues of all ethnicities and more understanding and empathetic with people in general” (p. 131). Students also realized certain stereotypes were incorrect.

The college made some changes for future course offerings. There will be a pre-trip essay due with application which will help prospective participants clarify personal intentions for wanting to go on the trip. The college mentioned including a way to qualitatively measure the students’ progress through their journal entries. They are also entertaining the idea of adding yet another international experience to Lithuania during
spring break. The nursing program cites three reasons why their program was a success: 1) support from their college, 2) design of the course to meet the students’ needs, and 3) careful, meticulous organization when planning.

**Auburn University**

Auburn University, in Alabama, has offered a cross-cultural, international, service learning experience to their nursing students as well. They implemented this program based on current trends and projected needs for culturally-competent nurses. Bentley and Ellison (2007) wrote an article about the initiation of this program and the current support behind it;

According to the National Institute of Nursing Research (2006), “Culturally sensitive care is recognized as being a prerequisite to decreasing health disparities, and the American Association of Colleges presents a positive position statement that gives nursing faculty the responsibility to adequately prepare students for life and work in a world of increasingly interdependent cultures and people” (p. 207).

This goal aligns with Healthy People 2010’s goal of eliminating health disparities as mentioned in an earlier section. Additional rationale for creating this program was the recommendation made by the National Counsel of State Boards of Nursing which stated, “Nursing curriculum should include an international course or content in the curriculum” (as cited in Bentley & Ellison, 2007, p.207). Bentley and Ellison (2007) place emphasis on the idea of “becoming culturally competent rather than being culturally competent” (p. 207). They realize that many nursing schools include some cultural content, but the extent of this content varies from institution to institution.

The program implemented by Auburn was offered in Quito, Ecuador, and provided the students with 40 of their required 280 hours of clinical preceptorship credit. To allow for adequate preparation, an elective course was offered the semester before the
The course was called Cultural Expeditions in Nursing. An evaluation tool, the Cultural Competence Health Practitioner Assessment, was used by the students to discover cultural competence skills.

Using this assessment tool, needs were discovered, and the students would then read weekly articles to augment these underdeveloped areas. The assessment tool, according to Bentley and Ellison (2007) is based on three assumptions:

(a) cultural competence is an emerging process, and everyone can improve over time; (b) with appropriate training and experience, individuals can enhance their cultural awareness, knowledge, and skills; and (c) within the organization, there may be those with cultural strengths that have gone unnoticed. (p. 208)

This assessment tool obtains data about six subscales: “values and belief systems, cultural aspects of epidemiology, clinical decision making, life cycle events, cross-cultural communication, and empowerment/health management” (Bentley & Ellison, 2007, p. 208). The subscales were the basis of the cultural course, with all six areas included in lecture content.

Students also were given the opportunity to experience life in a Third World country as part of the course. There is a faith-based organization, Servants in Faith and Technology (SIFAT), which puts on a Third World village simulation. Students participate by living without electricity, running water, and indoor bathroom facilities. This experience helps the students develop a greater appreciation for people of a Third World country.

The school collaborated with SIFAT for the trip. SIFAT’s mission is to help people recognize their “God-given potential” and bridge the gap between the First and Third World. A women’s health team was assembled with the following offered: nursing triage, pharmacy, and health education. All of the preparation and planning for this was
done with the help of SIFAT and an Ecuadorian physician employed by SIFAT. The teaching part of the trip had a large emphasis with topics including, “diabetes education, nutrition, pregnancy nutrition, self breast examinations, cervical cancer, sexually transmitted diseases, and treatment of dehydration of children” (Bentley & Ellison, 2007, p. 208).

Prior to the trip, students received vaccinations recommended by the Center for Disease Control. Insurance was provided through the study abroad program, and one cell phone was used to allow students to contact family. The total cost of the trip was $1,600, part of which was fundraised. The cost included all food, airfare, and hotel fees. March was the chosen trip date.

Once in Quito the students traveled 45 minutes each day to get to a small community clinic in Atacucho. Students rotated in areas of participation. The education classes took place in the morning and in the afternoon with an average of 25 women each time. Donations of hygiene products were distributed after the teaching sessions. Two nurse practitioners and the Ecuadorian physician provided the village with medications and treatments such as Papanicolaou tests. Students assisted the physician and nurse practitioners. Students could also help in the pharmacy area, which had over-the-counter medications such as ibuprofen and acetaminophen, the triage area taking vital signs, and help obtain medical histories with assistance of an interpreter. The students worked for five days and were able to provide care for more than 250 women.

After the trip, growth of the students was researched. Another tool, used with permission of Dr. Campinha-Bacote, the Inventory for Assessing the Process for Cultural Competence Among Healthcare Professionals – Revised 2002 was to assess students’
growth pre and post-trip. Specific scores on this test indicated the level of cultural knowledge, ranging from incompetent, aware, competent, and proficient. Pre-trip, all of the students fell into the culturally-aware category. Two students moved into the culturally-competent category before the trip, by taking the course. Five more students moved into the culturally-competent category after the trip. The trip had a greater impact than the coursework alone. The tool explored specific areas, and the one with the greatest improvement in students was the assessment of diverse cultures. A realization of the importance of assessing culture was developed, and students were more likely to research information about different cultures upon return. The usual lack of depth in cultural assessment tools in the United States health care system was also recognized by the students. All students reported personal growth and an increased awareness of the difference of living in the United States and a Third World country. Most students noted a desire to participate in another similar experience. “Participants cited personal growth that induced positive changes in values, improved communication skills, and a more culturally focused nursing practice” (Bentley & Ellison, 2007, p. 208).

Certain aspects of the trip made it a success. Having an Ecuadorian physician who was of that culture was necessary. He was able to guide the students in their approaches, techniques, and nursing interventions so that they were culturally appropriate and therefore effective. Giving the trip extensive time and planning was also essential. Networking and collaborating with people or institutions in the country aided in site selection. A recommendation was to have nursing schools share sites to help schools initiate programs of this sort.
As cited by their sources, Auburn strongly supports that having a cross-cultural course with an international trip increases a student's cultural competence. According to Duffy (2001), student education should not only include lecture-style information about cultures, but should be supplemented with hands-on experiences to assist with the exploration of cultures. Duffy (2001) found, “Students who can transform learning from one culture into a broadened perspective will be better prepared to provide care to a multicultural society” (as cited in Bentley & Ellison, 2007, p. 207). Students gained culturally by the course alone, but the most significant gains were made after the international experience. Auburn feels so strongly about this idea that they are currently thinking about integrating this course into the curriculum so that more students benefit from the hands-on cultural experience.

University of Michigan-Flint

An additional program that offers an international experience is the University of Michigan-Flint. They offer a program to the Dominican Republic as an elective 2-credit hour course. The school’s mission statement correlates with the support of this trip. Students decide about whether to go on the trip based on hearing about the living conditions and the work they will do. Students have to apply for the program, be interviewed, and write a paper discussing their reasons for wanting to participate.

