# Cultural Competence Education Resource Toolkit

*Third Edition*

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Welcome to the *Cultural Competence Education Resource Toolkit,* Third Edition. Used in conjunction with *Teaching Cultural Competence in Nursing and Health Care,* Third Edition, the toolkit contains a wealth of hands-on, user-friendly resources that help take nurses, educators, administrators, professional association leaders, managers, educators, students, and other health care providers from their own starting point toward the pinnacle—*optimal cultural competence*. Appropriate for all levels and settings (academic, health care institutions, employee education, professional associations, and continuing education), the book and toolkit end the struggle to find ready-to-use materials for planning, implementing, and evaluating cultural competence education strategies and programs. Toolkit items correspond with the seven essential steps for optimal cultural competence development: (1) self-assessment, (2) active promotion, (3) systematic inquiry, (4) decisive action, (5) innovation, (6) measurement, and (7) evaluation.

The 23 toolkit items are organized into three parts:

- Part 1: Questionnaires and Research Resources (12 items)
- Part 2: Model and Illustrated Pathway (2 items)
- Part 3: Educational Assessment and Planning Tools (9 items)

Take the next step. Find your setting and discover the toolkit resources best for you.

Resources* for Academic Settings

| Item # | Item Name |
|---|---|
| 1 | Transcultural Self-Efficacy Tool (TSET) |
| 2 | Transcultural Self-Efficacy Tool–Multidisciplinary Healthcare Provider (TSET–MHP) |
| 3 | Cultural Competence Clinical Evaluation Tool–Student Version (CCCET–SV) |
| 4 | Cultural Competence Clinical Evaluation Tool–Teacher Version (CCCET–TV) |
| 7 | Clinical Setting Assessment Tool–Diversity and Disparity (CSAT–DD) |
| 8 | Demographic Data Sheet–Undergraduate (DDS–U) |
| 9 | Demographic Data Sheet–Nurses (DDS–N) |
| 10 | Personal Coding Cover Page for Anonymity and Matching Questionnaires |
| 11 | Research Plan: Questions, Data Collection, Educational Innovation, Data Analyses |
| 12 | Research Report Template |
| 13 | Cultural Competence and Confidence (CCC) Model |
| 14 | Transcultural Self-Efficacy Pathway |
| 15 | Self-Assessment Tool–Academic (SAT–A) |
| 18 | Active Promoter Assessment Tool–Academic (APAT–A) |
| 20 | Systematic Inquiry–Academic (SI–A) |
| 23 | Cultural Competence Documentation Log |

Resources* for Health Care Institutions

| Item # | Item Name |
|---|---|
| 1 | Transcultural Self-Efficacy Tool (TSET) |
| 2 | Transcultural Self-Efficacy Tool–Multidisciplinary Healthcare Provider (TSET–MHP) |
| 5 | Cultural Competence Clinical Evaluation Tool–Employee Version (CCCET–EV) |
| 6 | Cultural Competence Clinical Evaluation Tool–Agency Evaluator Version (CCCET–AEV) |
| 7 | Clinical Setting Assessment Tool–Diversity and Disparity (CSAT–DD) |
| 9 | Demographic Data Sheet–Nurses (DDS–N) |
| 10 | Personal Coding Cover Page for Anonymity and Matching Questionnaires |
| 11 | Research Plan: Questions, Data Collection, Educational Innovation, Data Analyses |
| 12 | Research Report Template |
| 13 | Cultural Competence and Confidence (CCC) Model |
| 14 | Transcultural Self-Efficacy Pathway |
| 16 | Self-Assessment Tool–Health Care Institutions (SAT–HCI) |
| 19 | Active Promoter Assessment Tool–Health Care Institutions/Professional Associations (APAT–HCIPA) |
| 21 | Systematic Inquiry–Health Care Institutions (SI–HCI) |
| 23 | Cultural Competence Documentation Log |

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Resources* for Professional Associations

| Item # | Item Name |
|---|---|
| 1 | Transcultural Self-Efficacy Tool (TSET) |
| 2 | Transcultural Self-Efficacy Tool–Multidisciplinary Healthcare Provider (TSET–MHP) |
| 5 | Cultural Competence Clinical Evaluation Tool–Employee Version (CCCET–EV) |
| 6 | Cultural Competence Clinical Evaluation Tool–Agency Evaluator Version (CCCET–AEV) |
| 7 | Clinical Setting Assessment Tool–Diversity and Disparity (CSAT–DD) |
| 9 | Demographic Data Sheet–Nurses (DDS–N) |
| 10 | Personal Coding Cover Page for Anonymity and Matching Questionnaires |
| 11 | Research Plan: Questions, Data Collection, Educational Innovation, Data Analyses |
| 12 | Research Report Template |
| 13 | Cultural Competence and Confidence (CCC) Model |
| 14 | Transcultural Self-Efficacy Pathway |
| 17 | Self-Assessment Tool–Professional Associations (SAT–PA) |
| 19 | Active Promoter Assessment Tool–Health Care Institutions/Professional Associations (APAT–HCIPA) |
| 22 | Systematic Inquiry–Professional Associations (SI–PA) |
| 23 | Cultural Competence Documentation Log |

*Items may be used alone or in conjunction with other toolkit items for specified setting. See *Teaching Cultural Competence in Nursing and Health Care*, Third Edition, for more details, as well as details pertaining to permission to make copies (permission license).

## TOOLKIT ITEMS OVERVIEW

Part 1—Questionnaires and Research Resources

1. Transcultural Self-Efficacy Tool (TSET)

- This 83-item questionnaire is designed to measure and evaluate learners' confidence (transcultural self-efficacy [TSE]) for performing general transcultural nursing skills among diverse client populations.
- It demonstrated consistently high estimates of validity and reliability on subscales and the total questionnaire.
- It is requested by researchers worldwide in multiple health disciplines for use with students, nurses, and other health professionals.
- It may be used alone or in conjunction with other toolkit items.
- EASY SCORING—*Self-Efficacy Strength (SEST)* refers to the average strength of self-efficacy perceptions within a particular dimension (subscale) of the construct. It can be calculated by totaling subscale item responses and dividing by the number of subscale items, resulting in the mean score. For example:

| | Cognitive Subscale | Practical Subscale | Affective Subscale |
|---|---|---|---|
| **Formula**<br>$\frac{\text{Item Response Sum}}{\text{\# of Subscale Items}}$ | $\frac{\text{Add Item Responses}}{25}$ | $\frac{\text{Add Item Responses}}{28}$ | $\frac{\text{Add Item Responses}}{30}$ |
| **Application** | $\frac{140}{25}$<br>SEST = 5.6 | $\frac{182}{28}$<br>SEST = 6.5 | $\frac{210}{30}$<br>SEST = 7.0 |

- Evaluation of TSE perceptions may be used for a variety of purposes targeting the individual and/or groups. The purposes are to:
  - Develop a composite/baseline of learners' needs, values, attitudes, and skills concerning transcultural nursing (or health care).

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- Identify general transcultural skills perceived with more confidence (or those as less difficult or stressful).
- Identify general transcultural skills perceived with less confidence (or those as more difficult or stressful).
- Identify differences within groups.
- Identify differences between groups.
- Identify at-risk individuals (low confidence or overly confident).
- Evaluate the effectiveness of specific teaching interventions.
- Assess changes in transcultural self-efficacy perceptions over time.

2. TSET–Multidisciplinary Healthcare Provider (TSET–MHP) Version

- This 83-item questionnaire is adapted from the TSET to measure and evaluate learners' confidence (transcultural self-efficacy) for performing general transcultural skills among diverse client populations. Items are exactly the same as in the original TSET. Directions change the "nurse" and "nursing" focus to a "healthcare provider" focus, encompassing nursing and all other multidisciplinary healthcare provider groups.
- It may be used alone or in conjunction with other toolkit items.
- EASY SCORING—***Self-Efficacy Strength (SEST)*** refers to the average strength of self-efficacy perceptions within a particular dimension (subscale) of the construct. It is calculated by totaling subscale item responses and dividing by the number of subscale items, resulting in the mean score. For example:

| | **Cognitive Subscale** | **Practical Subscale** | **Affective Subscale** |
|---|---|---|---|
| **Formula**<br>Item Response Sum<br># of Subscale Items | $\frac{\text{Add Item Responses}}{25}$ | $\frac{\text{Add Item Responses}}{28}$ | $\frac{\text{Add Item Responses}}{30}$ |
| **Application** | $\frac{140}{25}$<br>SEST = 5.6 | $\frac{182}{28}$<br>SEST = 6.5 | $\frac{210}{30}$<br>SEST = 7.0 |

- Evaluation of TSE perceptions may be used for a variety of purposes targeting the individual and/or groups. The purposes are to:
  - Develop a composite/baseline of learners' needs, values, attitudes, and skills concerning transcultural health care.
  - Identify general transcultural skills perceived with more confidence (or those as less difficult or stressful).
  - Identify general transcultural skills perceived with less confidence (or those as more difficult or stressful).
  - Identify differences within groups.
  - Identify differences between groups.
  - Identify at-risk individuals (low confidence or overly confident).
  - Evaluate the effectiveness of specific teaching interventions.
  - Assess changes in transcultural self-efficacy perceptions over time.

3. Cultural Competence Clinical Evaluation Tool–Student Version (CCCET–SV)

- This 83-item questionnaire, which is adapted from the TSET, contains three subscales measuring different dimensions of clinical cultural competence behaviors as perceived by the student:
  - Extent of culturally specific care (Subscale 1)
  - Cultural assessment (Subscale 2)
  - Culturally sensitive and professionally appropriate attitudes, values, or beliefs, including awareness, acceptance, recognition, appreciation, and advocacy necessary for providing culturally sensitive professional nursing care (Subscale 3)
- It can be used for multiple formative and summative evaluation purposes to guide individual, course, curricular, or program innovations and teaching–learning strategies.

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- It can be used to determine baseline information; identify areas of strengths, weaknesses, and gaps; and evaluate change following educational intervention and/or increased exposure to culturally diverse clients and/or increased exposure to the clinical topic/area not previously available.
- It can be used together with CCCET–TV (e.g., students and teachers independently complete the CCCET at the end of the clinical experience). It may be used with other toolkit items.
- The content validity index is high (0.91) as rated by three internationally recognized experts in transcultural nursing.
- Descriptive statistics (frequency and percent) are compiled from individual and aggregate data. Compare these values with the teacher ratings.
- Results can be used to guide educational changes.

4. Cultural Competence Clinical Evaluation Tool–Teacher Version (CCCET–TV)

- This 83-item questionnaire, which is adapted from the TSET, contains three subscales measuring different dimensions of students' clinical cultural competence behaviors as rated by the teacher or preceptor:
  - Extent of culturally specific care (Subscale 1)
  - Cultural assessment (Subscale 2)
  - Culturally sensitive and professionally appropriate attitudes, values, or beliefs, including awareness, acceptance, recognition, appreciation, and advocacy necessary for providing culturally sensitive professional nursing care (Subscale 3)
- It can be used for multiple formative and summative evaluation purposes to guide individual, course, curricular, or program innovations and teaching–learning strategies.
- It can be used to determine baseline information; identify areas of strengths, weaknesses, and gaps; and evaluate change following educational intervention and/or increased exposure to culturally diverse clients and/or increased exposure to the clinical topic/area not previously available.
- It can be used together with CCCET–SV (e.g., students and teachers independently complete the CCCET at the end of the clinical experience). It may be used with other toolkit items.
- The content validity index is high (0.91) as rated by three internationally recognized experts in transcultural nursing.
- Descriptive statistics (frequency and percent) are compiled from individual and aggregate data. Compare these values with the student ratings.
- Results can be used to guide educational changes.

5. Cultural Competence Clinical Evaluation Tool–Employee Version (CCCET–EV)

- This 83-item questionnaire, which is adapted from the TSET, contains three subscales measuring different dimensions of clinical cultural competence behaviors as perceived by the employee:
  - Extent of culturally specific care (Subscale 1)
  - Cultural assessment (Subscale 2)
  - Culturally sensitive and professionally appropriate attitudes, values, or beliefs, including awareness, acceptance, recognition, appreciation, and advocacy necessary for providing culturally sensitive professional nursing care (Subscale 3)
- It can be used for multiple formative and summative evaluation purposes to guide individual, course, curricular, or program innovations and teaching–learning strategies.
- It can be used to determine baseline information; identify areas of strengths, weaknesses, and gaps; and evaluate change following educational intervention and/or increased exposure to culturally diverse clients and/or increased exposure to the clinical topic/area not previously available.
- It can be used together with CCCET–AEV (e.g., employees and agency evaluators independently complete the CCCET at the end of the clinical orientation or preceptor experience). This may be used with other toolkit items.
- Descriptive statistics (frequency and percent) are compiled from individual and aggregate data. Compare these values with the agency evaluator ratings.
- Results can be used to guide educational changes.

