TCN Society Certification Commission  
Curriculum Committee  
Content Outline

Domain I. Foundations for Transcultural Care Nursing Practice (15% of exam)

Competencies:
1. Define major concepts relevant to Transcultural Nursing practice.
2. Describe major constructs of at least three (3) Transcultural Nursing Models/Theory.
3. Apply constructs of at least one model to a practice context.
4. Describe strengths and limitations of concepts, models and theories for practice.

A. Theories, Models and Conceptualizations for TCN Nursing Practice
   1. Leininger - Theory of Cultural Care Diversity and Universality; Sunrise Enabler
   3. Spector - Cultural Diversity in Health & Illness Model
   4. Andrews and Boyle – Transcultural concepts in Nursing Care
   5. Giger and Davidhizar - The Giger & Davidhizar Transcultural Assessment Model
   6. Purnell: Purnell Model for Cultural Competence
   7. Hart, Hall & Henwood - The Inequalities Imagination Model
   8. Papadopoulos, Tilki & Taylor Model of Developing Cultural Competence
   9. Ramsden - Cultural Safety Model
  10. Vawter, Culhane-Pera, Babbitt, Xiong, P., & Solberg - Culturally Responsive Health Care Model
  11. Kleinman - Explanatory Model
  12. Jeffreys: Jeffreys’ Cultural Competence and Confidence model

B. General and specific culture concepts relevant to providing culturally competent and congruent care
   1. Health Belief Model
   2. Social justice
   3. Cultural sensitivity, respect
   4. Cultural safety
   5. Racism & discrimination (ethnicity, sexual orientation, gender, social class, stereotyping)
   6. Cultural conflict (cultural pain, ethnoviolence/genocide)
   7. Health literacy
   8. Diversity
   9. Worldview
   10. Holding knowledge
   11. Subculture
   12. Vulnerable populations
Domain II. Culturally-Based Health, Caring, and Healing Practices (20% of exam)

Competencies:
1. Compare similarities and differences in values, beliefs, and practices among three cultural groups across the lifespan.
2. Examine biological variations that impact health care.
3. Address language, communication patterns, and health literacy factors in the provision of nursing care.

A. Influencing Factors
   1. Health values, beliefs, and practices
   2. Religious and spiritual care
   3. Ethical and legal issues
   4. Culture-bound illnesses
   5. Indigenous healers
   6. Folk care/professional/popular
   7. Complementary and alternative therapy modalities
   8. Nutritional patterns
   9. Lifespan
   10. Physical, biological and physiological variations of diverse populations (biological ecology)
       a. Disease incidence and prevalence, including but not limited to:
       b. Diabetes and Native American/Appalachian populations
       c. Hypertension and Black population
       d. Genetic risk factors, including but not limited to:
       e. Sickle-cell anemia and Black population
       f. Thalassemia and Mediterranean heritage
       g. Skin variations
       h. Treatment efficacy, including ethnic pharmacology

B. Language and Communication Patterns
   1. Artifacts
   2. Time: Past, present, and/or future-oriented
   3. Family hierarchy
   4. Conflict resolution
   5. Literacy/Health literacy
   6. Teaching-learning principles for diverse populations
   7. Communication
      a. Environmental and social contexts
      b. Privacy and information sharing
      c. Verbal Communication
         i. Interpreters and translators
         ii. Lack of English Proficiency and Limited English Proficiency (LEP)
         iii. Lack of, or limited, proficiency in official language(s) of country of residence
         iv. Communicating “bad news”
         v. “Saving face”
d. Nonverbal Communication  
   i. Eye contact  
   ii. Gestures and expression of emotion  
   iii. Use and meaning of silence and touch  
   iv. Personal space

Domain III. Assessment of Cultural Information Relevant to Health Care (10% of exam)

Competencies:
1. Demonstrate the use of cultural assessment tools, instruments, enablers, guidelines.
2. Utilize principles of participant observation in cultural assessment.