In order to be prepared for the trip, students run a seminar that explores certain aspects of the culture. They examine culture, politics, economics, history, health care delivery, and current health problems. A foreign language requirement has not been implemented, but it is recommended that students take the initiative to learn some
Spanish. Donations of over-the-counter medications and medical supplies are also secured before the trip.

The students meet up with doctors, nurses, translators, and technicians that are also volunteers with Midwest Medical Missions, their partnering organization. They arrive at Santo Domingo and travel to a village for their work. Pediatric clinics, ambulatory clinics, makeshift operating rooms, and preoperative and postoperative suites are some of the areas that volunteers use their skills. The students work 10 to 12 hour days, many times in spite of power outages, heat, humidity, and the lack of running water in all but one building. The students rotate through all the areas gaining assessment skills, teaching skills, the ability to triage patients, and “they learn to improvise, yet maintain standards of care” (Tippen, 2002, p. 40).

*Michigan State University*

Michigan State University is another program examined. Michigan State had a goal in 2000, that by 2006, 40% of their graduates would have had study abroad experience at a decent price. The school is involved and active with sending students to other countries. They have more than 95 programs in over 40 countries. With this extensive study abroad experience, it is no wonder that they have been supportive of the nursing program implementing a study abroad experience as well. The nursing school at Michigan State has been cutting edge with offering a trip to London since the 1980s. They decided to add the 12 credit senior level program to Mexico. This trip is a full semester long to Celaya, Mexico. This is done in collaboration with the School of Nursing and Obstetrics, University of Guanajuato. Offered with this program are Spanish courses, an elective on the Mexican health care system, and the required nursing classes.
This program differs from most programs because it is a full semester long, and students can take required courses and not fall behind in the plan of study. It is also different because a nursing faculty from the university is always on the premises in Mexico.

As mentioned earlier, nursing curriculum is rigid. Currier, Omar, Talarczyk, and Guerrero (2000) cite several characteristics that tend to discourage nursing students from studying abroad. Having to prolong semesters of study is one issue that keeps many students from study abroad semesters. A reason for this is that students have a set number and sequence of courses. Another issue is compliance with State Board of Nursing’s clinical requirements. Liability presents a problem for these experiences. These reasons discourage nursing programs from implementing a study abroad experience. Instead, they opt for alternative spring breaks, a week to two week long summer stints, or not offering international experiences at all.

According to Hoffa (1998), students benefit more from longer programs of study, in regards to study abroad (as cited in Currier et al., 2000). Another study done by Zorn (1996) found that, “alumni who participated in the longer programs (12-16 weeks) reported greater long-term impact (in terms of intellectual development, expanded global perspective and personal development) than those in shorter programs (3-4 weeks)” (as cited in Currier, et al., 2000, p. 294). The nursing school seeks to provide its students with a “lived experience.” They want their students to have the firsthand knowledge of working with another culture. Their hope is that students will “develop language skills and an appreciation of other cultures, values, and beliefs” (Currier, et al., 2000, p. 294). After developing these skills, they hope the students will take them back and utilize them in their future careers. Convinced of the benefit of a full semester study abroad
experience, Michigan State's nursing faculty created a program. The following characteristics were highlighted:

1) The program be in a non-English speaking country to enable students to develop language skills; 2) a less-developed country is preferred to allow students to experience a more extreme contrast with life and work in the United States; 3) the costs of participating in a study-abroad program should not exceed the costs of on-campus study; and 4) the collaborating baccalaureate program in the foreign country should be similar in philosophy and content to the MSU nursing program. (Currier et al., 2000, p. 294)

Mexico was chosen to meet these characteristics. Since the North American Free Trade Agreement (NAFTA) was implemented, research has been done in comparability of nursing educational programs, licensure and registration of nurses, and standards of practice in Mexico, the United States, and Canada. Mexico has several universities with nursing programs and curriculum similar to the curriculum in the United States. This would make a semester experience an easier transition and allow for the rigid curriculum requirements to still be met. Another reason for choosing Mexico was the university's realization that Hispanics or Spanish-speaking patients were the fastest growing minority group. The cost of having the trip in Mexico was also a deciding factor because airfare and program costs were cheaper.

Having the program in a Third World country provides a different experience for students. The realizations made by students during a trip to an impoverished country allow students to grow personally and professionally. Empathy for other cultures, socioeconomic standings, and ways of life are further enhanced. According to Haloburdo and Thompson (1998), "Learning outcomes may differ in very different environments, and that personal development occurs during periods of, quoting Brueggemann (1987), 'discontinuity, displacement and disjunction'" (as cited in Currier et al., 2000, p. 295).
Being placed in a country completely different from one’s own would foster this learning experience.

Resources and contacts were utilized in selecting the site in Mexico. Collaboration with nurses, professors, and doctors of nursing from both countries with extensive knowledge of both Mexico’s and the United States’ health care system was key in identifying prospects. The list was narrowed down, and four sites were visited by Michigan State’s nursing faculty. The faculty toured the facilities, met with the faculty of each school, and visited potential local health care clinical sites. They examined each school for similarities in philosophy and structure. The University of Guanajuato School of Nursing and Obstetrics in Celaya was deemed the best option. Reasons included, “commonalities between nursing programs; support and resources for international students; interest expressed by the nursing schools, administrators, and faculty; locations; and opportunities for collaboration” (Currier et al., 2000, p. 295).

The planning process extensive, being over one year long. Faculty from both schools came together to assemble a collaborative program. The planning involved more than just nursing faculty; administrators and people with international coordination experience were included in the process. Faculty from Mexico visited the United States to tour Michigan State’s facilities and discuss more details. Finally, they were ready to offer their first semester abroad experience.

The first time the program was offered, it was not the same as the University’s schedule. Seven students participated in the first semester. The semester consisted of a one-month intensive Spanish language and culture course offered at the University of Guanajuato. After completion of this intensive language course, the students continued
their studies at Celaya School of Nursing and Obstetrics (affiliated with the University of Guanajuato) for three months. Two required nursing curriculum classes were taken, Issues in Professional Nursing and Senior Practicum in Nursing. One elective course over the Mexican health care system was also taken. The Spanish classes counted for credit hours for a total of 12 credit hours. The Spanish classes were assigned according to level and students attended for 3 hours a day for 5 days a week. During their intensive Spanish work, which lasted 4 weeks, the students lived with host families.

These two nursing courses, Issues in Professional Nursing and Senior Practicum, were chosen because they did not require students to provide patient care; all were observation only. The students could essentially get the same material in the United States as in Mexico. In order to make sure students received the same teaching, the lectures were taped and then sent to the students in Mexico to watch. Students also did observations in pediatrics, medical surgical, intensive therapy, and medicina preventa. Two Mexican faculty members were in charge of the nursing students’ clinical component. The health care elective was taught by the Mexican faculty, initially being translated into English. The university hoped that eventually it would be taught only in Spanish, without the use of an interpreter.

Extensive orientation was offered to the students with some being held in the United States and some being held in Mexico. These orientations were designed to help the students transition to living in Mexico, being surrounded by and speaking Spanish, and coping with culture shock. Course specifics and expectations were also clarified during these meetings. Students developed their own goals which were translated and given to the nursing faculty in Mexico. This allowed the faculty to help the students get
the experiences they wanted while abroad. The orientation in Mexico assisted with safety, transportation, and general orientation to the cities.