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6. Cultural Competence Clinical Evaluation Tool–Agency Evaluator Version (CCCET–AEV)
    - This 83-item questionnaire, which is adapted from the TSET, contains three subscales measuring different dimensions of employees' clinical cultural competence behaviors as rated by the agency evaluator:
        - Extent of culturally specific care (Subscale 1)
        - Cultural assessment (Subscale 2)
        - Culturally sensitive and professionally appropriate attitudes, values, or beliefs, including awareness, acceptance, recognition, appreciation, and advocacy necessary for providing culturally sensitive professional nursing care (Subscale 3)
    - It can be used for multiple formative and summative evaluation purposes to guide individual, course, curricular, or program innovations and teaching–learning strategies.
    - It can be used to determine baseline information; identify areas of strengths, weaknesses, and gaps; and evaluate change following educational intervention and/or increased exposure to culturally diverse clients and/or increased exposure to the clinical topic/area not previously available.
    - It can be used together with CCCET–EV (e.g., employees and agency evaluators independently complete the CCCET at the end of the clinical orientation or preceptor experience). It may be used with other toolkit items.
    - Descriptive statistics (frequency and percent) are compiled from individual and aggregate data. Compare these values with the employee ratings.
    - Results can be used to guide educational changes.
7. Clinical Setting Assessment Tool–Diversity and Disparity (CSAT–DD)
    - This tool is used to gather demographic information about the clinical setting, diversity, and disparity.
    - It can be used to describe clinical setting characteristics (frequency and percent).
    - It can be used to create comparison groups based on select demographic categories for comparing scores and data on the TSET, CCCET, CSAT–DD, and other assessment tools.
    - Results can guide future clinical interventions to eliminate health disparities, student and staff placements, and educational interventions with students and staff.
8. Demographic Data Sheet–Undergraduate (DDS–U)
    - This is used to gather demographic information from undergraduate (prelicensure) students.
    - It can be used to describe sample characteristics (frequency and percent).
    - It can be used to create comparison groups based on select demographic categories for comparing scores and data on the TSET, CCCET, CSAT–DD, and other assessment tools.
9. Demographic Data Sheet–Nurses (DDS–N)
    - This is used to gather demographic information from nurses working in clinical agencies and/or enrolled in RN–BS and graduate (master's and doctoral) programs.
    - It may be used to describe sample characteristics (frequency and percent).
    - It may be used to create comparison groups based on select demographic categories for comparing scores and data on the TSET, CCCET, CSAT–DD, and other assessment tools.
10. Personal Coding Cover Page for Anonymity and Matching Questionnaires
    - This is used to match questionnaires and assessment tools while protecting respondents' anonymity.
    - It is attached to the front page of a questionnaire, questionnaire packet, or assessment tool.
11. Research Plan: Questions, Data Collection, Educational Innovation, Data Analyses
    - This template is used to assist researchers plan their study.
    - Ten sample questions, a data collection timeline, questionnaire administration, and data analyses can be adapted for a variety of settings and purposes.
12. Research Report Template
    - This user-friendly template is used to assist individuals and institutions report data generated from assessment tools and questionnaires in the toolkit.
    - It provides a guide for presentations, publications, future research, and cultural competence interventions.

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Part 2—Model and Illustrated Pathway

13. Cultural Competence and Confidence (CCC) Model

    - This is a comprehensive conceptual model illustrating the multidimensional process of optimal cultural competence development.

14. Transcultural Self-Efficacy Pathway

    - This pathway depicts the influence of transcultural self-efficacy on a learner's actions, performance, and persistence for learning tasks associated with cultural competency development and culturally congruent care.

Part 3—Educational Assessment and Planning Tools

15. Self-Assessment Tool–Academic (SAT–A)

    - This is used to help individual faculty members, administrators, and the organization assess various dimensions that can impact upon cultural competence in the academic setting.
    - It may be used individually and/or in groups.
    - It may be used alone or in conjunction with other toolkit items.
    - Self-assessment should conclude with a listing of strengths, weaknesses, gaps in knowledge, goals, commitment, desire, motivation, and priorities.

16. Self-Assessment Tool–Health Care Institutions (SAT–HCI)

    - This is used to help an individual staff nurse, nurse manager, nurse educator, nurse executive, administrator, and the organization assess various dimensions that can impact upon cultural competence in the health care setting.
    - It may be used individually and/or in groups.
    - It may be used alone or in conjunction with other toolkit items.
    - Self-assessment should conclude with a listing of strengths, weaknesses, gaps in knowledge, goals, commitment, desire, motivation, and priorities.

17. Self-Assessment Tool–Professional Associations (SAT–PA)

    - This is used to help individual members, elected officers, administrators, association leaders, and the organization assess various dimensions that can impact upon cultural competence in the professional association.
    - It may be used individually and/or in groups.
    - It may be used alone or in conjunction with other toolkit items.
    - Self-assessment should conclude with a listing of strengths, weaknesses, gaps in knowledge, goals, commitment, desire, motivation, and priorities.

18. Active Promoter Assessment Tool–Academic (APAT–A)

    - This is used to help individuals, groups, and organizations:
        - Appraise values, beliefs, and actions concerning cultural competence development
        - Determine whether or not one is an *optimal* active role model in cultural competence development within the health care institution or professional association
        - Identify factors restricting cultural competence development
        - Plan and coordinate future active promoter actions toward achieving optimal cultural competence
    - It may be used individually and/or in groups.
    - It may be used alone or in conjunction with other Toolkit items.

19. Active Promoter Assessment Tool–Health Care Institutions/Professional Associations (APAT–HCIPA)

    - It is used to help individuals, groups, and organizations:
        - Appraise values, beliefs, and actions concerning cultural competence development
        - Determine whether or not one is an *optimal* active role model in cultural competence development within the health care institution or professional association

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- Identify factors restricting cultural competence development
- Plan and coordinate future active promoter actions toward achieving *optimal* cultural competence

- It may be used individually and/or in groups.
- It may be used alone or in conjunction with other Toolkit items.

20. Systematic Inquiry–Academic (SI–A)

- This tool offers a user-friendly quantitative and qualitative approach for systematic appraisal decisions, corresponding actions, notations/reflections, prioritization, and future planning.
- It is used to help individuals, groups, and organizations examine how visible (or invisible) cultural competency development is actively present:
  - Overall within the curriculum
  - Specifically at the individual course level
  - Via outside connections to supplementary resources
- The systematic inquiry is guided by two additional questions:
  - To what degree is cultural competence an integral component within the academic setting?
  - How do all the cultural components fit together?
- It may be used individually or in groups.
- It may be used alone or in conjunction with other Toolkit items. (Recommended to use prior to Toolkit Item 23—Cultural Competence Documentation Log.) Results serve as a valuable precursor to informed decisions, responsible actions, and new diagnostic-prescriptive innovations targeting faculty and student development in the overall goal of achieving *optimal* cultural competence.

21. Systematic Inquiry–Health Care Institutions (SI–HCI)

- This tool offers a user-friendly quantitative and qualitative approach for systematic appraisal decisions, corresponding actions, notations/reflections, prioritization, and future planning.
- It is used to help individuals, groups, and organizations examine how visible (or invisible) cultural competency development is actively present:
  - Overall within the institution
  - Specifically at the individual unit (site) level
  - Via outside connections to supplementary resources
- The systematic inquiry is guided by two additional questions:
  - To what degree is cultural competence an integral component within the HCI?
  - How do all the cultural components fit together?
- It may be used individually or in groups.
- It may be used alone or in conjunction with other toolkit items. (Recommended to use prior to Toolkit Item 23—Cultural Competence Documentation Log.)Results serve as a valuable precursor to informed decisions, responsible actions, and new diagnostic-prescriptive innovations targeting staff development and improved patient care outcomes in the overall goal of achieving *optimal* cultural competence.

22. Systematic Inquiry–Professional Associations (SI–PA)

- This tool offers a user-friendly quantitative and qualitative approach for systematic appraisal decisions, corresponding actions, notations/reflections, prioritization, and future planning.
- It is used to help individuals, groups, and organizations examine how visible (or invisible) cultural competency development is actively present:
  - Overall within the association
  - Specifically at the membership level
  - Via outside connections to supplementary resources
- The systematic inquiry is guided by two additional questions:
  - To what degree is cultural competence an integral component within the professional association?
  - How do all the cultural components fit together?
- It may be used individually or in groups.
- It may be used alone or in conjunction with other Toolkit items. (Recommended to use prior to Toolkit Item 23—Cultural Competence Documentation Log.) Results serve as a valuable precursor to informed decisions,

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responsible actions, and new diagnostic-prescriptive innovations targeting staff and membership development in the overall goal of achieving *optimal* cultural competence.

23. Cultural Competence Documentation Log

    - This user-friendly log is used to assist institutions in documenting cultural competence plans, actions, and evaluations.
    - It can be used after the Toolkit Systematic Inquiry Assessment Tool.

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# Questionnaires and Research Resources

- Item 1—Transcultural Self-Efficacy Tool (TSET)
- Item 2—Transcultural Self-Efficacy Tool–Multidisciplinary Healthcare Provider (TSET–MHP)
- Item 3—Cultural Competence Clinical Evaluation Tool–Student Version (CCCET–SV)
- Item 4—Cultural Competence Clinical Evaluation Tool–Teacher Version (CCCET–TV)
- Item 5—Cultural Competence Clinical Evaluation Tool–Employee Version (CCCET–EV)
- Item 6—Cultural Competence Clinical Evaluation Tool–Agency Evaluator Version (CCCET–AEV)
- Item 7—Clinical Setting Assessment Tool–Diversity and Disparity (CSAT–DD)
- Item 8—Demographic Data Sheet–Undergraduate (DDS–U)
- Item 9—Demographic Data Sheet–Nurses (DDS–N)
- Item 10—Personal Coding Cover Page for Anonymity and Matching Questionnaires
- Item 11—Research Plan: Questions, Data Collection, Educational Innovation, Data Analyses
- Item 12—Research Report Template

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# Transcultural Self-Efficacy Tool (TSET)

## DESCRIPTION

This 83-item questionnaire is designed to measure and evaluate learners' confidence (transcultural self-efficacy) for performing general transcultural nursing skills among diverse client populations. It has been requested by researchers worldwide in multiple health disciplines for use with students, nurses, and other health professionals. The new TSET–Multidisciplinary Healthcare Provider (TSET–MHP) version should be used with multidisciplinary groups. (See Toolkit Item 2.)

## INSTRUCTIONS FOR RESEARCHERS

1) Detach this cover sheet before photocopying or posting online and administering it to a sample.
2) Review the information about the TSET, as well as its administration, uses, and scoring, in *Teaching Cultural Competence in Nursing and Health Care: Inquiry, Action, and Innovation (2016)* ***before*** study design and data collection.
3) Please be sure that all respondents return the questionnaire (if hard copy is distributed).
4) Please send reliability and validity test results and study results (see Toolkit Item 12) to: Dr. Marianne R. Jeffreys, The City University of New York College of Staten Island, Nursing Department, 2800 Victory Boulevard, Staten Island, New York 10314, USA.
5) Researchers outside the United States are granted permission to change item #71 from "inadequacies in the U.S. health care system" to "inadequacies in the nation's health care system."

## EASY SCORING

*Self-Efficacy Strength (SEST)* refers to the average strength of self-efficacy perceptions within a particular dimension (subscale) of the construct. Calculate this value by totaling subscale item responses and dividing by the number of subscale items, resulting in the mean score. For example:

| | Cognitive Subscale | Practical Subscale | Affective Subscale |
|---|---|---|---|
| **Formula**<br>Item Response Sum / # of Subscale Items | Add Item Responses / 25 | Add Item Responses / 28 | Add Item Responses / 30 |
| **Application** | 140 / 25<br>SEST = 5.6 | 182 / 28<br>SEST = 6.5 | 210 / 30<br>SEST = 7.0 |

Use these scores to compare subscale scores within and between groups to determine the effectiveness of cultural competence educational intervention(s) as seen by statistically significant differences in scores.

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**Longitudinal comparison within groups**

1) TSET pre-test → Cultural Competence Educational Intervention → TSET post-test

**Comparison between groups**

2) TSET pre-test → Cultural Competence Educational Intervention → TSET post-test
TSET pre-test (Control Group) ——————————— → TSET post-test

**Cross-sectional comparison between groups**

3) TSET administration to novice group (before cultural competence educational intervention)
TSET administration to advanced group (after cultural competence educational intervention)

Evaluation of transcultural self-efficacy (TSE) perceptions may be used for a variety of purposes targeting the individual and/or groups. The purposes are to:

- Develop a composite/baseline of learners' needs, values, attitudes, and skills concerning transcultural nursing (or health care).
- Identify general transcultural skills perceived with more confidence (or those as less difficult or stressful).
- Identify general transcultural skills perceived with less confidence (or those as more difficult or stressful).
- Identify differences within groups.
- Identify differences between groups.
- Identify at-risk individuals (low confidence or overly confident).
- Evaluate the effectiveness of specific teaching interventions.
- Assess changes in transcultural self-efficacy perceptions over time.

## ADDITIONAL INFORMATION

Researchers seeking to group individuals into low efficacy, medium efficacy, and high efficacy groups for the purpose of identifying at-risk individuals and tracking changes should consult standard statistical methods and literature for guidance. The study purpose and sample may guide method selection for group categorization.

Self-efficacy level (SEL) refers to the number of items perceived at a specified minimum level of confidence. For example, SEL has been used to identify individuals with "low efficacy" and then track SEL changes following treatment interventions. The study purpose and sample may guide the selected definition of the minimum confidence level; however, this scoring calculation is no longer recommended due to consistently insignificant results with nursing students and nurses. (See previously published studies and Chapter 4.)

## SUPPLEMENTARY RESOURCES

Book (Third Edition/2016), Chapters 3, 4, and 5.

TSET Research Boxes in Chapters 4, 7, 8, 9, 13, and 16.


Jeffreys, M. R. (2000). Development and psychometric evaluation of the Transcultural Self-Efficacy Tool: A synthesis of findings. *Journal of Transcultural Nursing*, *11*(2), 127–136.

Jeffreys, M. R., & Dogan, E. (2010). Factor analysis of the Transcultural Self-Efficacy Tool (TSET). *Journal of Nursing Measurement, 18*(2), 120–139.

Jeffreys, M. R., & Dogan, E. (2012). Evaluating the influence of cultural competence education on students' transcultural self-efficacy perceptions. *Journal of Transcultural Nursing, 23*(2), 188–197.

Jeffreys, M. R., & Smodlaka, I. (1996). Steps of the instrument-design process: An illustrative approach for nurse educators. *Nurse Educator, 21*(6), 47–52. (Erratum, 1997, *22*(1), 49.)

Jeffreys, M. R., & Smodlaka, I. (1998). Exploring the factorial composition of the Transcultural Self-Efficacy Tool. *International Journal of Nursing Studies, 35*, 217–225.

Jeffreys, M. R., & Smodlaka, I. (1999a). Changes in students' transcultural self-efficacy perceptions following an integrated approach to culture care. *Journal of Multicultural Nursing and Health, 5*(2), 6–12. (Erratum, 2000, *6*(1), 20.)

Jeffreys, M. R., & Smodlaka, I. (1999b). Construct validation of the Transcultural Self-Efficacy Tool. *Journal of Nursing Education, 38*, 222–227.


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Throughout your nursing education and nursing career, you will be caring for clients of many different cultural backgrounds. These clients will represent various racial, ethnic, gender, socioeconomic, and religious groups.

Cultural differences exist in health care needs, caring, and curing practices. Knowing and understanding cultural factors related to client care helps establish a theoretical foundation for providing culture-specific nursing care.