A. Assessment tools, instruments, enablers, guidelines
B. Guidelines for Assessment of Persons from Different Cultures (Ways to interview people, i.e. the concept of respect, birth order, gender issues, key probes, etc)
C. Methods for Conducting Assessment (gathering data)
D. One – One interview (although some cultures do not like to be interviewed alone and another person may be included during the process)
E. Demonstrate use of selection of assessment tools:
   2. Spector, R.: Appendix D Heritage Assessment Tool
   3. Purnell, L. & Paulanka, B.: Model for cultural competence surveys following domains:
      a. Macro aspects: global society, community, family, person, health domains
      b. Overview, inhabited localities, topography
      c. Communication
      d. Family roles & organization
      e. Workforce issues
      f. Biocultural ecology
      g. High-risk behaviors
      h. Nutrition
      i. Pregnancy &; childbearing practices
      j. Death rituals
      k. Spirituality
      l. Health-care practices
      m. Health-care practitioners
      a. Biocultural variations & cultural aspects of the incidence of disease
      b. Communication
      c. Cultural affiliations
      d. Cultural sanctions & restrictions
      e. Developmental considerations
f. Educational background
g. Health-related beliefs & practices
h. Kinship & social networks
i. Nutrition
j. Religious affiliation
k. Values orientation

F. Cultural Assessment Models

LEARN Model

RESPECT Model

Bloch’s Assessment Guide for Ethnic/ Cultural Variations Model

LIVE & LEARN Model

ESFT Model

GREET Model

BELIEF Model

CONFHER Model

Ethnocultural Assessment Model

RISK Model
Patient’s Explanatory Model (EM)

ETHNIC Model

TRANSLATE Model

ADHERE Model

INTERPRET Model
Medrano, M., Cominolli, R., Soto-Greene, M., and Debbie Salas-Lopez, D (2002). From the University of Texas Health Science Center at San Antonio and New Jersey Medical School, The University of Medicine and Dentistry of New Jersey, Hispanic Centers of Excellence (a HRSA funded Center).

BATHE Model
G. Additional Bibliography

[I know this is old –but is a classic & has a very good explanation of what cultural assessment is and why it’s done –with a guide for what to assess.]


  Chap 16, Ethnography, by David Fetterman  
  Chap 17, Focus group research: exploration & discovery, by David Stewart & Prem Shamdasani.

  A. Participant Observation (Participating with, reflecting with, nonverbal communication)  
  B. Ethnographic interviewing  
      1. Review secondary data, resources, etc.  
      2. Observe directly (see for yourself)  
      3. Seek those who are experts about specific issues  
      4. Case studies and stories  
  C. Groups (casual or random encounter; focus representative or structured for diversity; community, neighborhood or a specific social group; or formal).  
      1. Do-it-yourself activities (be a part of activities in community).  
      2. Mapping and modeling what you see  
      3. Timelines and trend and change analysis.  
  D. Community meetings or gatherings  
      1. Analysis and Synthesizing of information gathered  
          a. Discovering cultural patterns / themes  
          b. Situated Context of care  
          c. Artifacts  
          d. Time / space

Domain IV: Culturally-Based Nursing Care (40% of exam)

Competencies:  
  1. Integrate cultural assessment data in the delivery of care to individuals, families, and communities.  
  2. Build community partnerships and coalitions for culturally congruent care.  
  3. Analyze health care organizations/systems for cultural competence.  
  4. Incorporate best evidence into delivery of care.  
  5. Analyze regulatory and professional standards/resources for culturally congruent care.
A. Individual, Family, & Community -Consider country (contexts) of practice using culturally-based nursing interventions
   1. Interpreters
      a. Skills in working with interpreters
      b. Principles in selection and use of interpreters
      c. Use of relevant models (INTERPRET)
   2. Translators
      a. Differentiate translation from interpretation
      b. Use of relevant models (TRANSLATE)
      c. Application of principles of translation
   3. Intercultural/cross cultural communication skills
      a. Trust building
      b. Negotiating regarding diagnosis, treatment, adherence with treatment regimen
      c. Skills for apologizing for cross-cultural errors
      d. Seeking clarification
      e. Cultural brokering
   4. Advocacy
      a. Cultural brokering on behalf of clients: i.e. Negotiating with managed care
      b. Advocating for cultural competent/congruent care by other professionals and staff
      c. Preventing and combating bias, prejudice and stereotypes
      d. Cultural competent/congruent care for refugees, asylum seekers, the poor, underrepresented, uninsured, minorities, etc.
      e. Advocating for culturally competent/congruent care for dominant and non-minority groups
   5. Ethno pharmacology
   6. Referrals
   7. Community partnerships
      a. Partnerships with community leaders
      b. Resource development for individuals, families and communities