For the first trip, there was not a Spanish language requirement. However, many of the students had experience with the language. During the second offering, the school started to integrate a requirement with students participating to have one semester of college-level Spanish. The third trip offering required that students have two semesters of college-level Spanish. The school believes that three semesters would give an adequate base to build upon but was waiting to see if problems with scheduling around the rigid nursing classes would prevent many students from attending. The academic advisors at Michigan State are targeting high school and pre-nursing students in an attempt to meet Spanish requirements early.

The main faculty member of Michigan State visited the Mexican campus throughout the semester. This faculty would go for 3 – 5 days once a month to make sure that students were excelling. She clarified any unresolved issues; any doubts about course work, and also handled any personal issues. This faculty had a cell phone with her at all times that the students could use to reach her if they needed her. There was an administrator in Mexico who was fluent in English and played a vital role in coordinating the program details. She had a wide range of responsibilities including transportation, placing students with host families, managing the financial aspect, planning excursions, and being the students' emergency contact in Mexico.

The student response to this program was overwhelmingly favorable. There were some suggestions made by the students that were implemented in following trips. The language classes went from three hours to four hours a day per request of the students.
Students cited the host family stay as the most beneficial, so this was maintained in the future programs. While the orientations were helpful for the students, many wished to have a more in-depth orientation to each city, with specific rules, for example curfew, explained to the students. The course will also align better with the academic calendar in the future. Other than these few suggestions, students were pleased with their involvement. “One unanticipated outcome of the program was the strong appreciation students developed for nursing as a profession, and for the importance of professional nursing organizations” (Currier, et al., 2000, p. 298).

The article emphasizes how important the support from the University was and how large of a role it played in the success. The Office of Study Abroad assists students with “budgeting for individual programs, publicity, recruitment, programming, administration, advising, orientation sessions, and program evaluation” (Currier, et al., 2000, p. 297). There is also available funding for newly developed or developing programs. This helps new programs get off the ground. Health insurance was also offered through the Study Abroad Office.

The administrators, directors, and coordinators in Mexico were also cited as invaluable to the experience. They were able to help plan the students’ experiences to ensure that they were getting the most out of their trip. They also assisted with all of the details and much of the planning. They were available and willing to help the students have a positive experience.

Analysis of International Experiences

Certain characteristics are shared with each program that are cited as vital to its success. These include but are not limited to 1) support of the university or college, 2)
extensive planning, 3) a native informant or affiliation with a group that goes to the area, 4) site selection, and 5) planning the program to meet and address the needs of the students. Inclusion of these characteristics would help a new program achieve success. Several of the articles suggested that new schools model their program after one that is already in place or join with a school that is already established.

Two of the articles chose Mexico as a destination. Mexico makes a reasonable place for international experience because of the factors mentioned previously: airfare cost, NAFTA research on similarities, a developing country, Spanish language exposure, and proximity to the United States.

Programs in Indiana

Two programs in Indiana that require a cultural experience are Anderson University and Indiana Wesleyan University. This is a required component for graduation; however, students choose whether or not to go out of the country. Both of these schools are faith-based, and the entire school looks highly upon international mission work. This makes inclusion of an international experience easier for the nursing program because they have the full support of the university. As mentioned earlier, each program offers alternatives to international experiences with projects in the inner city of Indianapolis.

Anderson’s course is called Intercultural Nursing. They have visited places such as India’s Mother Theresa’s Home of the Dying and Destitute, Heart to Honduras, South Korea’s Holt Children’s Service, Russia’s School of Nursing, and Indianapolis’ Hooverwood Center. This past year, they went to South Korea, Uganda, and a Jewish community in Indianapolis. The trip is 17 days long at the end of March. Students take a
full semester course with preparation for the experience being part of the pre-trip planning. Each student also decides on a research topic to write about upon their return from their trip. Independent trips are also allowed. Discussions with past graduates of Anderson University have revealed that the international experience was the best part of nursing school for them. They have stated a deepened understanding of people from other countries, and one graduate even stated the international experience was why she attended Anderson University.

Indiana Wesleyan calls their course Transcultural Nursing, and it is a 400-level class. A description of the course explains that field experience can be done with a racial, ethnic, or socio-economic subculture within the United States as an alternative to an international experience. Students participate in a Transcultural Theory course and a Transcultural Practicum, the practicum being the fieldwork. The courses total three credit hours. Students can travel with or without faculty, and this year, many students have gone to Zambia, Yucatan, and Peru.

Linguistic Preparation at Home: Tri-County Technical College

An alternative to an international experience was trialed at a college in South Carolina. Tri-County Technical College’s associate degree nursing program has offered students the option of taking a Spanish course to meet the humanities requirement. However, these Spanish classes do not contain any medical terminology which did not meet the needs of the nursing students. The nursing program initiated a trial inclusion of Spanish phrases into the nursing classroom to supplement the Spanish courses’ deficit. Upon Amerson and Burgins’ (2005) literature review, they did not find any programs incorporating Spanish phrases into the curriculum. They did find a university in North
Carolina that had students watch a film with Spanish interactions in an elective course and a university in Texas that requires students and faculty to take a 3-credit hour course of Spanish.

Since this was a trial, the students' grades were in no way dependent upon completion or denial of participation; however, all students agreed to participate. A survey at the beginning of the trial indicated that 50 percent had previous Spanish exposure, 56 percent realized that there was a need, and 100 percent believed learning Spanish would be beneficial (Amerson & Burgins, 2005). The phrases were implemented in a nursing fundamentals course, usually one of the first courses of nursing school. Students were given the very basics of vowel and consonant pronunciation the first week of class. Each sequential week, the class took time out for the "Spanish Minute" and learned a new phrase applicable to the area or body system they were studying. An example given of a phrase taught to the students was, "I am going to listen to your heart and lungs" (Amerson & Burgins, 2006, p. 242). The questions taught to students were limited to closed, or yes/no, questions. This was done so that students could understand their patients' responses. On each exam, extra credit questions related to translation of Spanish phrases were included. Students were not penalized for wrong answers, but they were rewarded for correct ones.

The article did a follow-up of this trial with essentially 82.6 percent of the students achieving the minimum success rate (Amerson & Burgins, 2006). After the success with this class, the college initiated the "Spanish Minute" into their senior pediatric and psychiatric courses with 100 percent participation. The Spanish has been found to be especially useful in the pediatric course, with compliments coming from...
families and staff members on the students’ knowledge of basic communication. The college is still in the process of refining and experimenting with the best ways to meet their students and their students’ patients’ needs.

**Ball State University Case Study**

Ball State University’s nursing program prides itself on producing quality graduates. To produce quality graduates, improvements to the nursing program reflecting the current trends must be continually made. Recent improvements to Ball State’s program include integration of PDAs, audiovisual additions to traditional lecture, new clinical facilities, and state of the art simulation mannequins. Technology integration is of high importance to Ball State’s nursing faculty. They recognize that society is changing and everything is technology-motivated. To keep graduates relevant, technological improvements are included.