## Part I

Among clients of **different** cultural backgrounds, how knowledgeable are **YOU** about the ways cultural factors may influence nursing care? Please use the following scale and mark your response accordingly.

Not Confident ⟷ Totally Confident

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

**You know and understand** the ways **cultural factors** may influence **nursing care** in the following areas:

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **1)** | health history and interview | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **2)** | physical examination | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **3)** | informed consent | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **4)** | health promotion | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **5)** | illness prevention | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **6)** | health maintenance | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **7)** | health restoration | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **8)** | safety | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **9)** | exercise and activity | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **10)** | pain relief and comfort | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **11)** | diet and nutrition | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **12)** | patient teaching | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **13)** | hygiene | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **14)** | anxiety and stress reduction | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **15)** | diagnostic tests | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **16)** | blood tests | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **17)** | pregnancy | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **18)** | birth | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **19)** | growth and development | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **20)** | aging | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **21)** | dying and death | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **22)** | grieving and loss | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **23)** | life support and resuscitation | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **24)** | sexuality | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **25)** | rest and sleep | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

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## Part II

The most effective way to identify specific cultural factors that influence client behavior is to conduct a cultural assessment of each client. This is best done by interview.

**Right NOW**, how confident are **YOU** about **interviewing clients of different cultural backgrounds** to learn about their values and beliefs?

Rate your degree of confidence or certainty for each of the following **interview topics**. Please use the following scale and mark your response accordingly.

Not Confident ← → Totally Confident

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Interview clients of different cultural backgrounds** about**:** | | | | | | | | | | | |
| **26)** | language preference | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **27)** | level of English comprehension | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **28)** | meaning of verbal communication patterns | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **29)** | meaning of nonverbal behaviors | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **30)** | meanings of space and touch | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **31)** | time perception and orientation | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **32)** | racial background and identity | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **33)** | ethnic background and identity | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **34)** | socioeconomic background | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **35)** | religious background and identity | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **36)** | educational background and interests | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **37)** | religious practices and beliefs | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **38)** | acculturation | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **39)** | worldview (philosophy of life) | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **40)** | attitudes about health care technology | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **41)** | ethnic food preferences | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **42)** | role of elders | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **43)** | role of children | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **44)** | financial concerns | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **45)** | traditional health and illness beliefs | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **46)** | folk medicine tradition and use | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **47)** | gender role and responsibility | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **48)** | acceptable sick role behaviors | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **49)** | role of family during illness | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **50)** | discrimination and bias experiences | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **51)** | home environment | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **52)** | kinship ties | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **53)** | aging | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

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## Part III

As a nurse who will care for many different people, **knowledge of yourself** is very important.

Please rate **YOUR** degree of confidence or certainty for each of the following items. Use the following scale and mark your response accordingly.

| | Not Confident ← → Totally Confident | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| (A) About yourself, you are **AWARE OF:** | | | | | | | | | | |
| **54)** **YOUR OWN** cultural heritage and belief systems | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **55)** **YOUR OWN** biases and limitations | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **56)** differences within **YOUR OWN** cultural group | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **(B) Among clients of different cultural backgrounds,** | | | | | | | | | | |
| You are **AWARE OF:** | | | | | | | | | | |
| **57)** insensitive and prejudicial treatment | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **58)** differences in perceived role of the nurse | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **59)** traditional caring behaviors | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **60)** professional caring behaviors | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **61)** comfort and discomfort felt when entering a culturally different world | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **62)** interaction between nursing, folk, and professional systems | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| You **ACCEPT:** | | | | | | | | | | |
| **63)** differences between cultural groups | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **64)** similarities between cultural groups | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **65)** client's refusal of treatment based on beliefs | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| You **APPRECIATE:** | | | | | | | | | | |
| **66)** interaction with people of different cultures | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **67)** cultural sensitivity and awareness | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **68)** culture-specific nursing care | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **69)** role of family in providing health care | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **70)** client's worldview (philosophy of life) | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **Among clients of different cultural backgrounds,** | | | | | | | | | | |
| You **RECOGNIZE:** | | | | | | | | | | |
| **71)** inadequacies in the U.S. health care system | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **72)** importance of home remedies and folk medicine | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **73)** impact of roles on health care practices | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **74)** impact of values on health care practices | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **75)** impact of socioeconomic factors on health care practices | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **76)** impact of political factors on health care practices | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **77)** need for cultural care preservation/maintenance | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **78)** need for cultural care accommodation/negotiation | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **79)** need for cultural care repatterning/restructuring | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **80)** need to prevent ethnocentric views | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **81)** need to prevent cultural imposition | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| You **ADVOCATE:** | | | | | | | | | | |
| **82)** client's decisions based on cultural beliefs | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **83)** culture-specific care | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

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# Transcultural Self-Efficacy Tool–Multidisciplinary Healthcare Provider (TSET–MHP) Version

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## DESCRIPTION

This 83-item questionnaire is designed to measure and evaluate learners' confidence (transcultural self-efficacy) for performing general transcultural skills among diverse client populations. Items are exactly the same as in the original TSET. Directions change the "nurse" and "nursing" focus to a "health care provider" focus, encompassing nursing and all other multidisciplinary health care provider groups.

The new TSET-MHP version should be used with multidisciplinary groups. For learner groups within the nursing discipline, use the original TSET (Toolkit Item 1).

## INSTRUCTIONS FOR RESEARCHERS

1) Detach this cover sheet before photocopying or posting online and administering it to a sample.
2) Review the information about the TSET, as well as its administration, uses, and scoring, in *Teaching Cultural Competence in Nursing and Health Care: Inquiry, Action, and Innovation (2016)* ***before*** study design and data collection.
3) Please be sure that all respondents return the questionnaire (if hard copy is distributed).
4) Please send reliability and validity test results and study results (see Toolkit Item 12) to: Dr. Marianne R. Jeffreys, The City University of New York College of Staten Island, Nursing Department, 2800 Victory Boulevard, Staten Island, New York 10314, USA.
5) Researchers outside the United States are granted permission to change item #71 from "inadequacies in the U.S. health care system" to "inadequacies in the nation's health care system."

## EASY SCORING

*Self-Efficacy Strength (SEST)* refers to the average strength of self-efficacy perceptions within a particular dimension (subscale) of the construct. Calculate this value by totaling subscale item responses and dividing by the number of subscale items, resulting in the mean score. For example:

| | **Cognitive Subscale** | **Practical Subscale** | **Affective Subscale** |
|---|---|---|---|
| **Formula**<br>Item Response Sum / # of Subscale Items | Add Item Responses / 25 | Add Item Responses / 28 | Add Item Responses / 30 |
| **Application** | 140 / 25<br>SEST = 5.6 | 182 / 28<br>SEST = 6.5 | 210 / 30<br>SEST = 7.0 |

Use these scores to compare subscale scores within and between groups to determine the effectiveness of cultural competence educational intervention(s) as seen by statistically significant differences in scores.

**Longitudinal comparison within groups**

1) TSET pre-test → Cultural Competence Educational Intervention → TSET post-test

**Comparison between groups**

2) TSET pre-test → Cultural Competence Educational Intervention → TSET post-test
TSET pre-test (Control Group) ——————————— →TSET post-test

**Cross-sectional comparison between groups**

3) TSET administration to novice group (before cultural competence educational intervention)
TSET administration to advanced group (after cultural competence educational intervention)

Evaluation of transcultural self-efficacy (TSE) perceptions may be used for a variety of purposes targeting the individual and/or groups. The purposes are to:

- Develop a composite/baseline of learners' needs, values, attitudes, and skills concerning transcultural nursing (or health care).
- Identify general transcultural skills perceived with more confidence (or those as less difficult or stressful).
- Identify general transcultural skills perceived with less confidence (or those as more difficult or stressful).
- Identify differences within groups.
- Identify differences between groups.
- Identify at-risk individuals (low confidence or overly confident).
- Evaluate the effectiveness of specific teaching interventions.
- Assess changes in transcultural self-efficacy perceptions over time.

## ADDITIONAL INFORMATION

Researchers seeking to group individuals into low efficacy, medium efficacy, and high efficacy groups for the purpose of identifying at-risk individuals and tracking changes should consult standard statistical methods and literature for guidance. The study purpose and sample may guide method selection for group categorization.

Self-efficacy level (SEL) refers to the number of items perceived at a specified minimum level of confidence. For example, SEL has been used to identify individuals with "low efficacy" and then track SEL changes following treatment interventions. The study purpose and sample may guide the selected definition of the minimum confidence level; however, this scoring calculation is no longer recommended due to consistently insignificant results with nursing students and nurses. (See previously published studies and Chapter 4.)

## SUPPLEMENTARY RESOURCES

Book (Third Edition/2016), Chapters 3, 4, and 5.

TSET Research Exhibits in Chapters 4, 7, 8, 9, 13, and 16.


Jeffreys, M. R. (2000). Development and psychometric evaluation of the Transcultural Self-Efficacy Tool: A synthesis of findings. *Journal of Transcultural Nursing*, *11*(2), 127–136.

Jeffreys, M. R., & Dogan, E. (2010). Factor analysis of the Transcultural Self-Efficacy Tool (TSET). *Journal of Nursing Measurement, 18*(2), 120–139.

Jeffreys, M. R., & Dogan, E. (2012). Evaluating the influence of cultural competence education on students' transcultural self-efficacy perceptions. *Journal of Transcultural Nursing, 23*(2), 188–197.

Jeffreys, M. R., & Smodlaka, I. (1996). Steps of the instrument-design process: An illustrative approach for nurse educators, *Nurse Educator, 21*(6), 47–52. (Erratum, 1997, *22*(1), 49.)

Jeffreys, M. R., & Smodlaka, I. (1998). Exploring the factorial composition of the Transcultural Self-Efficacy Tool. *International Journal of Nursing Studies, 35*, 217–225.

Jeffreys, M. R., & Smodlaka, I. (1999a). Changes in students' transcultural self-efficacy perceptions following an integrated approach to culture care. *Journal of Multicultural Nursing and Health, 5*(2), 6–12. (Erratum, 2000, *6*(1), 20.)

Jeffreys, M. R., & Smodlaka, I. (1999b). Construct validation of the Transcultural Self-Efficacy Tool. *Journal of Nursing Education, 38*, 222–227.


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Throughout your education and career as health care providers, faculty, or students, you will be caring for clients of many different cultural backgrounds. These clients will represent various racial, ethnic, gender, socioeconomic, and religious groups.

Cultural differences exist in health care needs, caring, and curing practices. Knowing and understanding cultural factors related to client care help establish a theoretical foundation for providing culture-specific health care.

## Part I

Among clients of **different** cultural backgrounds, how knowledgeable are **YOU** about the ways cultural factors may influence health care? Please use the following scale and mark your response accordingly.

Not Confident ← → Totally Confident

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

**You know and understand** the ways **cultural factors** may influence **health care** in the following areas:

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **1)** | health history and interview | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **2)** | physical examination | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **3)** | informed consent | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **4)** | health promotion | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **5)** | illness prevention | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **6)** | health maintenance | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **7)** | health restoration | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **8)** | safety | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **9)** | exercise and activity | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **10)** | pain relief and comfort | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **11)** | diet and nutrition | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **12)** | patient teaching | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **13)** | hygiene | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **14)** | anxiety and stress reduction | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **15)** | diagnostic tests | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **16)** | blood tests | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **17)** | pregnancy | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **18)** | birth | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **19)** | growth and development | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **20)** | aging | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **21)** | dying and death | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **22)** | grieving and loss | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **23)** | life support and resuscitation | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **24)** | sexuality | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **25)** | rest and sleep | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

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## Part II

The most effective way to identify specific cultural factors that influence client behavior is to conduct a cultural assessment of each client. This is best done by interview.

**Right NOW**, how confident are **YOU** about **interviewing clients of different cultural backgrounds** to learn about their values and beliefs?

Rate your degree of confidence or certainty for each of the following **interview topics**. Please use the following scale and mark your response accordingly.

| | | Not Confident ← | | | | | | | | → Totally Confident |
|---|---|---|---|---|---|---|---|---|---|---|
| | | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **Interview clients of different cultural backgrounds** about**:** | | | | | | | | | | | |
| **26)** | language preference | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **27)** | level of English comprehension | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **28)** | meaning of verbal communication patterns | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **29)** | meaning of nonverbal behaviors | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **30)** | meanings of space and touch | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **31)** | Time perception & orientation | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **32)** | racial background & identity | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **33)** | ethnic background & identity | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **34)** | socioeconomic background | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **35)** | religious background & identity | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **36)** | educational background & interests | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **37)** | religious practices & beliefs | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **38)** | acculturation | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **39)** | worldview (philosophy of life) | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **40)** | attitudes about health care technology | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **41)** | ethnic food preferences | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **42)** | role of elders | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **43)** | role of children | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **44)** | financial concerns | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **45)** | traditional health and illness beliefs | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **46)** | folk medicine tradition & use | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **47)** | gender role and responsibility | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **48)** | acceptable sick role behaviors | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **49)** | role of family during illness | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **50)** | discrimination and bias experiences | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **51)** | home environment | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **52)** | kinship ties | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **53)** | aging | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

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## Part III

As a health care provider who will care for many different people, **knowledge of yourself** is very important.

