


## **Multicultural Instructional Methods Enhance Clinical Internships**

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### **Abstract**

Nurse Practitioner (NP) education emphasizes teaching students to evaluate patients of varying cultural backgrounds. However, few schools have clinical assignments that demonstrate how the students have addressed the patients' multicultural needs. NP students log individual multicultural characteristics of patients; yet, they fail to integrate those cultural differences when assessing, diagnosing, or developing the patients' treatment plans. NP internship preparation culminates the educational process where students demonstrate high-level competencies of assessment, ordering labs and diagnostic tests, and determining differential and final diagnosis with a variety of culturally diverse patients. This paper will showcase multicultural instructional methods used to teach and evaluate NP students' in their clinical internships. Examples include icebreakers, case studies, anticipatory guidance project, thinking skills and student self-evaluation. These cultural teaching and learning activities within the clinical internships have been recognized as meeting the needs of a diverse multicultural population leading to high-quality patient care.

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 As the ethnic, racial, and cultural diversity in the U.S. population increases, it is imperative that nurse practitioner students become competent in transcultural nursing. The Institute of Medicine (IOM) has recognized that minority, ethnic, and cultural disparities in healthcare leads to poor health outcomes and has recommended an updated nursing curriculum that would better capture the multicultural aspects of patients (Epstein, 2010). Nursing has had a long history of recognizing cultural dimensions of care starting in the early 1900's (DeSantis, 2007). NP programs across the country typically have one class that addresses cultural diversity, usually taken early within the program of study. Clinical internships are virtually void of cultural learning activities other than documenting patient demographics. Therefore, there is a need for NP education to address the healthcare needs of these diverse multicultural groups and vulnerable populations through diagnosis, treatment, and prevention of chronic medical conditions. Accreditation standards mandate curriculum that addresses multicultural diversity, healthcare values, religious beliefs, and personal preferences

(AACN, 2009). This paper offers an approach to clinical internships that embraces the cultural dimension of practice, enabling practitioners to acquire a deeper understanding of difference.

After completion of the internship, students report a greater appreciation and understanding of other cultures and their healthcare values. Additionally, students reported a better affinity with their patients while their patients reported improved satisfaction with the NP students as health care providers.

### **Icebreaker**

Icebreaker exercises initiate a bond between students and faculty while creating an environment that is warm, yet informal. The first internship class begins with a discussion of the IOM report and the need for NP's to be aware of the changing demographics of our nation. The typical American patient is diverse with respect to race, ethnicity, economic and cultural factors. Students are asked to pair up and role model, introducing themselves to each other as patient and NP. An exercise in which students assume the role of another person introduces them to the phenomenon, and expands their understanding of the position of the other person. Role modeling is viewed as an essential education strategy to instill health values, attitudes and behaviors (Wright & Carrese, 2003). Students are asked to write a short biography, including any of the following characteristics that they are comfortable sharing and that would be valuable in formulating a health care plan, similar to a real patient:

- \*Age
- \*Race
- \*Gender
- \*Ethnicity
- \*Religion
- \*Sexual Orientation
- \*Cultural Beliefs
- \*Health Care Values
- \*Disabilities/Abilities
- \*Socioeconomic Status
- \*Political Affiliation

Paired students introduce each other and share the peer students' information with the class. This teaching strategy helps the students to develop their soft skills. The students learn interpersonal and communication skills that include written, verbal and non-verbal, and team building talents while introducing multicultural information.

## Clinic Evaluation

Students meet with their preceptor for orientation and are required to create a list of the major types of multicultural patients they have observed in the clinical practice. Students are instructed to include a breakdown of the following that are applicable: age, gender, ethnic background, religion, sexual orientation, disability/ability, and individuals with specific cultural beliefs.

Once the students have identified the major types of patients in their clinical practice, they are to describe the multicultural characteristics that are unique to their patient population. Students may obtain their information from talking to their preceptor and other key clinic personnel and searching the literature after they have identified the major groups of patients. One student shared the following example describing her internship medical practice:

*AGE: Adults and geriatric (over 65)*

*Gender: Male and female close to equal proportion*

*Ethnic background:*

*Caucasian: Most use western medicine. Important to know about their health even when it is bad news. Accustomed to end of life care (palliative and hospice care). Prefer to participate and control their healthcare. Prevention screenings are common.*

*Mexican American: No separation of mind, body, and spirit. Utilize folk medicine and western medicine. Men do not express pain readily. On the other hand, it is socially acceptable for women to express pain. Because symptoms of illness are not easily expressed, probing questions often need to be asked. Mexican Americans prefer to keep serious illnesses such as cancer private and sometimes not informing the patient to protect them. Spiritual and use of rituals accepted. Modesty is very important. Prefer female providers. Depression and mental illness seen as weakness and considered an embarrassment to the family.*