In today’s society, becoming culturally competent and providing appropriate care is just as important as staying technologically savvy. As examined previously, the number of patients who do not speak English is on the rise, especially the number of Spanish-speaking patients. Society is changing, and Spanish-speakers will soon represent a large portion. In order to have competent graduates in this aspect, nursing schools need to educate their students on cultural and linguistic sensitivity and competence.

Ball State’s nursing program has realized this growing need and the importance of cultural inclusion. Steps have been taken to make sure that graduates develop a thorough understanding of cultural issues. Some of the inclusions have been successful, and some have not been. Having nursing faculty willing or unwilling to give their time and support is usually indicative of the inclusion’s success.
Ball State instructors include cultural material in each semester’s curriculum. All textbooks include paragraphs about culture, and some include full chapters about culture. The intro class to nursing, NUR 232 Basic Concepts, uses a textbook with a full chapter on culture and culture-focused illustrations and tables in each chapter. This book also mentions the CLAS standards (see appendix B), which is the first course material found that mentions this set of standards. The nursing student handbook contains information infused throughout about culture and international goals (see Appendices C, D, and E). It is also contained in the school’s mission statement and philosophy (see Appendix F).

Each care plan that students turn in has a specific section for a cultural assessment. A cultural assessment should be done, and is encouraged to be done, on every patient to whom students provide care, as part of a holistic approach to health. Throughout the five semesters of nursing school, small-scale class projects on topics such as religion, government, health practices, economics and so forth have been based on cultural groups in different countries.

An elective course is offered through the nursing program that has culture as its focus. It is NUR 103 Health Behavior: Cultural Variations, a 3-credit hour online course. The course provides students with examination of different cultural groups. One example is health and illness in Hispanic populations. The course “examines culturally based health beliefs and values, preventive and therapeutic health practices and caring behaviors in diverse cultural and ethnic groups in the United States. Classroom and experimental activities address cultural assessment, awareness, and competence,” as written in the course description. Through this course, each student: “describes own cultural values and biases, identifies problems experienced by selected cultures in dealing
with the American health care system, and identifies strategies to eliminate or reduce conflicts encountered by the health care consumer in using the American health care system.” Coursework includes quizzes, discussion board posting assignments, and a cultural phenomena paper.

Ball State has also had past attempts with good intentions that for one reason or another did not have staying power. As mentioned earlier, a faculty member’s involvement, or lack thereof, can predict the program’s duration or success. At one point, there was a Spanish medical terminology class offered at Ball State. It was taught by a foreign language instructor, not a nursing faculty, and it was not an online course. The class did not last longer than a semester and is not currently offered. Lack of available nursing faculty to teach this course presented a barrier.

One culturally-infused option that Ball State used to offer their students was a trip to Jamaica. It was an optional two-week program that was offered over spring break and the following week. A nursing faculty went with the students and helped organize and prepare them. This program ran into a few issues that finally led to its dissolution. The main obstacle that could not be worked around was Ball State University not allowing students to be absent from class for the week after spring break. The Dean of the University at the time did not support the trip. According to a participating faculty, the trip needed to be at least two weeks long in Jamaica to gain the trust of the people. Trust is necessary to have a genuine impact with teaching and providing care. It was also thought that the trip could not take place in the summer because of hurricane season, and it could not take place over winter break because faculty did not want to travel at that time.
Another issue encountered with the Jamaica trip was low commitment. Students expressed initial interest but dropped out when it came time to make payments. Reasons cited for low attendance included the expense of traveling to Jamaica and the length of the trip. These obstacles led to the cessation of the trips.

The faculty has also examined making a foreign language requirement for the nursing program. They have run into some issues with this that have prevented them from being able to make it a requirement. The number of credit hours for graduation has presented a problem; 126 credit hours are required for graduation. Any change with this number must be approved by Ball State University and the Indiana State Board of Nursing. What classes can be substituted with a Spanish course would have to be examined. Ball State University’s core curriculum, according to a nursing faculty, is about to change, but in what ways will have to be seen in the future.

Also, there would be an issue with how many classes of Spanish would be required and at what level they would start. For example, three semesters of Spanish at any level or at least two classes at the 200-level would have to be decided. Some nursing students are able to attain a Spanish minor substituting the classes for humanities or elective credits. These students, however, have had previous Spanish experience and only need two or three more classes to obtain their minor. The current curriculum would not allow a student to start in entry-level Spanish and obtain their minor with a nursing major unless they prolonged study.

At one point a few years ago, a Ball State faculty member obtained a grant to bring in a specialist to conduct a cultural inclusion assessment of Ball State’s nursing program. An extensive case study was done with all instances of cultural inclusion
examined (see Appendix G). The name of this project was “Building Faculty Multicultural Awareness and Integration of Cultural Diversity in the School of Nursing Curricula.” The purpose of this study was to support a faculty development program in the School of Nursing. The program was designed to increase awareness of multicultural issues and concepts, assist in the integration of multicultural experiences for students by promoting learning experiences in nursing courses to integrate cultural diversity that reflects clinical situations nurses work with.

The objectives of the course were to

Increase multicultural awareness of faculty by: 1) reviewing the research literature on cultural diversity in nursing and nursing education. 2) conducting a self-assessment of one’s own culture. 3) collaborative discussions among faculty and consultants. Provide consultation from expert faculty from Schools of Nursing on the integration and evaluation of cultural diversity in the 13 baccalaureate courses and 18 masters’ courses. Evaluate the impact of cultural diversity on the learning environment. Encourage collaborative teaching and learning strategies among faculty by providing a forum from within the School and associated campus and community agency partners. Develop and implement teaching and learning experiences related to multicultural awareness and cultural diversity in the nursing curricula. Evaluate the cultural experiences that were integrated in the courses. Meet accreditation criteria for the integration of cultural diversity in the School of Nursing.

Ball State has identified the term “global health” to refer to the comprehensive understanding of people of other countries. They sent surveys to nursing schools across the country with the intent of defining global health and assessing how many schools have international programs. The response to the surveys was low, but the schools who did respond had a variety of different definitions and degrees of inclusion of cultural material. In general, no set definition of global health was identified and there was no standard of inclusion. The administrators at Ball State have also realized the growing need for including culture and global health in the curriculum. Workshops have been held at Ball State to discuss and brainstorm new ideas. They have analyzed the case
study and examined ways to improve Ball State’s program. After it was analyzed, changes were implemented by the nursing faculty. Ball State was able to take a thorough look into what the program is doing to prepare graduates. Overall, the faculty was pleased but feels there is always room for improvement. The following section will briefly reexamine reasons for improving the cultural education of nursing students and offer suggestions.

Reasons and Suggestions for Improvement

The Spanish-speaking population, which is already a significant proportion of the people seeking health care, is on the rise. Nurses are innately caring people; providing for their patients’ needs and safety is their number one concern. In order to provide for their patients’ needs, nurses must assess the patient in a holistic manner. There are many dimensions to being healthy, many of which are not physiological. Preserving and respecting a person’s culture can lead to a “healthier” person even in the presence of illness. In order to assess a person’s cultural health, mental health, physiological health, or environmental health, communication must take place.