Please rate **YOUR** degree of confidence or certainty for each of the following items. Use the following scale and mark your response accordingly.

| | Not Confident ← | | | | | | | | | → Totally Confident |
|---|---|---|---|---|---|---|---|---|---|---|
| | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| A) About yourself, you are **AWARE OF:** | | | | | | | | | | |
| **54)** **YOUR OWN** cultural heritage and belief systems | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **55)** **YOUR OWN** biases and limitations | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **56)** Differences within **YOUR OWN** cultural group | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **B) Among clients of different cultural backgrounds,** You are **AWARE OF:** | | | | | | | | | | |
| **57)** insensitive and prejudicial treatment | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **58)** differences in perceived role of the nurse | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **59)** traditional caring behaviors | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **60)** professional caring behaviors | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **61)** comfort and discomfort felt when entering a culturally different world | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **62)** interaction between nursing, folk, and professional systems | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| You **ACCEPT:** | | | | | | | | | | |
| **63)** differences between cultural groups | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **64)** similarities between cultural groups | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **65)** client's refusal of treatment based on beliefs | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| You **APPRECIATE:** | | | | | | | | | | |
| **66)** interaction with people of different cultures | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **67)** cultural sensitivity and awareness | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **68)** culture-specific health care | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **69)** ole of family in providing health care | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **70)** client's worldview (philosophy of life) | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **Among clients of different cultural backgrounds,** You **RECOGNIZE:** | | | | | | | | | | |
| **71)** inadequacies in the U.S. health care system | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **72)** importance of home remedies and folk medicine | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **73)** impact of roles on health care practices | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **74)** impact of values on health care practices | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **75)** impact of socioeconomic factors on health care practices | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **76)** impact of political factors on health care practices | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **77)** need for cultural care preservation/maintenance | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **78)** need for cultural care accommodation/negotiation | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **79)** need for cultural care repatterning/restructuring | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **80)** need to prevent ethnocentric views | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **81)** need to prevent cultural imposition | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| You **ADVOCATE:** | | | | | | | | | | |
| **82)** client's decisions based on cultural beliefs | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **83)** culture-specific care | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

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# Cultural Competence Clinical Evaluation Tool–Student Version (CCCET–SV)

## DESCRIPTION

This 83-item questionnaire, which is adapted from the TSET, contains three subscales measuring different dimensions of clinical cultural competence behaviors as perceived by the student:

- Extent of culturally specific care (Subscale 1)
- Cultural assessment (Subscale 2)
- Culturally sensitive and professionally appropriate attitudes, values, or beliefs, including awareness, acceptance, recognition, appreciation, and advocacy necessary for providing culturally sensitive professional nursing care (Subscale 3)

The CCCET–SV can be used for multiple formative and summative evaluation purposes to guide individual, course, curricular, or program innovations and teaching–learning strategies. It can also be used in conjunction with other tools, such as the CCCET–Teacher Version (CCCET–TV), the Clinical Setting Assessment Tool–Diversity and Disparity (CSAT–DD), and the Transcultural Self-Efficacy Tool (TSET).

## INSTRUCTIONS FOR RESEARCHERS AND EDUCATORS

1) Detach this cover sheet before photocopying or posting online and administering it to a sample.
2) Review the information about the CCCET, as well as its administration, uses, and scoring, in *Teaching Cultural Competence in Nursing and Health Care: Inquiry, Action, and Innovation (2016)* ***before*** study design and data collection (or administration for formative evaluation purposes).
3) Please be sure that all respondents return the questionnaire (if hard copy is distributed).
4) Please send study results (see Toolkit Item 12) to:
   Dr. Marianne R. Jeffreys, The City University of New York College of Staten Island, Nursing Department, 2800 Victory Boulevard, Staten Island, New York 10314, USA.

## EASY SCORING

Descriptive statistics (frequency and percent) are compiled from individual and aggregate data.

Compare with the teacher ratings on the CCCET–TV.

- Use to determine baseline information; identify areas of strengths, weaknesses, and gaps; and evaluate changes following educational intervention and/or increased exposure to culturally diverse clients and/or increased exposure to the clinical topic/area not previously available.
- May be used together with CCCET–TV. (Students and teachers independently complete the CCCET at the end of the clinical experience.)
- May use results to guide educational changes.

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## ADDITIONAL INFORMATION

Formative and summative evaluation using the CCCET may be used for a variety of purposes targeting the individual and/or groups. Data may be used to answer the following sample questions:

Provision of Culture-Specific Care—Subscale 1

1) To what extent is culture-specific care provided in the clinical setting?
2) Which areas most frequently receive culturally specific care?
3) Which areas least frequently receive culturally specific care?
4) For which areas are opportunities to provide care unavailable?
5) For which areas are opportunities to provide care available, but diverse clients are unavailable?

Cultural Assessment—Subscale 2

1) Which cultural assessments are implemented most frequently with culturally diverse clients?
2) Which cultural assessments are implemented least frequently with culturally diverse clients?
3) For which cultural assessments is the opportunity for assessment unavailable?
4) For which cultural assessments is the opportunity for assessment available, but diverse clients are unavailable?

Cultural Sensitivity—Subscale 3

1) To what extent did culturally sensitive and professionally appropriate attitudes, values, or beliefs change?
2) Which attitudes, values, or beliefs changed the most?
3) Which attitudes, values, or beliefs changed the least?
4) For which areas/items are diverse clients unavailable?

Availability of areas/topics

1) What areas/topics of clinical practice are available?
2) What areas/topics of clinical practice are unavailable?
3) Which areas/topics of clinical practice are most available?
4) Which areas/topics of clinical practice are least available?

Availability of culturally diverse clients

1) To what extent are culturally diverse clients available in the clinical site?

Congruency between student and teacher/preceptor ratings

1) How similar or different are ratings between the student and teacher/preceptor?
2) Which items have the greatest congruency in ratings?
3) Which items have the least congruency in ratings?
4) Which subscale has the greatest congruency in ratings?
5) Which subscale has the least congruency in ratings?

Other potential questions

1) What is the influence of select demographic variables on the dependent variables?
2) What is the influence of transcultural self-efficacy perceptions (as measured by the TSET) on cultural competence (behaviors and attitudes) in the clinical setting (as measured by the CCCET)?
3) What is the influence of teaching interventions (list specific interventions to be appraised) on cultural competence (behaviors and attitudes) in the clinical setting (as measured by the CCCET)?

## SUPPLEMENTARY RESOURCES

Book (Third Edition/2016), Chapter 6. Exhibits in Chapter 6; Educator-in-Action (Chapter 6) vignette.

Jeffreys, M. R., & Dogan, E. (2013). Evaluating the influence of cultural competence education on students' transcultural self-efficacy perceptions. *Nursing Education Perspectives, 23*(2), 188–197.

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Throughout your career, you will be caring for clients of many different cultural backgrounds. These clients will represent various racial, ethnic, gender, socioeconomic, and religious groups. Culturally specific care requires that you know, understand, and identify cultural factors related to client care and conduct your nursing practice accordingly.

## Part I

For clients of **different** cultural backgrounds, to what extent did you **provide culturally specific care** during the clinical practicum?

Please use the following scale and mark your response accordingly.

If the opportunity to provide care in the listed area was unavailable, please mark A.

If the opportunity to provide care in the listed area was available, but diverse clients were unavailable, please mark B.

| Area Not Available | Diverse Clients Not Available | Not at All ← | | | | | | | | | → Totally |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

During this semester's clinical practicum, you provided **culturally specific care** in the following areas: (Mark one choice for each item)

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **1)** | health history and interview | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **2)** | physical examination | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **3)** | informed consent | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **4)** | health promotion | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **5)** | illness prevention | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **6)** | health maintenance | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **7)** | health restoration | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **8)** | safety | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **9)** | exercise and activity | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **10)** | pain relief and comfort | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **11)** | diet and nutrition | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **12)** | patient teaching | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **13)** | hygiene | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **14)** | anxiety and stress reduction | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **15)** | diagnostic tests | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **16)** | blood tests | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **17)** | pregnancy | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **18)** | birth | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **19)** | growth and development | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **20)** | aging | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **21)** | dying and death | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **22)** | grieving and loss | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **23)** | life support and resuscitation | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **24)** | sexuality | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **25)** | rest and sleep | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

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## Part II

The most effective way to identify specific cultural factors that influence client behavior is to conduct a cultural assessment.

How frequently did you assess clients of different cultural backgrounds about each cultural factor during the clinical practicum?

Please use the following scale and mark your response accordingly.
If the opportunity to conduct an assessment of the listed area was unavailable, please mark A.
If the opportunity to conduct an assessment of the listed area was available, but diverse clients were unavailable, please mark B.

| | Area Not Available | Diverse Clients Not Available | Never ← | | | | | | | | | → Always |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

During this semester's clinical practicum, you assessed clients of different backgrounds about: (Mark one choice for each item)

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 26) language preference | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 27) level of English comprehension | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 28) meaning of verbal communication patterns | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 29) meaning of nonverbal behaviors | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 30) meanings of space and touch | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 31) time perception and orientation | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 32) racial background and identity | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 33) ethnic background and identity | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 34) socioeconomic background | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 35) religious background and identity | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 36) educational background and interests | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 37) religious practices and beliefs | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 38) acculturation | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 39) worldview (philosophy of life) | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 40) attitudes about health care technology | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 41) ethnic food preferences | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 42) role of elders | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 43) role of children | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 44) financial concerns | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 45) traditional health and illness beliefs | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 46) folk medicine tradition and use | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 47) gender role and responsibility | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 48) acceptable sick role behaviors | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 49) role of family during illness | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 50) discrimination and bias experiences | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 51) home environment | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 52) kinship ties | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 53) aging | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

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## Part III

What effective learning outcomes did you gain as a result of your clinical practicum this semester?

Specifically, to what extent did you develop new, culturally sensitive and professionally appropriate attitudes, values, or beliefs **OR** further develop culturally sensitive and professionally appropriate attitudes, values, and beliefs about the following items?

For Section A, please use the following scale and mark your response accordingly. (Mark one choice for each item)

Not at All ← → To a Great Extent

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

**A) About Yourself:** As a result of this semester's clinical practicum, you developed a greater **AWARENESS OF:**

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **54)** **YOUR OWN** cultural heritage and belief systems | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **55)** **YOUR OWN** biases and limitations | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **56)** differences within **YOUR OWN** cultural group | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

For Section B, please use the following scale and mark your response accordingly. (Mark one choice for each item)

Diverse Clients Not Available Ⓑ

Not at All ← → To a Great Extent

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

**B) Among clients of different cultural backgrounds,**

As a result of this semester's clinical practicum, you became **MORE AWARE OF:**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **57)** insensitive and prejudicial treatment | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **58)** differences in perceived role of the nurse | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **59)** traditional caring behaviors | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **60)** professional caring behaviors | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **61)** comfort and discomfort felt when entering a culturally different world | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **62)** interaction between nursing, folk, and professional systems | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

As a result of this semester's clinical practicum, you became **MORE ACCEPTING OF:**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **63)** differences between cultural groups | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **64)** similarities between cultural groups | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **65)** client's refusal of treatment based on beliefs | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

As a result of this semester's clinical practicum, you became **MORE APPRECIATIVE OF:**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **66)** interaction with people of different cultures | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **67)** cultural sensitivity and awareness | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **68)** culture-specific nursing care | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **69)** role of family in providing health care | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **70)** client's worldview (philosophy of life) | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

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**Among clients of different cultural backgrounds,**

| | Diverse Clients Not Available | Not at All ← | | | | | | | | | → To a Great Extent |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

As a result of this semester's clinical practicum, you now **MORE READILY RECOGNIZE:**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **71)** inadequacies in the nation's health care system | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **72)** importance of home remedies and folk medicine | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **73)** impact of roles on health care practices | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **74)** impact of values on health care practices | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **75)** impact of socioeconomic factors on health care practices | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **76)** impact of political factors on health care practices | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **77)** need for cultural care preservation/maintenance | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **78)** need for cultural care accommodation/negotiation | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **79)** need for cultural care repatterning/restructuring | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **80)** need to prevent ethnocentric views | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **81)** need to prevent cultural imposition | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

As a result of this semester's practicum, you became a **MORE COMMITTED ADVOCATE FOR:**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **82)** client's decisions based on cultural beliefs | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **83)** culture-specific care | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

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# Cultural Competence Clinical Evaluation Tool–Teacher Version (CCCET–TV)

## DESCRIPTION

This 83-item questionnaire, which is adapted from the TSET, contains three subscales measuring different dimensions of clinical cultural competence behaviors as rated by the teacher or preceptor:

- Extent of culturally specific care (Subscale 1)
- Cultural assessment (Subscale 2)
- Culturally sensitive and professionally appropriate attitudes, values, or beliefs, including awareness, acceptance, recognition, appreciation, and advocacy necessary for providing culturally sensitive professional nursing care (Subscale 3)

The CCCET–TV can be used for multiple formative and summative evaluation purposes to guide individual, course, curricular, or program innovations and teaching–learning strategies. It can also be used in conjunction with other tools, such as the CCCET–Student Version (CCCET–SV), the Clinical Setting Assessment Tool–Diversity and Disparity (CSAT–DD), and the Transcultural Self-Efficacy Tool (TSET).

## INSTRUCTIONS FOR RESEARCHERS AND EDUCATORS

1) Detach this cover sheet before photocopying or posting online and administering it to a sample.
2) Review information about the CCCET, as well as its administration, uses, and scoring, in *Teaching Cultural Competence in Nursing and Health Care: Inquiry, Action, and Innovation (2016)* ***before*** study design and data collection (or administration for formative evaluation purposes).
3) Please be sure that all respondents return the questionnaire (if hard copy is distributed).
4) Please send the study results (see Toolkit Item 12) to:
   Dr. Marianne R. Jeffreys, The City University of New York College of Staten Island, Nursing Department, 2800 Victory Boulevard, Staten Island, New York 10314, USA.

## EASY SCORING

Descriptive statistics (frequency and percent) are compiled from individual and aggregate data.

Compare these with the student ratings on the CCCET–SV.

- Use to determine baseline information; identify areas of strengths, weaknesses, and gaps; and evaluate change following educational intervention and/or increased exposure to culturally diverse clients and/or increased exposure to the clinical topic/area not previously available.
- May be used together with CCCET–SV. (Students and teachers independently complete the CCCET at the end of the clinical experience.)
- Can use results to guide educational changes.

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## ADDITIONAL INFORMATION

Formative and summative evaluation using the CCCET may be used for a variety of purposes targeting the individual and/or groups. Data may be used to answer the following sample questions:

Provision of Culture-Specific Care—Subscale 1

1) To what extent is culture-specific care provided in the clinical setting?
2) Which areas most frequently receive culturally specific care?
3) Which areas least frequently receive culturally specific care?
4) For which areas are opportunities to provide care unavailable?
5) For which areas are opportunities to provide care available, but diverse clients are unavailable?

Cultural Assessment—Subscale 2

1) Which cultural assessments are implemented most frequently with culturally diverse clients?
2) Which cultural assessments are implemented least frequently with culturally diverse clients?
3) For which cultural assessments is the opportunity for assessment unavailable?
4) For which cultural assessments is the opportunity for assessment available, but diverse clients are unavailable?

Cultural Sensitivity—Subscale 3

1) To what extent did culturally sensitive and professionally appropriate attitudes, values, or beliefs change?
2) Which attitudes, values, or beliefs changed the most?
3) Which attitudes, values, or beliefs changed the least?
4) For which areas/items are diverse clients unavailable?