B. Health Care Systems: Consider country (contexts) of practice
   1. Knowledge of factors influencing health care systems
      a. Broad societal and global trends
         i. Current legal and governmental factors influencing care worldwide
         ii. Government agencies, web sources, and guidelines used worldwide
         iii. Demographic trends
      b. Health disparities
         i. Access to quality care
         ii. Epidemiology of population health
         iii. Political Status
            • Immigrants
            • Refugee
      c. Health policy
         i. Population focused care
         ii. Healthy People 2010 or parallel guidelines used worldwide
         iii. Guidelines from accrediting agencies for education of health professional and health care organizations (AACN, NLN, JCAHO, Dept. of Health, DHHS, etc., and parallel or similar agencies and guidelines used worldwide)
d. Economics of care  
  
  e. Ethical and legal issues  
  
  f. Religion  

2. Workforce Diversity  
   a. Promoting multicultural harmony and teamwork  
   b. Resources for staff development  
      i. Cross cultural communication  
      ii. Client advocacy  
      iii. Leadership for cultural competency  
   c. Performance evaluation incorporating cultural competent care  

3. Organizational Cultural Competency  
   a. Knowledge of organizational culture  
   b. Resources: Support for culturally competent/congruent care  
      i. Interpreter services or similar services available worldwide services for refugees and asylum seekers  
      ii. Resources (e.g. Office of Minority Health, OMH, WHO, IOM and parallel or similar resources used worldwide)  
         • Position Statements (Governmental and professional)  
         • Community leaders  
         • Resource development  
   c. Conflict resolution  
      i. Client self-advocacy  
      ii. Natural/lay helpers  
      iii. Partnership with community  
      iv. Knowledge of local communities  

4. Prevention and strategies to address discrimination (racial, age, sexual orientation, gender, disabilities, social class, refugees, asylum seekers, and other types associated with diversities and vulnerabilities)  

C. Evidence-based Practice  
   1. Uses best evidence in practice  

   Domain V: Evaluation of Care Outcomes (5% of exam)  

   Competencies:  
   1. Measure clinical care outcomes.  
   2. Evaluate client feedback related to acceptance and satisfaction.  
   3. Incorporate a plan for sustainability of care.  

   A. Client, Provider and organizational outcomes  
      1. Care effective in terms of clinical outcomes  
      2. Client acceptance / Satisfaction  
      3. Provider satisfaction and retention  
      4. Financial stability  
      5. Low malpractice suits  

   B. Sustainability of care intervention  
      1. Evaluation of programs i.e. curriculum, such as familiarity with policy, finance, resource allocation, politics, etc.  
      2. Continuity of care ->? move to Care Delivery  

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C. Methods
   1. Collaborative or Participatory approach
   2. Community partnership building
   3. Reflection on client feedback
   4. Quantitative methods

D. Practice-specific outcomes
   1. Educator: Evaluation of learning outcomes
   2. Clinical staff: Evaluation of patient education learning outcomes
   3. Administrators: Organizational outcomes of cultural competent care with clients
      a. increased revenue d/t increase use of services by satisfied clients;
      b. decreased revenue loss d/t overuse of ER or repeated readmission of uncontrolled
         chronic illnesses such as DM, CHF etc,
      c. increased consumer satisfaction
      d. decrease or lack of malpractice suits
      e. increased access to services by ethnic and vulnerable populations
      f. decrease in racial and ethnic disparities in health outcomes

Domain VI: Research (5% of exam)

Competencies:
   1. Utilize research findings in care.
   2. Use recruitment strategies to ensure participation of under-represented populations.
   3. Select culturally appropriate methods and tools for conducting research.
   4. Use established guidelines for translation of research instruments.