*African American: Openly express pain. Use of home remedies first, then seek help from provider. Depression not usually revealed. General mistrust of healthcare system. Underutilize healthcare system. Chronic illness same as Caucasians except at higher rate for African Americans. Cancers, such as prostate, diagnosed at later stages due to lack of prevention screenings, information or education, and lack of access to care. More likely to do aggressive treatment for serious illnesses, less likely to want hospice care.*

*Indian: Most practice vegetarian diets. Aren't always aware of their health problems. Indian females living in America have breast cancer rate of 1 in 8 versus India where 1 in 40 are*

*diagnosed. Heart disease and diabetes are common. Practice Ayurvedic or an alternative type of medicine. Health in relation to mind, Body and soul very connected.*

*Sexual orientation: Predominantly heterosexual*

*Disability: Cancer*

**Student Self-Evaluation**

The information gathered in the clinic orientation is utilized later during the students' self-evaluation of their clinical experience. Students are required to submit a reflective journal weekly that serves as a qualitative evaluation of their clinical experience. It is to be typed in a Word document (one page minimum) and is used to address issues related to their internship (see summary self-evaluation, below). Self-reflection assists students as they navigate through the complexities of our health care system ensuing improved competence, skills and performance as an APN (Vittrup & Davey, 2010). See chart below.

| Summary Self Evaluation   |
|---|
| A summary of the positive and negative points of your clinical work this week.  |
| How the week's experience helped to meet your goals ( <b>be specific here</b> )?  |
| Based on your experiences this week, state your plans for future clinical days,   |
| Describe your feelings (thoughts and emotions) regarding your clinical experience this week.  |
| Share any procedures performed this week.   |
| Give one example of a <b>multicultural patient (age, gender, ethnic background, religion, sexual orientation, disability/ability, cultural beliefs and health care values)</b> that you saw in clinic this week and describe how you met the patients' <b>multicultural needs</b> within the visit. |

One student shared the following example:

*"We had a Hispanic, Spanish-only speaking patient that came for her 6 week postpartum visit. I led the visit through an interpreter easily and comfortably. The patient needed to return to work at a chicken farm on Monday and she really wanted to continue breastfeeding, but would not be given the opportunity at work because of strict rules and guidelines. She did not want to risk losing her job. We discussed the option of breastfeeding both in the morning and at night or just at night and how the body would regulate itself over time to produce only at those times related to demand. We also*

*discussed that the baby may have a little nipple confusion related to the bottle and breast being different and the bottle being easier for the baby. The patient seemed surprised and happy with the idea of continuing breastfeeding even though she is returning to work. I also explained that if she has any problems or concerns related to her milk supply, there are lactation consultants that can assist her and provide recommendations. I provided breastfeeding handouts and consultants information in Spanish when she left.”*

### **Multicultural Awareness in Diagnostic Reasoning**

Students are given reading assignments that assist them in learning that presentation of a common diagnosis may be different than the usual textbook example because of cultural sensitivity to inquiries about the symptoms a patient may have. NP education emphasizes history taking as key to determining a correct diagnosis; yet, textbook examples rarely include cultural differences within the diagnostic process. The following assignment utilizes a research study to share how varying cultures present with a very common diagnosis – depression.

| Thinking Skill   |
|--|
| Read Lehti, A. H. (2009). Recognition of depression in people of different cultures: A qualitative study. <i>BMC Family Practice</i> , 1-9.  |
| List two things that you know about depression in people of different cultures (answer this before reading the article).   |
| Identify three new ideas or concepts that you have learned about depression in people of different cultures (answer this after you have read the article). How do these patients differ from “white, middle class Americans?”  |
| Describe your reaction (thoughts, emotions) to any of the new ideas or concepts that you have learned about depression in people of different cultures.  |
| Give an example of a patient where you have applied the concepts learned about depression in people of different cultures. Include a summary about the patient and then describe how you have applied the new ideas or concepts in a real patient. You may use an example from your Internship or one from the literature. Please include your references. |

### **Anticipatory Guidance Project Scholarly Paper**

For this assignment, students choose an area of management related to evidence based practice and write a scholarly paper. A choice of topics, including both health and illness states

are offered as suggestions. Students review research supported protocols and choose one that is evidence based and supported by peer-reviewed organizations. The requirements for the scholarly paper are as follows:

1. Background of the health problem
2. Purpose of the paper
3. Protocol chosen and support for choice. Include research on protocol that is recent, comprehensive and well integrated
4. Address legal and ethical aspects of informed consent and risk reduction
5. Integrate multicultural issues to include age, gender, ethnic background, religion, sexual orientation, disability/ability, cultural beliefs and health care values throughout the paper
6. Address financial aspects of insurance, self-pay, and cost-shifting
7. Create a one page bullet point summary for your classmates
8. Summary of paper
9. APA format (6<sup>th</sup> ed.), spelling and grammar

Students integrate multicultural information as it relates to the health problem. One student shared the following regarding awareness of an HPV infection.