Availability of areas/topics

1) What areas/topics of clinical practice are available?
2) What areas/topics of clinical practice are unavailable?
3) Which areas/topics of clinical practice are most available?
4) Which areas/topics of clinical practice are least available?

Availability of culturally diverse clients

1) To what extent are culturally diverse clients available in the clinical site?

Congruency between student and teacher/preceptor ratings

1) How similar or different are ratings between the student and teacher/preceptor?
2) Which items have the greatest congruency in ratings?
3) Which items have the least congruency in ratings?
4) Which subscale has the greatest congruency in ratings?
5) Which subscale has the least congruency in ratings?

Other potential questions

1) What is the influence of select demographic variables on the dependent variables?
2) What is the influence of transcultural self-efficacy perceptions (as measured by the TSET) on cultural competence (behaviors and attitudes) in the clinical setting (as measured by the CCCET)?
3) What is the influence of teaching interventions (list specific interventions to be appraised) on cultural competence (behaviors and attitudes) in the clinical setting (as measured by the CCCET)?

## SUPPLEMENTARY RESOURCES

Book (Third Edition/2016), Chapter 6. Exhibits in Chapter 6; Educator-in-Action (Chapter 6) vignette.

Jeffreys, M. R., & Dogan, E. (2013). Evaluating the influence of cultural competence education on students' transcultural self-efficacy perceptions. *Nursing Education Perspectives, 23*(2), 188–197.

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Throughout one's nursing career, nurses will be caring for clients of many different cultural backgrounds. These clients will represent various racial, ethnic, gender, socioeconomic, and religious groups. Culturally specific care requires that nurses know, understand, and identify cultural factors related to client care and conduct their nursing practice accordingly.

## Part I

For clients of **different** cultural backgrounds, to what extent did the student **provide culturally specific care**?

Please use the following scale and mark your response accordingly.

If the opportunity to provide care in the listed area was unavailable, please mark A.
If the opportunity to provide care in the listed area was available, but diverse clients were unavailable, please mark B.
If you are unable to evaluate the student, please leave the item blank.

| | Area Not Available | Diverse Clients Not Available | Not at All ← | | | | | | | | | → Totally |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

During this semester's clinical practicum, the student **provided culturally specific care** in the following areas: (Mark one choice per item)

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **1)** | health history and interview | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **2)** | physical examination | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **3)** | informed consent | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **4)** | health promotion | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **5)** | illness prevention | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **6)** | health maintenance | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **7)** | health restoration | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **8)** | safety | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **9)** | exercise and activity | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **10)** | pain relief and comfort | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **11)** | diet and nutrition | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **12)** | patient teaching | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **13)** | hygiene | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **14)** | anxiety and stress reduction | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **15)** | diagnostic tests | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **16)** | blood tests | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **17)** | pregnancy | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **18)** | birth | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **19)** | growth and development | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **20)** | aging | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **21)** | dying and death | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **22)** | grieving and loss | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **23)** | life support and resuscitation | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **24)** | sexuality | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **25)** | rest and sleep | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

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## Part II

The most effective way to identify specific cultural factors that influence client behavior is to conduct a cultural assessment.

How frequently did the student assess clients of different cultural backgrounds about each cultural factor?

Please use the following scale and mark your response accordingly.
If the opportunity to conduct an assessment of the listed area was unavailable, please mark A.
If the opportunity to conduct an assessment of the listed area was available, but diverse clients were unavailable, please mark B.
If you are unable to evaluate the student, please leave the item blank.

| | Area Not Available | Diverse Clients Not Available | Never ← | | | | | | | | | → Always |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

During this semester's clinical practicum, the student assessed clients of different backgrounds about: (Mark one choice per item)

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **26)** | language preference | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **27)** | level of English comprehension | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **28)** | meaning of verbal communication patterns | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **29)** | meaning of nonverbal behaviors | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **30)** | meanings of space and touch | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **31)** | time perception and orientation | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **32)** | racial background and identity | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **33)** | ethnic background and identity | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **34)** | socioeconomic background | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **35)** | religious background and identity | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **36)** | educational background and interests | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **37)** | religious practices and beliefs | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **38)** | acculturation | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **39)** | world view (philosophy of life) | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **40)** | attitudes about health care technology | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **41)** | ethnic food preferences | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **42)** | role of elders | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **43)** | ole of children | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **44)** | financial concerns | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **45)** | traditional health and illness beliefs | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **46)** | folk medicine tradition and use | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **47)** | gender role and responsibility | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **48)** | acceptable sick role behaviors | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **49)** | role of family during illness | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **50)** | discrimination and bias experiences | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **51)** | home environment | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **52)** | kinship ties | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **53)** | aging | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

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## Part III

During the clinical practicum experience and/or clinical practicum assignments, to what extent did the student demonstrate or express culturally sensitive and professionally appropriate attitudes, values, or beliefs about the following items?

For Section A, please use the following scale and mark your response accordingly. (Mark one choice for each item)
If you are unable to evaluate the student, please leave the item blank.

Not at All ← → To a Great Extent

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

**A) About his/her own culture:** As a result of this semester's clinical practicum, the student developed a greater **AWARENESS OF:**

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **54)** **HIS/HER OWN** cultural heritage and belief systems | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **55)** **HIS/HER OWN** biases and limitations | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **56)** differences within **HIS/HER OWN** cultural group | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

For Section B, please use the following scale and mark your response accordingly. (Mark one choice for each item)
If you are unable to evaluate the student, please leave the item blank.

Diverse Clients Not Available Ⓑ

Not at All ← → To a Great Extent

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

**Among clients of different cultural backgrounds,**

As a result of this semester's clinical practicum, the student became **MORE AWARE OF:**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **57)** insensitive and prejudicial treatment | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **58)** differences in perceived role of the nurse | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **59)** traditional caring behaviors | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **60)** professional caring behaviors | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **61)** comfort and discomfort felt when entering a culturally different world | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **62)** interaction between nursing, folk, and professional systems | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

As a result of this semester's clinical practicum, the student became **MORE ACCEPTING OF:**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **63)** differences between cultural groups | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **64)** similarities between cultural groups | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **65)** client's refusal of treatment based on beliefs | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

As a result of this semester's clinical practicum, the student became **MORE APPRECIATIVE OF:**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **66)** interaction with people of different cultures | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **67)** cultural sensitivity and awareness | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **68)** culture-specific nursing care | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **69)** role of family in providing health care | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **70)** client's worldview (philosophy of life) | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

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**Among clients of different cultural backgrounds,**

| | Diverse Clients Not Available | Not at All ← | | | | | | | | | → To a Great Extent |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

As a result of this semester's clinical practicum, the student now **MORE READILY RECOGNIZES:**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **71)** | inadequacies in the nation's health care system | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **72)** | importance of home remedies and folk medicine | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **73)** | impact of roles on health care practices | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **74)** | impact of values on health care practices | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **75)** | impact of socioeconomic factors on health care practices | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **76)** | impact of political factors on health care practices | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **77)** | need for cultural care preservation/maintenance | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **78)** | need for cultural care accommodation/negotiation | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **79)** | need for cultural care repatterning/restructuring | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **80)** | need to prevent ethnocentric views | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **81)** | need to prevent cultural imposition | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

As a result of this semester's practicum, the student became a **MORE COMMITTED ADVOCATE FOR:**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **82)** | client's decisions based on cultural beliefs | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **83)** | culture-specific care | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

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# Cultural Competence Clinical Evaluation Tool–Employee Version (CCCET–EV)

## DESCRIPTION

This 83-item questionnaire, which is adapted from the TSET, contains three subscales measuring different dimensions of clinical cultural competence behaviors as perceived by the employee:

- Extent of culturally specific care (Subscale 1)
- Cultural assessment (Subscale 2)
- Culturally sensitive and professionally appropriate attitudes, values, or beliefs, including awareness, acceptance, recognition, appreciation, and advocacy necessary for providing culturally sensitive professional nursing care (Subscale 3)

The CCCET–EV can be used for multiple formative and summative evaluation purposes to guide individual, course, curricular, or employee education program innovations and teaching–learning strategies. It can also be used in conjunction with other tools, such as the CCCET–Agency Evaluator Version (CCCET–AEV), the Clinical Setting Assessment Tool–Diversity and Disparity (CSAT–DD), and the Transcultural Self-Efficacy Tool (TSET).

## INSTRUCTIONS FOR RESEARCHERS AND EDUCATORS

1) Detach this cover sheet before photocopying or posting online and administering it to a sample.
2) Review the information about the CCCET, as well as its administration, uses, and scoring, in *Teaching Cultural Competence in Nursing and Health Care: Inquiry, Action, and Innovation (2016)* ***before*** study design and data collection (or administration for formative evaluation purposes).
3) Please be sure that all respondents return the questionnaire (if hard copy is distributed).
4) Please send study results (see Toolkit Item 12) to:
   Dr. Marianne R. Jeffreys, The City University of New York College of Staten Island, Nursing Department, 2800 Victory Boulevard, Staten Island, New York 10314, USA.

## EASY SCORING

Descriptive statistics (frequency and percent) are compiled from individual and aggregate data.

Compare these values with the agency evaluator ratings on CCCET–AEV.

- Use to determine baseline information; identify areas of strengths, weaknesses, and gaps; and evaluate change following educational intervention and/or increased exposure to culturally diverse clients and/or increased exposure to the clinical topic/area not previously available.
- May be used together with CCCET–AEV. (Employees and agency evaluators independently complete the CCCET at the end of the clinical orientation or preceptor experience.)
- Can use results to guide educational changes.

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## ADDITIONAL INFORMATION

Formative and summative evaluation using the CCCET may be used for a variety of purposes targeting the individual and/or groups. Data may be used to answer the following sample questions:

Provision of Culture-Specific Care—Subscale 1

1) To what extent is culture-specific care provided in the clinical setting?
2) Which areas most frequently receive culturally specific care?
3) Which areas least frequently receive culturally specific care?
4) For which areas are opportunities to provide care unavailable?
5) For which areas are opportunities to provide care available, but diverse clients are unavailable?

Cultural Assessment—Subscale 2

1) Which cultural assessments are implemented most frequently with culturally diverse clients?
2) Which cultural assessments are implemented least frequently with culturally diverse clients?
3) For which cultural assessments is the opportunity for assessment unavailable?
4) For which cultural assessments is the opportunity for assessment available, but diverse clients are unavailable?

Cultural Sensitivity—Subscale 3

1) To what extent did culturally sensitive and professionally appropriate attitudes, values, or beliefs change?
2) Which attitudes, values, or beliefs changed the most?
3) Which attitudes, values, or beliefs changed the least?
4) For which areas/items are diverse clients unavailable?

Availability of areas/topics

1) What areas/topics of clinical practice are available?
2) What areas/topics of clinical practice are unavailable?
3) Which areas/topics of clinical practice are most available?
4) Which areas/topics of clinical practice are least available?

Availability of culturally diverse clients

1) To what extent are culturally diverse clients available in the clinical site?

Congruency between employee and evaluator ratings

1) How similar or different are ratings between the employee and agency evaluator?
2) Which items have the greatest congruency in ratings?
3) Which items have the least congruency in ratings?
4) Which subscale has the greatest congruency in ratings?
5) Which subscale has the least congruency in ratings?

Other potential questions

1) What is the influence of select demographic variables on the dependent variables?
2) What is the influence of transcultural self-efficacy perceptions (as measured by the TSET) on cultural competence (behaviors and attitudes) in the clinical setting (as measured by the CCCET)?
3) What is the influence of teaching interventions (list specific interventions to be appraised) on cultural competence (behaviors and attitudes) in the clinical setting (as measured by the CCCET)?

## SUPPLEMENTARY RESOURCES

Book (Third Edition/2016), Chapter 6. Exhibits in Chapter 6; Educator-in-Action (Chapter 6) vignette.

Jeffreys, M. R., & Dogan, E. (2013). Evaluating the influence of cultural competence education on students' transcultural self-efficacy perceptions. *Nursing Education Perspectives, 23*(2), 188–197.

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Throughout your career, you will be caring for clients of many different cultural backgrounds. These clients will represent various racial, ethnic, gender, socioeconomic, and religious groups. Culturally specific care requires that you know, understand, and identify cultural factors related to client care and conduct your nursing practice accordingly.

## Part I

For clients of **different** cultural backgrounds, to what extent did you **provide culturally specific care**?

Please use the following scale and mark your response accordingly.

If the opportunity to provide care in the listed area was unavailable, please mark A.
If the opportunity to provide care in the listed area was available, but diverse clients were unavailable, please mark B.

| | Area Not Available | Diverse Clients Not Available | Not at All | | | | | | | | | Totally |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| You provided **culturally specific care** in the following areas: (Mark one choice for each item) | | | | | | | | | | | | |
| **1)** health history and interview | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **2)** physical examination | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **3)** informed consent | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **4)** health promotion | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **5)** illness prevention | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **6)** health maintenance | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **7)** health restoration | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **8)** safety | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **9)** exercise and activity | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **10)** pain relief and comfort | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **11)** diet and nutrition | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **12)** patient teaching | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **13)** hygiene | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **14)** anxiety and stress reduction | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **15)** diagnostic tests | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **16)** blood tests | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **17)** pregnancy | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **18)** birth | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **19)** growth and development | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **20)** aging | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **21)** dying and death | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **22)** grieving and loss | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **23)** life support and resuscitation | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **24)** sexuality | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **25)** rest and sleep | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

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## Part II

The most effective way to identify specific cultural factors that influence client behavior is to conduct a cultural assessment.

How frequently did you assess clients of different cultural backgrounds about each cultural factor?