A. Research Process
   1. Problem Formation: Understanding the subject’s culture, i.e. does the problem
      statement/hypothesis reflect the researchers’ bias about a cultural group?
   2. Theoretical Framework: Researchers’ “ways of thinking”, i.e. are they
      grounded in culturally sensitive “ways of thinking”?
   3. Literature Review:
      a. Appraisal/critique of research from a transcultural nursing perspective
      b. Identifying data collection instruments, i.e. with established reliability &
         validity; but consider cultural relevance
   4. Methodology: using methods appropriate to the research question or hypothesis
      a. Methods commonly used for investigating questions related to culture
         i. Ethnography & Ethnonursing
         ii. Participant Observation
         iii. Phenomenology
         iv. Grounded Theory
         v. Historical Research method
         vi. Participatory Action Research
         vii. Survey methods
         viii. Focus Groups
         ix. Critical Incident Analysis
         x. Triangulation
         xi. Quantitative methodologies for testing interventions
         xii. Combining qualitative and quantitative methods
xiii. Others

B. Ethical issues
   1. Human subjects approval
   2. Special considerations with vulnerable populations
   3. Informed consent issues for participants with limited proficiency in the language of the researcher

C. Methodological Issues
   1. Strategies for ensuring qualitative rigor
      a. Internal validity
      b. External validity/generalizability
   2. Instruments
      a. Procedures for Translation of Instruments (back-translation); linguistic analysis
      b. Selection of appropriate instruments
      c. Development and use of culturally sensitive measures
      d. Development and evaluation of quantitative instruments using psychometrically sound methods and rationale
      e. Evaluate instrument reliability and validity with each study sample (since reliability and validity are not inherent properties of the instrument)
   3. Recruitment and retention of research participants
      a. Address the history of mistrust of research
      b. Address challenges of conducting research for diverse populations
   4. Sampling methods to include sufficient representation
   5. Adherence to inclusion & exclusion criteria of subject population in order to justify conclusions & generalizability of findings.
   6. Data collection procedures
   7. Conflicts involved with research interviewing procedures
   8. Use of appropriate consultants with expertise in specific content, domain and instrument used.

D. Interpretation of the Data/Data Analysis
   1. Content Analysis
   2. Criteria for interpreting validity in qualitative research
   3. Verification procedures
   4. Computer software programs for qualitative data analysis
   5. Acculturation as a mitigating factor on outcomes

E. Findings: If cultural bias has been built into the research, results will reflect these biases; overgeneralization to ethnic groups

F. Application: Studies that are inherently biased may result in application that is costly and wasteful such as Bushy and Rohr’s (1990) study of apnea monitors

G. Dissemination of Findings

H. Evidence-Based Practice

Domain VII. Professionalism (5% of exam)

Competencies:
   1. Demonstrate cultural sensitivity and respect in care.
2. Exemplify self-awareness and reflection in practice.
3. Advocate for equity and social justice in health care.
4. Promote cultural competence development in colleagues and organizations.

A. Professional Attributes of the Transcultural Nurse
   1. Cultural Sensitivity
      a. Empathy
      b. Desire/motivation
      c. Commitment
      d. Compassion
   2. Reflection, vision
   3. Respect, mutually trusting and respectful relationships
   4. Self-awareness (Understanding own biases, cultural values and beliefs)
      a. Strategies for reducing bias and prejudice
      b. Acceptance
   5. Cultural Humility
      a. Honesty
      b. Re-addressing the power imbalances in the patient-healthcare care professional relationship
      c. Life-long commitment to self-evaluation and self-critique
      d. Developing mutually beneficial partnerships with communities on behalf of individuals and defined populations.
   6. Apologizing when making mistakes: Admission of mistakes, prevention, remediation or correction

B. Leadership
   1. Mentoring
   2. Role Modeling
   3. Collaboration
   4. Promoting scholarship

C. Continuing Education
   1. Formal
   2. Informal