Communication with a person of limited English proficiency makes assessment difficult, incomplete, inaccurate, or impossible. This can lead to medication errors, unnecessary tests, more emergency department visits, and an overall higher health care cost based on verbal misunderstanding. In order to alleviate some of these errors, it is of utmost importance to utilize services appropriately. Nurses must be educated on the correct timing and usage of these resources. There are federal mandates, the CLAS standards (see Appendix B), that inform nurses and other health care professionals when to use these resources. Nurses have to be aware of the legal ramifications of these
mandates as well. Not only must they be abided by for patient rights but also for the protection of nurses’ licenses.

Carter-Pokras, et al. (2004) cite one case of miscommunication because of a language barrier:

The case hinged on a single word, *intoxicado*, the misinterpretation of which by non-Spanish-speaking care providers led to a sequence of events that culminated in quadriplegia for the patient and, subsequently, a settlement totaling $71 million. In another case, a patient’s eye injury was inappropriately treated due to inadequate interpretation (via telephone, and the patient never spoke directly to the interpreter). The patient suffered a permanent impairment of vision in that eye, and the case went to trial with an ultimate verdict for the plaintiff of $350,000. (para. 16)

The best way to avoid language-related errors is by teaching nurses, from the start, the importance of utilizing language resources. Language is an integral part of culture. It also is the aspect of nursing that has legal mandates. By stressing the importance of language access and the CLAS standards, nurses will go to the workforce already educated about correct usage. This is a form of primary prevention, education of the healthcare professionals before they are exposed to the situation. Nursing students should hear about the CLAS standards and know the implications for nurses. When must an interpreter be provided? When is translation necessary? What about the cost to the patient? These questions are all answered in the CLAS standards. Students hear about the Health Insurance Portability and Accountability Act (HIPAA) every semester. Integrating the CLAS standards into some, if not all, of the courses would make sure nurses become aware of this potential liability. These standards would fit nicely with the course topics in the entry level nursing classes, the community health class, or the senior management class, but would also be useful to know for obstetrics because of the high number of Spanish-speaking patients encountered as mentioned in an earlier section.
Ball State’s nursing program has always been proud of their graduates. They have a high NCLEX-RN passing rate, are skilled in assessment, and know how to use current technology. These are all qualities that employers look for in graduates; they make successful RNs. Producing graduate nurses who are culturally competent would be another quality trait to add to the list. Current trends indicate the need for culturally-competent nurses. Ball State’s nursing program should be a front-runner in this movement for culturally-prepared nurses.

As mentioned in earlier sections, an international experience is recommended by many sources. Applying and transferring the book knowledge gained about cultures is the biggest plus for these experiences. Nurses are more apt to assess culture thoroughly after participating in an international experience. It can also be an excellent medium for nurses to pick up on the basic language elements or to polish their language skills.

Models that are currently employed in other nursing schools can be used as examples and motivators for Ball State’s nursing program. Many, if not all, of the programs in Indiana that offer international experiences are private and/or faith-based colleges or universities. The vision of faith-based schools aligns well with such a trip and makes some of these obstacles easier to overcome. That being said, international experiences do not have to be faith-based to be beneficial to the student’s education.

Inclusion of a study abroad program, an alternative spring break, or a cultural class with international experience would greatly benefit the students and the students’ future Spanish-speaking patients. By using some of the same strategies used by other models, success could be more easily attained. Key factors to consider when implementing a program like this include, as mentioned earlier, support from the college
or university, contact with a native person or organization that frequents the area, extensive planning, and site selection.

An experience to a Spanish-speaking country would present a feasible option. First, it would provide students with exposure to the largest and fastest-growing minority population in the United States. Upon return, students would be better equipped to care for Spanish-speaking patients. Second, a trip to Mexico would be more cost effective because of the proximity to the United States, eliminating one main reason cited for students not participating. Third, Spanish-speaking people generally are part of a culture that is more accepting of foreigners. Fourth, the weather in Mexico does not make summer travel an issue as did the hurricane season with Jamaica. Fifth, Mexico provides students with an experience in a developing country. Exposure to Third-World contexts allows for more personal growth and gain than in developed countries. Sixth, with the NAFTA research into similarities of nursing schools in the United States and Mexico, there would be many viable universities or colleges with whom to collaborate.

Other options that can be utilized without going to international sites can be effective as well. These usually are dependant upon student motivation and use of these resources. Students will make gains if they apply themselves; if they do not, they still have the option of utilizing these resources. One potentially useful resource would be software or a Spanish medical dictionary for the PDAs. This could be made available at the bookstore or through the nursing program, possibly for a reduced price. Helping students with the price of the software would emphasize how important it is to provide appropriate patient care regardless of language spoken. It would also encourage more students to use the resource.
Including Spanish phrases in lecture or providing handouts with useful phrases that correlate to the material being taught would be advantageous. Students could choose to keep the handouts, take them to clinical, and utilize them whenever the opportunity presented itself. The success rate of these two resources would be highly variable; dependent upon student motivation. Students cannot use this motivation to its fullest if not presented with the best resources. It cannot be assumed that it is an ineffective tool because of estimated lack of utilization. If even one nursing student utilizes it in practice, the number of patients benefiting is a much larger number.

Classes with a cultural or linguistic focus could be recommended or required. This would take a lot of planning, approval, and cooperation between departments to implement. Making the NUR 103 Health Behavior: Cultural Variations course a prerequisite for admission to the nursing program would emphasize the importance of understanding people of other cultures. An elective online medical Spanish terminology course would benefit a lot of students. It could function similarly to the online medical terminology course offered now. Recordings of pronunciations could be included in online material, and hypothetical interactions and case studies could also be posted online for students' discussion. This would work similar to the PDA software in that students would gain what they put into the course. An online course would also offer some relief to already overloaded faculty, potentially increasing the receptiveness of the faculty to the addition of such a course. A significant amount of work would still be involved, but there would not be class time. As mentioned earlier in this section, a class that incorporates an international experience, similar to Indiana Wesleyan’s or Anderson’s,
would certainly add depth to the students' understanding of different cultures abroad and at home in the United States.

Finally, with the growing Spanish-speaking population in the state of Indiana, there are many opportunities for service-learning partnerships. Community service projects with local community members and organizations that work with this sector of the population can provide excellent exposure to real-life situations that require culturally and linguistically competent health care services.

In nursing, there is a large emphasis on holistic nursing. Holistic nursing involves not only treating patients' medical problems but also respecting and preserving their social, environmental, mental, spiritual, and cultural health. According to the World Health Organization, "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." To better enable nurses to become culturally competent, teaching should begin in nursing school. According to Logan (2006) "Growing competent and knowledgeable nurses requires an academic education designed to prepare nurse to assume their role in the profession" (p. 32).