Please use the following scale and mark your response accordingly.
If the opportunity to conduct an assessment of the listed area was unavailable, please mark A.
If the opportunity to conduct an assessment of the listed area was available, but diverse clients were unavailable, please mark B.

| | | Area Not Available | Diverse Clients Not Available | Never | | | | | | | | | Always |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| You assessed clients of different backgrounds about: (Mark one choice for each item) | | | | | | | | | | | | | |
| **26)** | language preference | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **27)** | level of English comprehension | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **28)** | meaning of verbal communication patterns | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **29)** | meaning of nonverbal behaviors | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **30)** | meanings of space and touch | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **31)** | time perception and orientation | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **32)** | racial background and identity | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **33)** | ethnic background and identity | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **34)** | socioeconomic background | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **35)** | religious background and identity | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **36)** | educational background and interests | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **37)** | religious practices and beliefs | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **38)** | acculturation | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **39)** | world view (philosophy of life) | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **40)** | attitudes about health care technology | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **41)** | ethnic food preferences | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **42)** | role of elders | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **43)** | role of children | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **44)** | financial concerns | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **45)** | traditional health and illness beliefs | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **46)** | folk medicine tradition and use | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **47)** | gender role and responsibility | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **48)** | acceptable sick role behaviors | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **49)** | role of family during illness | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **50)** | discrimination and bias experiences | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **51)** | home environment | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **52)** | kinship ties | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **53)** | aging | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

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## Part III

What effective learning outcomes did you gain as a result of the cultural competence education program?

Specifically, to what extent did you develop new, culturally sensitive and professionally appropriate attitudes, values, or beliefs **OR** further develop culturally sensitive and professionally appropriate attitudes, values, and beliefs about the following items?

For Section A, please use the following scale and mark your response accordingly. (Mark one choice for each item)

Not at All ← → To a Great Extent

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

**A) About Yourself:** As a result of the cultural competence education program, you developed a greater **AWARENESS OF:**

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **54)** **YOUR OWN** cultural heritage and belief systems | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **55)** **YOUR OWN** biases and limitations | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **56)** differences within **YOUR OWN** cultural group | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

For Section B, please use the following scale and mark your response accordingly. (Mark one choice for each item)

Diverse Clients Not Available Ⓑ

Not at All ← → To a Great Extent

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

**B) Among clients of different cultural backgrounds,**

As a result of the cultural competence education program, you became **MORE AWARE OF:**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **57)** insensitive and prejudicial treatment | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **58)** differences in perceived role of the nurse | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **59)** traditional caring behaviors | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **60)** professional caring behaviors | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **61)** comfort and discomfort felt when entering a culturally different world | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **62)** interaction between nursing, folk, and professional systems | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

As a result of the cultural competence education program, you became **MORE ACCEPTING OF:**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **63)** differences between cultural groups | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **64)** similarities between cultural groups | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **65)** client's refusal of treatment based on beliefs | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

As a result of the cultural competence education program, you became **MORE APPRECIATIVE OF:**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **66)** interaction with people of different cultures | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **67)** cultural sensitivity and awareness | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **68)** culture-specific nursing care | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **69)** role of family in providing health care | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **70)** client's worldview (philosophy of life) | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

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**Among clients of different cultural backgrounds,**

| | Diverse Clients Not Available | Not at All ← | | | | | | | | | → To a Great Extent |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

As a result of the cultural competence education program, you now **MORE READILY RECOGNIZE:**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **71)** | inadequacies in the nation's health care system | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **72)** | importance of home remedies and folk medicine | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **73)** | impact of roles on health care practices | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **74)** | impact of values on health care practices | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **75)** | impact of socioeconomic factors on health care practices | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **76)** | impact of political factors on health care practices | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **77)** | need for cultural care preservation/maintenance | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **78)** | need for cultural care accommodation/negotiation | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **79)** | need for cultural care repatterning/restructuring | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **80)** | need to prevent ethnocentric views | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **81)** | need to prevent cultural imposition | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

As a result of the cultural competence education program, you became a **MORE COMMITTED ADVOCATE FOR:**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **82)** | client's decisions based on cultural beliefs | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **83)** | culture-specific care | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

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# Cultural Competence Clinical Evaluation Tool–Agency Evaluator Version (CCCET–AEV)

## DESCRIPTION

This 83-item questionnaire, which is adapted from the TSET, contains three subscales measuring different dimensions of clinical cultural competence behaviors as rated by the agency evaluator:

- Extent of culturally specific care (Subscale 1)
- Cultural assessment (Subscale 2)
- Culturally sensitive and professionally appropriate attitudes, values, or beliefs, including awareness, acceptance, recognition, appreciation, and advocacy necessary for providing culturally sensitive professional nursing care (Subscale 3)

The CCCET–AEV can be used for multiple formative and summative evaluation purposes to guide individual, course, curricular, or employee education program innovations and teaching–learning strategies. It can also be used in conjunction with other tools, such as the CCCET–Employee Version (CCCET–EV), the Clinical Setting Assessment Tool–Diversity and Disparity (CSAT–DD), and the Transcultural Self-Efficacy Tool (TSET).

## INSTRUCTIONS FOR RESEARCHERS AND EDUCATORS

1) Detach this cover sheet before photocopying or posting online and administering it to a sample.
2) Review the information about the CCCET, as well as its administration, uses, and scoring, in *Teaching Cultural Competence in Nursing and Health Care: Inquiry, Action, and Innovation (2016)* ***before*** study design and data collection (or administration for formative evaluation purposes).
3) Please be sure that all respondents return the questionnaire (if hard copy is distributed).
4) Please send the study results (see Toolkit Item 12) to:
   Dr. Marianne R. Jeffreys, The City University of New York College of Staten Island, Nursing Department, 2800 Victory Boulevard, Staten Island, New York 10314, USA.

## EASY SCORING

Descriptive statistics (frequency and percent) are compiled from individual and aggregate data.

Compare these values with the employee ratings on CCCET–EV.

- Use to determine baseline information; identify areas of strengths, weaknesses, and gaps; and evaluate change following educational intervention and/or increased exposure to culturally diverse clients and/or increased exposure to the clinical topic/area not previously available.
- May be used together with CCCET–EV. (Employees and agency evaluators independently complete the CCCET at the end of the clinical orientation or preceptor experience.)
- Can use results to guide educational changes.

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## ADDITIONAL INFORMATION

Formative and summative evaluation using the CCCET may be used for a variety of purposes targeting the individual and/or groups. Data may be used to answer the following sample questions:

Provision of Culture-Specific Care—Subscale 1

1) To what extent is culture-specific care provided in the clinical setting?
2) Which areas most frequently receive culturally specific care?
3) Which areas least frequently receive culturally specific care?
4) For which areas are opportunities to provide care unavailable?
5) For which areas are opportunities to provide care available, but diverse clients are unavailable?

Cultural Assessment—Subscale 2

1) Which cultural assessments are implemented most frequently with culturally diverse clients?
2) Which cultural assessments are implemented least frequently with culturally diverse clients?
3) For which cultural assessments is the opportunity for assessment unavailable?
4) For which cultural assessments is the opportunity for assessment available, but diverse clients are unavailable?

Cultural Sensitivity—Subscale 3

1) To what extent did culturally sensitive and professionally appropriate attitudes, values, or beliefs change?
2) Which attitudes, values, or beliefs changed the most?
3) Which attitudes, values, or beliefs changed the least?
4) For which areas/items are diverse clients unavailable?

Availability of areas/topics

1) What areas/topics of clinical practice are available?
2) What areas/topics of clinical practice are unavailable?
3) Which areas/topics of clinical practice are most available?
4) Which areas/topics of clinical practice are least available?

Availability of culturally diverse clients

1) To what extent are culturally diverse clients available in the clinical site?

Congruency between employee and evaluator ratings

1) How similar or different are ratings between the employee and agency evaluator?
2) Which items have the greatest congruency in ratings?
3) Which items have the least congruency in ratings?
4) Which subscale has the greatest congruency in ratings?
5) Which subscale has the least congruency in ratings?

Other potential questions

1) What is the influence of select demographic variables on the dependent variables?
2) What is the influence of transcultural self-efficacy perceptions (as measured by the TSET) on cultural competence (behaviors and attitudes) in the clinical setting (as measured by the CCCET)?
3) What is the influence of teaching interventions (list specific interventions to be appraised) on cultural competence (behaviors and attitudes) in the clinical setting (as measured by the CCCET)?

## SUPPLEMENTARY RESOURCES

Book (Third Edition/2016), Chapter 6, Exhibits in Chapter 6, Educator-in-Action (Chapter 6) vignette.

Jeffreys, M. R., & Dogan, E. (2013). Evaluating the influence of cultural competence education on students' transcultural self-efficacy perceptions. *Nursing Education Perspectives, 23*(2), 188–197.

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Throughout one's nursing career, nurses will be caring for clients of many different cultural backgrounds. These clients will represent various racial, ethnic, gender, socioeconomic, and religious groups. Culturally specific care requires that nurses know, understand, and identify cultural factors related to client care and conduct their nursing practice accordingly.

## Part I

For clients of **different** cultural backgrounds, to what extent did the nurse **provide culturally specific care**?

Please use the following scale and mark your response accordingly.

If the opportunity to provide care in the listed area was unavailable, please mark A.
If the opportunity to provide care in the listed area was available, but diverse clients were unavailable, please mark B.
If you are unable to evaluate the student, please leave the item blank.

| Area Not Available | Diverse Clients Not Available | Not at All ← | | | | | | | | | → Totally |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

During the designated evaluation period, the nurse **provided culturally specific care** in the following areas: (Mark one choice per item)

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **1)** | health history and interview | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **2)** | physical examination | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **3)** | informed consent | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **4)** | health promotion | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **5)** | illness prevention | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **6)** | health maintenance | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **7)** | health restoration | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **8)** | safety | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **9)** | exercise and activity | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **10)** | pain relief and comfort | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **11)** | diet and nutrition | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **12)** | patient teaching | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **13)** | hygiene | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **14)** | anxiety and stress reduction | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **15)** | diagnostic tests | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **16)** | blood tests | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **17)** | pregnancy | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **18)** | birth | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **19)** | growth and development | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **20)** | aging | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **21)** | dying and death | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **22)** | grieving and loss | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **23)** | life support and resuscitation | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **24)** | Sexuality | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **25)** | rest and sleep | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

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**Part II**

The most effective way to identify specific cultural factors that influence client behavior is to conduct a cultural assessment.

How frequently did the nurse assess clients of different cultural backgrounds about each cultural factor?

Please use the following scale and mark your response accordingly.
If the opportunity to conduct an assessment of the listed area was unavailable, please mark A.
If the opportunity to conduct an assessment of the listed area was available, but diverse clients were unavailable, please mark B.
If you are unable to evaluate the nurse, please leave the item blank.

| | Area Not Available | Diverse Clients Not Available | Never ← | | | | | | | | | → Always |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| During the designated evaluation period, the nurse assessed clients of different backgrounds about: (Mark one choice per item) | | | | | | | | | | | | |
| **26)** language preference | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **27)** level of English comprehension | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **28)** meaning of verbal communication patterns | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **29)** meaning of nonverbal behaviors | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **30)** meanings of space and touch | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **31)** time perception and orientation | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **32)** racial background and identity | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **33)** ethnic background and identity | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **34)** socioeconomic background | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **35)** religious background and identity | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **36)** educational background and interests | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **37)** religious practices and beliefs | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **38)** acculturation | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **39)** worldview (philosophy of life) | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **40)** attitudes about health care technology | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **41)** ethnic food preferences | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **42)** role of elders | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **43)** role of children | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **44)** financial concerns | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **45)** traditional health and illness beliefs | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **46)** folk medicine tradition and use | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **47)** gender role and responsibility | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **48)** acceptable sick role behaviors | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **49)** role of family during illness | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **50)** discrimination and bias experiences | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **51)** home environment | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **52)** kinship ties | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **53)** aging | Ⓐ | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

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## Part III

During the designated evaluation period, to what extent did the nurse demonstrate or express culturally sensitive and professionally appropriate attitudes, values, or beliefs about the following items?

For Section A, please use the following scale and mark your response accordingly. (Mark one choice for each item)
If you are unable to evaluate the nurse, please leave the item blank.

Not at All ← → To a Great Extent

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

**A) About his/her own culture:** As a result of the cultural competence education program, the nurse developed a greater **AWARENESS OF:**

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **54)** **HIS/HER OWN** cultural heritage and belief systems | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **55)** **HIS/HER OWN** biases and limitations | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **56)** differences within **HIS/HER OWN** cultural group | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

For Section B, please use the following scale and mark your response accordingly. (Mark one choice for each item)

If you are unable to evaluate the nurse, please leave the item blank.

Diverse Clients Not Available Ⓑ

Not at All ← → To a Great Extent

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

**Among clients of different cultural backgrounds,**

As a result of the cultural competence education program, the nurse became **MORE AWARE OF:**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **57)** insensitive and prejudicial treatment | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **58)** differences in perceived role of the nurse | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **59)** traditional caring behaviors | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **60)** professional caring behaviors | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **61)** comfort and discomfort felt when entering a culturally different world | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **62)** interaction between nursing, folk, and professional systems | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

As a result of the cultural competence education program, the nurse became **MORE ACCEPTING OF:**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **63)** differences between cultural groups | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **64)** similarities between cultural groups | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **65)** client's refusal of treatment based on beliefs | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

As a result of the cultural competence education program, the nurse became **MORE APPRECIATIVE OF:**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **66)** interaction with people of different cultures | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **67)** cultural sensitivity and awareness | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **68)** culture-specific nursing care | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **69)** role of family in providing health care | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **70)** client's worldview (philosophy of life) | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

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**Among clients of different cultural backgrounds,**

| | Diverse Clients Not Available | Not at All ← | | | | | | | | | → To a Great Extent |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

As a result of the cultural competence education program, the nurse now **MORE READILY RECOGNIZES:**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **71)** | inadequacies in the nation's health care system | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **72)** | importance of home remedies and folk medicine | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **73)** | impact of roles on health care practices | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **74)** | impact of values on health care practices | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **75)** | impact of socioeconomic factors on health care practices | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **76)** | impact of political factors on health care practices | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **77)** | need for cultural care preservation/maintenance | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **78)** | need for cultural care accommodation/negotiation | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **79)** | need for cultural care repatterning/restructuring | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **80)** | need to prevent ethnocentric views | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **81)** | need to prevent cultural imposition | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

As a result of the cultural competence education program, the nurse became a **MORE COMMITTED ADVOCATE FOR:**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **82)** | client's decisions based on cultural beliefs | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| **83)** | culture-specific care | Ⓑ | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

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# Clinical Setting Assessment Tool–Diversity and Disparity (CSAT–DD)

## DESCRIPTION

This demographic tool is used to collect data about the clinical practicum/agency site, specifically focusing on descriptions of diverse client populations (Part I) and clinical problems targeting the focus areas identified by healthypeople.gov (Part II). (See permission to adapt under Instructions for Researchers.)