*In an extensive review of the literature, there are cultural disparities which exist in the awareness of HPV infection, vaccination and incidence of disease. This is further affected, but not limited to socioeconomic status (SES), education and subsequent access to healthcare. There is a correlation between awareness of HPV and subsequent vaccination, and a number of racial and ethnic disparities are associated with each. In a study of 1,000 women age 18-24 years who identified themselves as Hispanic, Non-Hispanic Black or Non-Hispanic white, a descriptive and multivariate regression analysis was done using data from the 2007-2008 National Survey of Family Growth. The findings determined that 56-60% of Hispanic women, 80% of Black women and 90% of white women reported an awareness of HPV infection and vaccination, yet only 3%, 8% and 23% had received the vaccine respectively (Bingham, Drake, & LaMontagne, May 2009).*

### **Zebra Case Study**

Each student is to prepare a case presentation for a clinical conference that addresses multicultural issues. The subject is to be a patient seen in the clinical setting or from the literature. The case is to be one that is thoughtful and or challenging (zebra case) rather than

straight forward in the evaluation and diagnosis. Zebra cases may be an unusual presentation of usual diagnosis or a usual presentation of an unusual diagnosis. These cases are intended to be a learning experience for the class.

The case presentation is to address the patient's presenting symptoms; pertinent history; findings on assessment; results of pertinent appropriate diagnostic tests and procedures; rationale for narrowing differential diagnoses to that chosen; treatment plan including plans for follow-up and/or referral. The choice of patient should reflect multicultural issues to include any and all of the following: age, gender, ethnic background, religion, sexual orientation, disability/ability, cultural beliefs, and health care values.

A self-analysis of the experience is to be discussed addressing diagnostic pearls gleaned from this experience as well as pitfalls with this diagnosis. Students should present their case as a health problem to be solved. Peer review will take place with students participating in decisions on labs and diagnostic tests and offering final diagnoses.

First, the subjective and objective components are to be presented. A discussion regarding the differential diagnoses and final diagnosis is to follow. The final treatment plan discussed should reflect integration of multicultural aspects as identified in the case. Components of the presentation can be presented in power point and or other media or graphs can be presented. The presentation should be smooth and logical; proper spelling and grammar should be present. The presentation must stay within the time frame including discussion and allowance for any questions.

*One student shared an unusual case example of a female with an Intrauterine Device (IUD) who was diagnosed with an intrauterine pregnancy and infection. The patient was Catholic and Hispanic and was presented with a dilemma, as her healthcare provider was recommending removal of the IUD which could result in a spontaneous abortion. Her cultural beliefs value family and her religious belief are prolife. Further she believed that every child has a place "en nuestras casas y nuestras familias -- our homes and families," she said. "We know and cherish and honor the sanctity of motherhood and of life." Thus, she consulted with her family and made her decision based on her family values and cultural beliefs.*

These instructional methods were initially found to be challenging for students. An explanation and example during orientation was found to be helpful. Meaningful discussion of their patient experiences ensued during seminar time.

### **Cultural Competency Improves Communication and Patient Interaction**

Culturally competent communication suggests a style where knowledge, awareness, and understanding of healthcare disparities and sociocultural factors have an influence on health beliefs and behaviors (Taylor & Lurie, 2004). Students were able to develop improved communication with patients and families of different ethnicities while expanding their individual understanding of the cultural backgrounds of their patients. Students improved their interaction skills with patients and families as they became more aware of their cultural attitudes, customs, and response to health and illness. Patients and families reported that they believed their cultural practices were respected.

### **The Road to High-quality Patient Care**

Compliance in a highly regulated health care delivery system, as well as a high quality of care results when cultural beliefs, practices and values remain patient/family centered (Bentancourt, & Green, 2010). Incorporating culturally competent teaching and learning activities within clinical internships assists students in meeting the needs of diverse populations. Students learn to acknowledge and validate their own cultural beliefs and healthcare values. Both students and patients develop a mutual understanding and respect as care is built on what is valued by the patient and family.

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