Providing students with the best education about culture and health is vital to the students' success in working towards cultural competence. What is the best way to provide this education is an area of research that is still being developed and will continue to gain interest in the future as the minority groups of the United States increase.
Appendices
Appendix A

Percentages of Hispanic population in United States, Indiana, and Indiana counties

(STATS Indiana; State and county quickfacts)

United States
Total population 2000 - 281,421,906
Hispanic - 35,305,818
Percent 12.5%
Total population 2006 - 299,398,484
Hispanic
Percent 14.8%

Indiana
Total population 2000 - 6,080,485
Hispanic - 214,536
Percent 3.53%
Total population 2006 - 6,313,520
Hispanic
Percent 4.8%

Delaware County
Total population 2000 - 118,769
Hispanic - 1,304
Percent 1.1%
Total population 2006 - 114,879
Hispanic
Percent 1.3%

Madison County
Total population 2000 - 133,358
Hispanic - 1,993
Percent 1.49%
Total population 2006 - 130,575
Hispanic
Percent 2.2%

Marion County
Total population 2000 - 860,454
Hispanic - 33,290
Percent 3.87%
Total population 2006 - 865,504
Hispanic
Percent 6.6%

Lake County
Total population 2000 - 484,564
Hispanic - 59,128
Percent 12.2%
Total population 2006 - 494,202
Hispanic
Percent 13.9%
Appendix B
Culturally and Linguistically Appropriate Services (CLAS) standards
(McLean, & Riley-Eddins, 2000)

Standard 1
Health care organizations should ensure that patients/consumers receive from all staff member's effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

Standard 2
Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

Standard 3
Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

Standard 4
Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

Standard 5
Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

Standard 6
Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

Standard 7
Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Standard 8
Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.
Standard 9
Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

Standard 10
Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

Standard 11
Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

Standard 12
Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.

Standard 13
Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

Standard 14
Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.
Appendix C

ANA standards of nursing practice and ANA: Standards of practice
(ANA standards of nursing practice, 2007)

*All underlines are mine for emphasis.

Standard 4. Planning
THE REGISTERED NURSE DEVELOPS A PLAN THAT PRESCRIBES STRATEGIES AND ALTERNATIVES TO ATTAIN EXPECTED OUTCOMES.
Measurement Criteria
1. Develops an individualized plan considering patient characteristics or the situation (e.g., age and culturally appropriate, environmentally sensitive).
2. Develops the plan in conjunction with patient, family, and others, as appropriate.
3. Includes strategies within the plan that address each of the identified diagnoses or issues, which may include strategies for promotion and restoration of health and prevention of illness, injury, and disease.
4. Provides for continuity within the plan.
5. Incorporates an implementation pathway or timeline within the plan.
6. Establishes the plan priorities with the patient, family, and others as appropriate.
7. Utilizes the plan to provide direction to other members of the healthcare team.
8. Defines the plan to reflect current status, rules and regulations, and standards.
9. Integrates current trends and research affecting care in the planning process.
10. Considers the economic impact of the plan.
11. Uses standardized language or recognized terminology to document the plan.

Standard 5B. Health Teaching and Health Promotion
THE REGISTERED NURSE EMPLOYS STRATEGIES TO PROMOTE HEALTH AND A SAFE ENVIRONMENT.
Measurement Criteria
1. Provides health teaching that addresses such topics as healthy lifestyles, risk-reducing behaviors, developmental needs, activities of daily living, and preventive self-care.
2. Uses health promotion and health teaching methods appropriate to the situation and the patient’s developmental level, learning needs, readiness, ability to learn, language preference, and culture.
3. Seeks opportunities for feedback and evaluation of the effectiveness of the strategies used.

Standard 9. Professional Practice Evaluation
THE REGISTERED NURSE EVALUATES ONE’S OWN NURSING PRACTICE IN RELATION TO PROFESSIONAL PRACTICE STANDARDS AND GUIDELINES, RELEVANT STATUTES, RULES, AND REGULATIONS.
Measurement Criteria
The registered nurse’s practice reflects the application of knowledge of current practice standards, guidelines, statutes, rules, and regulations.
Baccalaureate Handbook, 06-07 39
1. Provides age appropriate care in a culturally and ethnically sensitive manner.
2. Engages in self-evaluation of practice on a regular basis, identifying areas of strength, as well as areas in which professional development would be beneficial.
3. Obtains informal feedback regarding one's own practice from patients, peers, professional colleagues, and others.
4. Participates in systematic peer review as appropriate.
5. Takes action to achieve goals identified during the evaluation process.
6. Provides rationales for practice beliefs, decisions, and actions as part of the informal and formal evaluation processes.

**Standard 15. Leadership**

THE REGISTERED NURSE PROVIDES LEADERSHIP IN THE PROFESSIONAL PRACTICE SETTING AND THE PROFESSION.

Measurement Criteria
1. Engages in teamwork as a team player and a team builder.
2. Works to create and maintain healthy work environments in local, regional, national, or international communities.
3. Displays the ability to define a clear vision, the associated goals, and a plan to implement and measure progress.
4. Demonstrates a commitment to continuous, lifelong learning for self and others.
5. Teaches others to succeed by mentoring and other strategies.
6. Exhibits creativity and flexibility through times of change.
7. Demonstrates energy, excitement, and a passion for quality work.
8. Willingly accepts mistakes by self and others, thereby creating a culture in which risk-taking is not only safe, but expected.
9. Inspires loyalty through valuing of people as the most precious asset in an organization.
10. Directs the coordination of care across settings and among caregivers, including oversight of licensed and unlicensed personnel in any assigned or delegated tasks.
11. Serves in key roles in the work setting by participating on committees, councils, and administrative teams.
12. Promotes advancement of the profession through participation in professional organizations.

848 IAC 2-2-2 Responsibility as a member of the nursing profession

Authority: IC 25-23-1-7
Affected: IC 25-23

Sec. 2. The registered nurse shall do the following:
(1) Function within the legal boundaries of nursing practice based on the knowledge of statutes and rules governing nursing.
(2) Accept responsibility for individual nursing actions and continued competence.
(3) Communicate, collaborate, and function with other members of the health team to provide safe and effective care.
(4) Seek education and supervision as necessary when implementing nursing practice techniques.
(5) Respect the dignity and rights of the patient/client regardless of socioeconomic status.
personal attributes, or nature of health problem.
(6) Maintain each patient/client’s right to privacy by protecting confidential information unless obligated, by law, to disclose the information.
(7) Provide nursing care without discrimination on the basis of diagnosis, age, sex, race, creed, or color.
(8) Delegate and supervise only those nursing measures which the nurse knows, or should know, that another person is prepared, qualified, or licensed to perform.
(9) Retain professional accountability for nursing care when delegating nursing intervention.
Baccalaureate Handbook, 06-07 43
(10) Respect and safeguard the property of patient/client, family, significant others, and the employer.
(11) Notify, in writing, the appropriate party, which may include:
(A) the office of the attorney general, consumer protection division;
(B) his or her employer or contracting agency; or
(C) the board;
of any unprofessional conduct which may jeopardize the patient/client safety.
(12) Participate in the review and evaluation of the quality and effectiveness of nursing care.
(Indiana State Board of Nursing; 848 IAC 2-2-2; filed Oct 25, 1991, 5:00 p.m.: 15 IR 243;
readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939)
Indiana Nursing Licensure Laws and Regulations: A Compilation from the Indiana Code and Indiana Administrative Code; 2002 Edition; Distributed by the Indiana State Board of Nursing and the Indiana Health Professions Bureau;
402 W. Washington St. Room 041; Indianapolis, IN 46204.
Appendix D

American Nurses’ Association Code of Ethics for nurses
(American nurses’ association code of ethics for nurses, 2007)

*All underlines are mine for emphasis.