The first page gathers information about the type of agency (e.g., private, public, etc.) and whether the instructor/preceptor/agency evaluator completed a college level course and/or continuing education (CE) units in transcultural nursing or cultural competence in health care.

The 15 items in Part I gather information about the demographic make-up of the client population (age, ethnicity, languages spoken, religion, etc.) as well as identify the most prevalent characteristics represented.

Part II identifies the five most frequent clinical focus areas evident in the clinical setting (28 items or 40 items).

## INSTRUCTIONS FOR RESEARCHERS

1) Detach this cover sheet before photocopying or posting online and administering it to a sample.
2) Review the information about the CSAT–DD, as well as its administration, uses, and scoring, in *Teaching Cultural Competence in Nursing and Health Care: Inquiry, Action, and Innovation (2016)* ***before*** study design and data collection.
3) CSAT–DD (first page) may be adapted to individualize with the type of agency options.
4) CSAT–DD (Part I) may be adapted to individualize with desired demographic data. (Researchers outside the United States may find it necessary to adapt this section.)
5) Select 1 of the Part II options:
   - 28 items based upon Healthy People 2010 focus areas

   OR
   - 40 items based upon Healthy People 2020 focus areas

*Please note*:

- CSAT–DD (Part II) may be adapted as new healthypeople.gov focus areas are identified and/or updated.
- Researchers outside the United States may choose to administer or adapt Part II as appropriate for their nation or region's health main focus or priority areas.

6) Please be sure that all respondents return the questionnaire (if hard copy is distributed).

## EASY SCORING

Descriptive statistics (frequency and percent) are compiled from individual and aggregate data.

This tool is intended for descriptive use but could be used to examine the relationship between select variables on the CSAT–DD and other items or scores on the TSET and/or CCCET. Information can be used to evaluate the amount and type of exposure of the student/learner/nurse to culturally diverse clients and nationally identified clinical focus areas.

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## SUPPLEMENTARY RESOURCES

Book (Third Edition/2016), Chapter 6 Exhibits, and Educator-in-Action (Chapter 6) vignette.

Jeffreys, M. R., & Dogan, E. (2013). Evaluating the influence of cultural competence education on students' transcultural self-efficacy perceptions. *Nursing Education Perspectives, 23*(2), 188–197.

Preceptor or Clinical Instructor Name: _____

### Clinical Practicum Information

Site or Agency Name: _____
Address: _____

Type of agency (Choose one)

O Public
O Private, For-profit
O Religious, Nonprofit
O Government
O Nonsectarian, Nonprofit
O Indian Health Service
O School
O Other

A) Did preceptor/clinical instructor complete a college level course in transcultural nursing or cultural competence in health care?

O Yes O No

B) Did preceptor/clinical instructor complete continuing education (CE) units in transcultural nursing or cultural competence in health care?

O Yes O No

The make-up of the client population:

| | Included in Client Population (select all that apply) | Was Most Prevalent in Client Population (select 1 for each item) |
|---|---|---|
| **1. Sex** | | |
| Male | O | O |
| Female | O | O |
| **2. Age Groups** | | |
| Infants | O | O |
| Children | O | O |
| Adolescents | O | O |
| Young adults | O | O |
| Middle-aged adults | O | O |
| Older adults | O | O |
| Elderly | O | O |
| Older old | O | O |
| **3. Language** | | |
| English-speaking | O | O |
| Non-English-speaking | O | O |
| English-as-a-second (other) language | O | O |
| American Sign Language | O | O |
| Braille | O | O |
| **4. Citizenship Status** | | |
| U.S.-born citizens | O | O |
| Naturalized U.S. citizens | O | O |
| Immigrants | O | O |
| Refugees | O | O |
| Illegal aliens | O | O |
| **5. Literacy** | | |
| Adults able to read and write English | O | O |
| Adults able to read and write a language other than English | O | O |
| Adults unable to read and write any language | | |

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| | Included in Client Population (select all that apply) | Was Most Prevalent in Client Population (select 1 for each item) |
|---|---|---|
| **6. Highest Education of Adults** | | |
| Never attended school | O | O |
| Some elementary school | O | O |
| Elementary school graduate (grade 8) | O | O |
| Some high school | O | O |
| High school graduate | O | O |
| Some college | O | O |
| College graduate | O | O |
| **7. Employment Status of Adults** | | |
| Employed full-time | O | O |
| Employed part-time | O | O |
| Unemployed | O | O |
| **8. Health Insurance Status** | | |
| Uninsured | O | O |
| Private insurance | O | O |
| Medicaid | O | O |
| Medicare | O | O |
| Other | O | O |
| **9. Ethnicity or Race** | | |
| American Indian or Alaskan Native | O | O |
| Asian (Chinese, Filipino, Japanese, Korean, Asian Indian, Thai) | O | O |
| Other Asian | O | O |
| Black or African American | O | O |
| Hispanic or Latino | O | O |
| Native Hawaiian or Other Pacific Islander | O | O |
| White, non-Hispanic | O | O |
| Multiracial | O | O |
| Other | | |
| **10. Religions** | | |
| None (Atheist or Agnostic) | O | O |
| Buddhist | O | O |
| Christian | O | O |
| Hindu | O | O |
| Jewish | O | O |
| Muslim | O | O |
| Other | O | O |
| **11. Marital Status** | | |
| Single | O | O |
| Single, living with partner | O | O |
| Married | O | O |
| Divorced or separated | O | O |
| Widowed | O | O |
| Other | O | O |
| **12. Income Status** | | |
| Poverty | O | O |
| Low income | O | O |
| Middle class income | O | O |
| High income | O | O |
| **13. Residential Area** | | |
| Urban | O | O |
| Suburban | O | O |
| Rural | O | O |

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| | Included in Client Population (select all that apply) | Was Most Prevalent in Client Population (select 1 for each item) |
|---|---|---|
| **14. Type of Residence** | | |
| Apartment | O | O |
| House | O | O |
| Condominium or Co-Op | O | O |
| Farm | O | O |
| Single-room occupancy housing | O | O |
| Low-income subsidized housing | O | O |
| Trailer | O | O |
| Indian reservation | O | O |
| Military base | O | O |
| Prison | O | O |
| Shelter | O | O |
| Group home | O | O |
| Dormitory | O | O |
| Homeless | O | O |
| Other | O | O |
| **15. Health Status** | | |
| Healthy | O | O |
| Acutely ill (physical) | O | O |
| Acutely ill (mental) | O | O |
| Chronically ill (physical) | O | O |
| Chronically ill (mental) | O | O |
| Other | O | O |

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Part 2–With *Healthy People (HP) 2010* Focus Areas (*see Alternate Part 2 with* HP 2020 *new updates included*).
What was the most frequent focus area during this clinical practicum experience?

| | **Number 1 Most Frequent (mark 1 from the list)** | **The Four Next Frequent (mark 4 from the list)** |
|---|---|---|
| 1. Access to quality health services | O | O |
| 2. Arthritis, osteoporosis, chronic back | O | O |
| 3. Cancer | O | O |
| 4. Chronic kidney disease | O | O |
| 5. Diabetes | O | O |
| 6. Disability and secondary conditions | O | O |
| 7. Educational and community-based programs | O | O |
| 8. Environmental health | O | O |
| 9. Family planning | O | O |
| 10. Food safety | O | O |
| 11. Health communication | O | O |
| 12. Heart disease and stroke | O | O |
| 13. HIV | O | O |
| 14. Immunization and infectious diseases | O | O |
| 15. Injury and violence prevention | O | O |
| 16. Maternal, infant, and child health | O | O |
| 17. Medical product safety | O | O |
| 18. Mental health and mental disorders | O | O |
| 19. Nutrition and overweight | O | O |
| 20. Occupational safety and health | O | O |
| 21. Oral health | O | O |
| 22. Physical activity and fitness | O | O |
| 23. Public health infrastructure | O | O |
| 24. Respiratory diseases | O | O |
| 25. Sexually transmitted diseases | O | O |
| 26. Substance abuse | O | O |
| 27. Tobacco use | O | O |
| 28. Vision and hearing | O | O |

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(Alternate Part 2—Includes updates with *Healthy People 2020* new focus areas.)
What was the most frequent focus area during this clinical practicum experience?

| | **Number 1 Most Frequent (mark 1 from the list)** | **The Four Next Frequent (mark 4 from the list)** |
|---|---|---|
| 1. Access to quality health services | O | O |
| 2. Adolescent health | O | O |
| 3. Arthritis, osteoporosis, chronic back | O | O |
| 4. Blood disorders and blood safety | O | O |
| 5. Cancer | O | O |
| 6. Chronic kidney disease | O | O |
| 7. Diabetes | O | O |
| 8. Dementia, including Alzheimer's disease | O | O |
| 9. Disability and health | O | O |
| 10. Early and middle childhood | O | O |
| 11. Educational and community-based programs | O | O |
| 12. Environmental health | O | O |
| 13. Family planning | O | O |
| 14. Food safety | O | O |
| 15. Genomics | O | O |
| 16. Global health | O | O |
| 17. Health communication and health information technology | O | O |
| 18. Health-related quality of life and well-being | O | O |
| 19. Health care-associated infections | O | O |
| 20. Hearing and other sensory or communication disorders | O | O |
| 21. Heart disease and stroke | O | O |
| 22. HIV | O | O |
| 23. Immunization and infectious diseases | O | O |
| 24. Injury and violence prevention | O | O |
| 25. Lesbian, gay, bisexual, and transgender health | O | O |
| 26. Maternal, infant, and child health | O | O |
| 27. Medical product safety | O | O |
| 28. Mental health and mental disorders | O | O |
| 29. Nutrition and weight status | O | O |
| 30. Occupational safety and health | O | O |
| 31. Oral health | O | O |
| 32. Physical activity | O | O |
| 33. Preparedness | O | O |
| 34. Public health infrastructure | O | O |
| 35. Respiratory diseases | O | O |
| 36. Sexually transmitted diseases | O | O |
| 37. Sleep health | O | O |
| 38. Substance abuse | O | O |
| 39. Tobacco use | O | O |
| 40. Vision | O | O |

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# Demographic Data Sheet–Undergraduate (DDS–U)

## DIRECTIONS

Administer this test along with other questionnaire(s) to gather demographic information from undergraduate (prelicensure) students.

## INSTRUCTIONS FOR RESEARCHERS

1) Detach this cover sheet before photocopying or posting online and administering it to a sample.
2) Review the information about the DDS–U, as well as its administration, uses, and scoring, in *Teaching Cultural Competence in Nursing and Health Care: Inquiry, Action, and Innovation (2016)* ***before*** study design and data collection.
3) DDS–U may be adapted to individualize with course numbers, course names, and other desired demographic data.
4) Please be sure that all respondents return the questionnaire.

## EASY SCORING

Descriptive statistics (frequency and percent) are compiled from individual and aggregate data.

- It can be used to describe sample characteristics (frequency and percent).
- It can be used to create comparison groups based on select demographic categories for comparing scores and data on the TSET, CCCET, CSAT–DD, and other assessment tools.

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**Background Information**

Please mark one choice for each item:

1) Current course enrolled in:

O 1
O 2
O 3
O 4
O 5
O 6

2) Number of credits this semester:

O 3–6
O 7–9
O 10–12
O 12–15
O Over 15

3) Sex

O Female
O Male

4) Age

O Under 25
O 25–29
O 30–34
O 35–39
O 40–44
O 45–49
O 50–54
O 55–59
O 60 and over

5 Which of the following categories best describes you?

O American Indian or Alaskan Native
O Asian (Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai)
O Other Asian
O Black or African American
O Hispanic or Latino
O Native Hawaiian or Other Pacific Islander
O White
O Multiracial
O Other

6) Is English your first language?

O Yes
O No

7) Do you speak a language other than English fluently?

O Yes
O No

8) Were you born in the United States?

O Yes
O No

9) Previous health care experience:

O None
O LPN
O Other

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# Demographic Data Sheet–Nurses (DDS–N)

## DIRECTIONS

Administer the test along with other questionnaire(s) to gather demographic information from nurses working in clinical agencies and/or enrolled in RN–BS and graduate (master's and doctoral) programs.

## INSTRUCTIONS FOR RESEARCHERS

1) Detach this cover sheet before photocopying or posting online and administering it to a sample.
2) Review the information about DDS–N, as well as its administration, uses, and scoring, in *Teaching Cultural Competence in Nursing and Health Care: Inquiry, Action, and Innovation (2016)* ***before*** study design and data collection.
3) DDS–N may be adapted to individualize with other desired demographic data.
4) Please be sure that all respondents return the questionnaire (if hard copy is distributed).

## EASY SCORING

Descriptive statistics (frequency and percent) are compiled from individual and aggregate data.

- It can be used to describe sample characteristics (frequency and percent).
- It can be used to create comparison groups based on select demographic categories for comparing scores and data on the TSET, CCCET, CSAT–DD, and other assessment tools.

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Please mark one choice for each item:

1) Sex

O Female
O Male

2) Age

O Under 25
O 25–29
O 30–34
O 35–39
O 40–44
O 45–49
O 50–54
O 55–59
O 60 and over

3) Which of the following categories best describes you?

O American Indian or Alaskan Native
O Asian (Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai)
O Other Asian
O Black or African American
O Hispanic or Latino
O Native Hawaiian or Other Pacific Islander
O White
O Multiracial
O Other

4) Is English your first language?

O Yes
O No

5) Do you speak a language other than English fluently?

O Yes
O No

6) Were you born in the United States?

O Yes
O No

7) Are you employed full-time in nursing?

O Yes
O No

8) Are you employed part-time in nursing?

O Yes
O No

9) Health care setting in which you presently work. (If you work in more than one setting, select your primary setting.)

O Hospital (acute care )
O Hospital (chronic care)
O Clinic
O Nursing home
O Home care
O Public health department
O Indian health service
O Physician's office
O School
O Occupational health
O School of nursing
O Hospice
O Veteran's administration
O Military base
O College health service
O Other

10) Clinical area in which you presently work. (If you work in more than one area, select your primary work area.)

O Medical–surgical
O Oncology
O Psychiatric
O Obstetrics, maternity, newborn
O Pediatrics
O Emergency
O Intensive care
O Geriatric
O Rehabilitation
O Substance abuse
O HIV and AIDS
O Community health
O Palliative care
O Other

11) Nursing position that you currently hold. (If you have more than one position, select your primary position.)