1. The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
2. The nurse’s primary commitment is to the patient, whether an individual, family, group, or community.
3. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.
4. The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse’s obligation to provide optimum patient care.
5. The nurse owes the same duties to self as to others, including responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.
6. The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.
7. The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.
8. The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.
9. The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.
Appendix E

Ball State University School of Nursing Organizing Framework: Concepts and Definitions
(Organizing framework, 2007)

*All underlines are mine for emphasis.

CORE KNOWLEDGE (KNOW)
HEALTH PROMOTION, RISK REDUCTION, AND DISEASE PREVENTION (PREV)- Achievement and maintenance of an optimal level of wellness across the lifespan.

ILLNESS AND DISEASE MANAGEMENT (ILL)- Holistic assessment and management of symptoms across the lifespan to maximize the quality of life and maintain optimal level of functioning throughout the course of illness including end of life.

INFORMATION AND HEALTH CARE TECHNOLOGIES (TECH)- Traditional and developing methods of discovering, retrieving, and using data in nursing practice.

ETHICS (ETH) - Values, codes, and principles that govern decisions in nursing practice, conduct, and relationships.

GLOBAL HEALTH CARE (GLOB) Care that utilizes knowledge and skills related to the effects of the global community on health, health policy, and health care delivery systems.

HEALTH CARE SYSTEMS AND POLICY (POL)- Decisions about allocation of resources shape health care delivery and impact the organization and environment of nursing practice.

RESEARCH (RES)- Scientific inquiry relevant to nursing practice.

HUMAN DIVERSITY (DIVERS)- Expression of cultural, racial, ethnic, socioeconomic, religious, and lifestyle variations on health status and responses to health care.

THEORY (THEO) - Organized and systematic way of understanding reality.

PROFESSIONAL VALUES (VALU)
ALTRUISM - Concern for the welfare and well being of others personally and professionally.

AUTONOMY - Right to self determination.

HUMAN DIGNITY - Respect for the inherent worth and uniqueness of others.

INTEGRITY - Acting within a code of ethical standards.

SOCIAL JUSTICE - Upholding moral, legal, and humanistic principles.

CORE CONCEPTS (CON)
CRITICAL THINKING (CRIT)- Process of reasoning, synthesizing, analyzing, interpreting, and evaluating subjective and objective information.

COMMUNICATION (COMM)- Process of assimilating and using information in the written, oral, nonverbal, and technological forms.

ASSESSMENT (ASSMT)- Gathering, analyzing, synthesizing, and evaluating information about the health status of patients to determine nursing practice.
TECHNICAL SKILLS (SKIL)- Performance of psychomotor activities in nursing practice.
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BALL STATE UNIVERSITY
SCHOOL OF NURSING
STUDENT LEARNING OUTCOMES
1. Synthesizes knowledge from biological, psychological, social sciences, and humanities in professional nursing at entry level.
2. Formulates strategies to impact healthcare costs and systems within organizations and nursing environments at entry level.
3. Examines healthcare issues across the global environment at entry level.
4. Practices professional nursing based on standards of practice at entry level.
5. Applies critical thinking in professional nursing at entry level.
6. Evaluates research relevant to professional nursing at entry level.
7. Exemplifies professional values and ethical behavior in professional nursing at entry level.
8. Synthesizes information about diverse individuals, families, communities, and organizations in a variety of settings at entry level.
9. Uses effective communication in professional nursing at entry level.
10. Uses information and healthcare technologies in professional nursing at entry level.
Appendix F
Ball State University, School of Nursing, Mission and Philosophy
(Mission and Philosophy, 2003)

*All underlines are mine for emphasis.

MISSION STATEMENT
The mission at Ball State University School of Nursing is to promote academic and clinical challenge, achievement, team work, and problem solving. Faculty are committed to provide high quality baccalaureate and master's nursing education that prepares professional nurses to meet the health needs and improve the quality of life of people in Indiana, the nation, and internationally. In our quest for professional leadership, we value integrity, social justice, and social responsibility. Faculty are committed to provide an environment that fosters intellectual freedom, inquiry, investigation, and creative activity.

GOALS

1. Prepare graduates for the practice of professional nursing.
2. Promote collaboration in lifelong learning and inquiry among students, graduates, faculty, and other individuals within and outside the university environment.
3. Foster opportunities for student and faculty experiences in diversity of values, culture, and ethnicity at local, regional, national, and international levels.
4. Utilize technological advances in student learning and in client, family, and community nursing.
5. Engage in the discovery of knowledge through scholarly work, teaching, and service to add to the body of nursing science.
6. Facilitate the integration of learning experiences in extended education.

PHILOSOPHY OF NURSING
The faculty in the School of Nursing adopt the mission of Ball State University including the core values of the discovery of knowledge, integration of learning experiences, and civic and professional leadership. The philosophy of the School of Nursing consists of three elements: humans and their interaction with the environment, nursing, and values of the faculty.

Humans

Humans are physical, psycho-emotional, sociocultural, and spiritual beings. They are in continuous interaction with the environment. People's decisions about health are influenced by their physical and mental health, gender, age, socioeconomic status, ethnic, and racial origin as well as sexual orientation. Nurses recognize the individual's influential factors that affect health and provide care within the context of family, significant others, community, and the society.
Nursing

Nursing is a profession whose function is to promote health of people through helping them to be active participants in health care, maintain the right to self-determination, and ensure adequate provision of information. Nurses use education, research, service, and involvement in health care policies to promote health, reduce risks, prevent disease and disability, and meet the individuals' self-care deficits. Nurses help manage wellness, restore the optimal functioning after illness, and provide comfort and support during end of life.

Nursing is a profession that is guided by the ANA code of ethics and standards of practice. Nurses are engaged in the development of scientific knowledge and use of technological resources that will advance the profession. Nurses work with consumers independently and in collaboration with other members of the health care team. Further, professional nurses are engaged in leadership at the local, state, national, and international health-related organizations.

Values of the Faculty

Faculty are dedicated to the belief that every individual has the right to holistic and nondiscriminatory health care that is based upon worth and dignity of all people. Faculty recognize diversity of values, culture, and ethnicity, and provide learning opportunities for students with culturally diverse populations. Faculty uphold professional ethics when working with students, staff, faculty, other professionals, and people in the community.

PHILOSOPHY OF EDUCATION

The School of Nursing is a learning community that builds on a foundation of liberal arts, humanities, and sciences to develop clinical skills and judgment required to practice professional nursing. Faculty believe in student success. The faculty believe that students are responsible for their own learning with faculty to facilitate the learning process. Faculty are committed to providing an environment which assists students to reach their potential, promote intellectual interest, critical thinking, development of professional values, and a commitment to life-long learning. Within a milieu of mutual respect, students and faculty participate collaboratively in a venture of inquiry and investigation, learning, creativity, and service.

Faculty are responsible for designing and implementing teaching strategies that help facilitate students' learning. Evaluation of the student performance is a continuous process and utilizes established criteria. Student success is promoted by supportive faculty advisement, remedial work, and/or referral to counseling services. Faculty enhance the learning process by maintaining current knowledge in the discipline of nursing and integrating research and service into nursing education.

Approved by Faculty Organization: 5/5/03
Appendix G

Ball State University, School of Nursing: Undergraduate Course Assessment

NUR 230: Health Appraisal across a Lifespan
This course is one of the first two nursing courses for baccalaureate nursing students. Students learn and practice skills in therapeutic communication and health assessment that includes health history interviews and physical examination techniques. Currently there is an assignment in which students choose a cultural group and provide a poster presentation on this culture. A suggested addition to this assignment is to require the students to go to the global health watch map and include information from the map on major health concerns in the country of origin of the culture they have chosen.

NUR 232: Basic Concepts
This course is one of the first two nursing courses for baccalaureate nursing students. Students are introduced to the AACN knowledge concepts (including Global Health) in this course. During the classroom introduction of these concepts a potential learning activity will be to demonstrate the Global Health Watch Map and to have a brief discussion of how global health impacts nursing. This introduces the student both to the concept and to the Global Health Watch Map so they are familiar with it for future course assignments.

NUR 350: Mental Health Nursing
The classroom discussion of a specific mental health disorder (e.g. schizophrenia) will include use of the global health watch map to look at special issues in other countries (e.g. Jamaica) that impact the care of individuals with this disorder. An Across the Globe presentation – “Mental Health across the Globe” is also being developed for potential use in this course.
Appendix H
Presentation at Ball State Nursing Faculty Meeting: April 21, 2008

Educating Nursing Students to meet Spanish-speaking Patients’ Needs
Kari Kinkead
kckinkead@gmail.com

I. Statistics
a. By 2022, the US will be second only to Mexico in its population of Spanish speakers
b. US Census Bureau foresees that by 2050 nearly 1 in 4 people in the US will be Spanish-speaking
c. Nearly 11 percent of all patients in search of health care in the US primarily speak Spanish
d. Nearly 1 in 5 Spanish-speaking Latinos reports not seeking medical care because of language barriers

II. National Standards
a. Civil Rights Act of 1964 Title VI
b. CLAS standards (see handout [Appendix B])

III. Literature Review/Case Study of Ball State University’s School of Nursing

IV. Suggestions
a. CLAS standards
   i. Taught in some/all nursing courses
      1. Fundamentals, OB, Community, Management
b. International Experience to Spanish-speaking country
   i. Intercultural course
      1. Similar to Anderson University or Indiana Wesleyan University
   ii. Alternative Spring Break trip, Winter Break trip, or summer trip
   iii. Study Abroad – Full Semester

V. Keys for Success for an International Experience
a. Support from college or university
b. Extensive planning
c. Native partner or affiliation with organization familiar with the country of interest
d. Building program around needs/wants of students

VI. Number One Reason for Success or Failure of an Implementation
a. LEVEL OF FACULTY INTEREST AND INVOLVEMENT
Annotated Bibliography

American nurses’ association code of ethics for nurses. (2007). *Ball State University school of nursing baccalaureate nursing program* handbook. Retrieved April 22, 2008, from Ball State University School of Nursing Web site: https://blackboard.bsu.edu/webapps/portal/frameset.jsp?tab_id=2_1&url=%2Fwebapps%2Fblackboard%2Fexecute%2Flauncher%3Ftype%3DCourse%26id%3D5088_1%26url%3D

This website provides a link to the Ball State University’s School of Nursing Baccalaureate Nursing Program Handbook. The information from this section is included in Appendix D.


This is a retrospective study of a project that taught Spanish phrases to students in a nursing program. There was a “Spanish Minute” incorporated into each class.

ANA standards of nursing practice. (2007). *Ball State University school of nursing baccalaureate nursing program* handbook. Retrieved April 22, 2008, from Ball State University School of Nursing Web site: https://blackboard.bsu.edu/webapps/portal/frameset.jsp?tab_id=2_1&url=%2Fwebapps%2Fblackboard%2Fexecute%2Flauncher%3Ftype%3DCourse%26id%3D5088_1%26url%3D

This website provides a link to the Ball State University’s School of Nursing Baccalaureate Nursing Program Handbook. The information from this section is included in Appendix C.


This article discusses how more than one approach should be taken when considering cultural and language issues. It also discusses how providing CLAS can make our healthcare system transfer from heavy tertiary care to primary care and prevention. It also gives an example of the disparities between races with the early detection rates of breast cancer.

This article offers statistics and reasons as to why Latinos experience more obstetrics and emergency department visits.


This up-to-date article provides helpful and applicable information about Auburn University's implementation of an international experience. It also gives measurable results of improvement in students after their trip. Several students moved into the culturally-competent level after completion of the trip. It also includes support of a trip being to a Third World country.


This article provides a statistic about then number of patients seeking health care who are Hispanic.


This article includes examples of lawsuits that were results of language barriers and incorrect use of language access services.


This article is a detailed description of a study abroad program to Mexico implemented by Michigan State University. This article provides a lot of support for international experiences.


This website includes information about Healthy People 2010's objectives and goals. It also contains specific statistics related to Hispanic people and health disparities.

This article describes how Lenior-Ryhne college implemented an international experience. It includes a detailed description of the program and support for such an experience.


This article includes a definition of culture, statistics about Spanish-speaking patients, and also information about how these patients can be provided the best care. One way the article suggests is starting in nursing schools.


This article examines federal standards written by the US Department of Health and Human Services. It has all 14 standards written out word for word and provides the information for Appendix B.


This website is a link to Ball State University’s mission and philosophy. This information is contained in Appendix F.


This article includes both CLAS and Title VI of the Civil Rights Act of 1964. This is one of the only articles to include Title VI. It gives reasons for the standards, what they hope to accomplish, and an analysis of each standard of CLAS. It explains the standards and their terminology.


This article provides statistics about Spanish-speaking patients.

This is a website link to Ball State University's School of Nursing Baccalaureate Nursing Program Handbook. The information from the organizing framework is included in Appendix E.


This website provides statistics found in Appendix A about percentage of Hispanics in different Indiana counties in 2006.


This website gives the statistics found in Appendix A about percentage of Hispanics in different Indiana counties in 2000.


This article gives brief explanation of an elective course to the Dominican Republic. University of Flint's Michigan takes nursing students down with a medical team to provide care in an obsolete hospital.


This website provides a full copy of the Civil Rights Act of 1964.


This article discusses the Federal mandates and standards of the CLAS action. It talks about what the policies mean for nurses specifically. Standards 4-7 are based on the Title VI of the Civil Rights Act of 1964. It also mentions that incorporating cultural and linguistic competencies into the curriculum is possible in the foreseeable future.