O Staff RN
O Assistant head nurse
O Nurse manager/head nurse
O Nurse educator
O Nurse administrator/supervisor
O Clinical nurse specialist (CNS)
O Nurse practitioner (NP)
O Nurse entrepreneur
O Research nurse
O Public health nurse
O Visiting nurse
O Clinical nurse leader (CNL)
O None (unemployed)
O Other

12) Nursing position that you would like in the future:

O Staff RN
O Assistant head nurse
O Nurse manager/head nurse
O Nurse educator
O Nurse administrator/supervisor
O Clinical nurse specialist (CNS)
O Nurse practitioner (NP)
O Nurse entrepreneur
O Research nurse
O Public health nurse
O Visiting nurse
O Clinical nurse leader (CNL)
O Other

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13) How many years have you been licensed as a registered nurse?

O Under 2
O 2–4
O 5–9
O 10–14
O 15–19
O 20–24
O 25–29
O 30–34
O 35–39
O 40 or more

14) What type of *initial* nursing program did you complete?

O Associate degree (university based)
O Associate degree (hospital based)
O Diploma program (hospital based)
O Baccalaureate degree
O Master's degree
O Other program (foreign)
O Other program (U.S.)

15) How many years ago did you complete a baccalaureate degree in nursing?

O Currently enrolled in a BS program
O Not enrolled in a BS program
Under 5
15–19
O 5–9
O 20–25
O 10–14
O 25 or more

16) Did you complete a previous college course in transcultural nursing or cultural competence in health care?

O Yes, undergraduate level only
O Yes, undergraduate and graduate level
O Yes, graduate level only
O None

17) Did you take complete continuing education units in transcultural nursing or cultural competence in health care?

O Yes, in-services at my job only
O Yes, online or mailed CE only
O Yes, conferences only
O Yes, two or more of the above
O All of the above
O None

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# Personal Coding Cover Page for Anonymity and Matching Questionnaires

## USER INFORMATION

- Used to match questionnaires and assessment tools while protecting the respondent's anonymity.
- Attach to the front page of the questionnaire, questionnaire packet, or assessment tool.

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## Questionnaire Cover Sheet for Personal Coding System

**Purpose:** This page will create a unique code that will **only** be used to match your questionnaires together.
**Confidentiality:** Participants will not be identified using information provided. Respondants will remain anonymous.

***Please fill in the following circles using a pen or pencil. Do not use ✓ or ✘ on the form.***

1. The first two letters of your mother's maiden name (Example: Smith would be SM):
2. The month that your mother was born.
3. The number of siblings (brothers and sisters) you had when you were 18 years old. (Example: 2 brothers and 1 sister would be 3. If you have 0 siblings, write 0.) (If more than 9, please mark 9.)
4. The number of brothers who were OLDER than you when you were 18 years old.
5. The number of brothers who were YOUNGER than you when you were 18 years old.
6. The number of sisters who were OLDER than you when you were 18 years old.
7. The number of sisters who were YOUNGER than you when you were 18 years old.

| 1. | | 2. | 3. | 4. | 5. | 6. | 7. |
|---|---|---|---|---|---|---|---|
| Ⓐ | Ⓐ | o Jan | ⓪ | ⓪ | ⓪ | ⓪ | ⓪ |
| Ⓑ | Ⓑ | o Feb | ① | ① | ① | ① | ① |
| Ⓒ | Ⓒ | o Mar | ② | ② | ② | ② | ② |
| Ⓓ | Ⓓ | o Apr | ③ | ③ | ③ | ③ | ③ |
| Ⓔ | Ⓔ | o May | ④ | ④ | ④ | ④ | ④ |
| Ⓕ | Ⓕ | o Jun | ⑤ | ⑤ | ⑤ | ⑤ | ⑤ |
| Ⓖ | Ⓖ | o Jul | ⑥ | ⑥ | ⑥ | ⑥ | ⑥ |
| Ⓗ | Ⓗ | o Aug | ⑦ | ⑦ | ⑦ | ⑦ | ⑦ |
| Ⓘ | Ⓘ | o Sep | ⑧ | ⑧ | ⑧ | ⑧ | ⑧ |
| Ⓙ | Ⓙ | o Oct | ⑨ | ⑨ | ⑨ | ⑨ | ⑨ |
| Ⓚ | Ⓚ | o Nov | ⑩ | ⑩ | ⑩ | ⑩ | ⑩ |
| Ⓛ | Ⓛ | o Dec | | | | | |
| Ⓜ | Ⓜ | | | | | | |
| Ⓝ | Ⓝ | | | | | | |
| Ⓞ | Ⓞ | | | | | | |
| Ⓟ | Ⓟ | | | | | | |
| Ⓠ | Ⓠ | | | | | | |
| Ⓡ | Ⓡ | | | | | | |
| Ⓢ | Ⓢ | | | | | | |
| Ⓣ | Ⓣ | | | | | | |
| Ⓤ | Ⓤ | | | | | | |
| Ⓥ | Ⓥ | | | | | | |
| Ⓦ | Ⓦ | | | | | | |
| Ⓧ | Ⓧ | | | | | | |
| Ⓨ | Ⓨ | | | | | | |
| Ⓩ | Ⓩ | | | | | | |

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# Research Plan: Questions, Data Collection, Educational Innovation, Data Analyses

| Research Questions* | Pre-test Data Collection | Educational Innovations (EI)** | Post-test Data Collection | Data Analyses |
|---|---|---|---|---|
| 1. Which transcultural nursing skills do students perceive with more confidence? | Personal Coding Page<br>TSET<br>Give before any EI | | | Calculate item means<br>Rank order means from highest to lowest |
| 2. Which transcultural nursing skills do students perceive with less confidence? | As above | | | Rank order means from lowest to highest |
| 3. What are the changes in TSE perceptions following formalized educational experiences and/or other learning experiences? | As above | | Personal Coding Page<br>TSET | Calculate subscale SEST scores and compare pretest scores with posttest scores<br>Check for statistically significant changes (*t*-test)<br>Group into low, medium, and high groups and compare pretest and posttest for each subscale |
| 4. To what extent is culture-specific care provided by students during the clinical practicum? | | | Personal Coding Page<br>CCCET–SV<br>CCCET–TV<br>Give after EI | Calculate frequency and percentage<br>Rank order<br>Compare SV and TV |
| 5. Which cultural assessments are implemented more frequently with culturally diverse clients during the clinical practicum? | | | As above | As above<br>Rank order from highest to lowest |
| 6. Which cultural assessments are implemented less frequently with culturally diverse clients during the clinical practicum? | | | As above | Rank order from lowest to highest |
| 7. To what extent do culturally sensitive and professionally appropriate attitudes, values, or beliefs change during the clinical practicum? | | | As above | Calculate frequency and percentage<br>Rank order<br>Compare SV and TV |
| 8. What is the diversity of clients in the clinical area? | | | CSAT–DD<br>Clinical instructor completes at end of semester after EI | Calculate frequency and percentage |
| 9. What is the diversity of health problems in the clinical area? | | | As above | As above |
| 10. What are the demographic characteristics of students? | DDS<br>Attach after TSET<br>Give before any EI | | | As above |

*Questions can easily be adapted for undergraduate and graduate students in nursing and other health professions, nurses, and other health care professionals (providers) employed in HCI.

** See Chapters 7 to 16 for examples of educational innovations (EI).

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# Research Report Template

## USER INFORMATION

- User-friendly template that assists individuals and institutions in reporting data generated from questionnaires, models, and assessment tools in the toolkit.
- Provides a guide for presentations, publications, future research, and cultural competence interventions.
- Supplementary 2016 book resources: Chapters 4, 5, and 6; TSET Research Exhibits in Chapters 4, 7, 8, 9, 13, and 16; Exhibits in Chapter 6.

## DIRECTIONS FOR RESEARCHERS

Please complete the Research Report Template and send the TSET and CCCET* reliability and validity test results.

If you utilized the Cultural Competence and Confidence (CCC) model as a framework, please send an abstract and any relevant information.

Thank you in advance. Please send to:

Dr. Marianne R. Jeffreys, The City University of New York College of Staten Island, Nursing Department, 2800 Victory Boulevard, Staten Island, New York 10314, USA or via e-mail attachment to marianne.jeffreys@csi.cuny.edu or marianne.jeffreys@gmail.com.

Study Title:

Date (month, year) Study Began:

Date (month, year) Study Ended:

Purpose:

Research Question(s) or Hypotheses:

Study Design:

Sample:

Size:

Type of Learner:

Demographics:

Instrument (TSET or TSET–MHP):

*Please note that TSET and CCCET can be used together or separately in research studies. TSET and CCCET can be used in conjunction with other assessment tools within the Toolkit.

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TSET Data Collection (When was data collected?)

Pretest:

Posttest:

Educational Interventions/Teaching–Learning Strategies (list and describe):

TSET Reliability (Cronbach's alpha)

Total TSET:

Cognitive Subscale:

Practical Subscale:

Affective Subscale:

Data Analysis

Results:

TSE SEST Scores

| **Subscale** | **Mean** | **Standard Deviation** | ***t*-test** | **Significance** |
|---|---|---|---|---|
| Cognitive<br>Pretest<br>Posttest | | | | |
| Practical<br>Pre-test<br>Post-test | | | | |
| Affective<br>Pre-test<br>Post-test | | | | |

(Supplementary [optional] Analyses)
If grouping into high, medium, and low, describe the method used:

| **Subscale** | **High** | **Medium** | **Low** |
|---|---|---|---|
| Cognitive<br>Pre-test<br>Post-test | | | |
| Practical<br>Pre-test<br>Post-test | | | |
| Affective<br>Pre-test<br>Post-test | | | |

Other Instruments:

Other Analyses:

Discussion:

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Implications:

Dissemination of Results:

Principal Investigator(s) Name, Credentials, and Title:

Principal Investigator(s) Contact Information:

a) Mailing Address:
b) Work Address:
c) E-Mail Address:
d) Phone:
e) Fax:

Other Investigator(s) Name, Credentials, and Title:

Other Investigator(s) Contact Information:

a) Mailing Address:
b) Work Address:
c) E-Mail Address:
d) Phone:
e) Fax:

Type of Study (doctoral dissertation, master's thesis, postdoctoral, institutional, other):

Citation (if applicable, including unpublished manuscript, unpublished dissertation, conference proceedings, book chapter, poster presentation, oral presentation, etc.):

Abstract:

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PART II

# Model and Illustrated Pathways

- Item 13—Cultural Competence and Confidence (CCC) Model
- Item 14—Transcultural Self-Efficacy Pathway

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# Cultural Competence and Confidence (CCC) Model

## DESCRIPTION

- This comprehensive conceptual model illustrates the multidimensional process of optimal cultural competence development.

## USER INFORMATION

- Used as an organizing framework for examining the multidimensional factors that affect undergraduate nursing student retention and success in order to:
  - identify at-risk individuals
  - develop diagnostic-prescriptive strategies to facilitate learning
  - guide innovations in teaching and educational research
  - evaluate strategy effectiveness.
- May be used individually or along with other toolkit items.

## SUPPLEMENTARY RESOURCES

Book (2016), Chapter 3.

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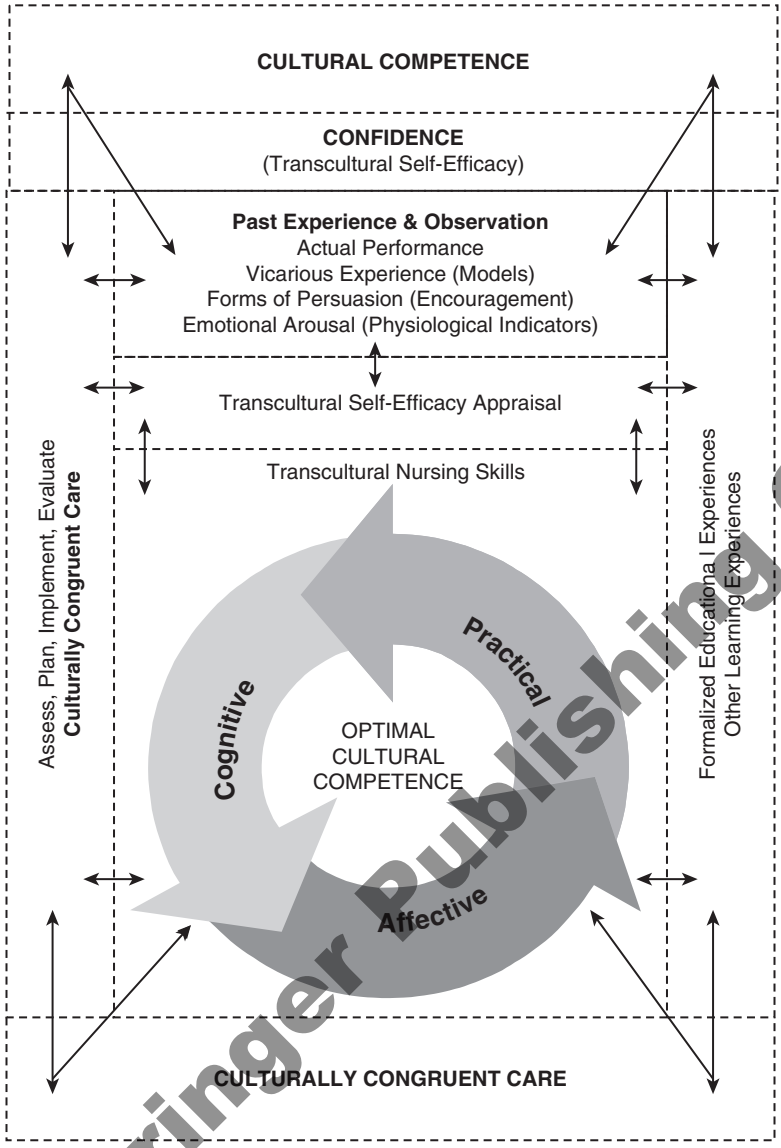


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# Transcultural Self-Efficacy Pathway

## DESCRIPTION

- This pathway depicts the influence of transcultural self-efficacy on a learner's actions, performance, and persistence for learning tasks associated with cultural competency development and culturally congruent care.

## USER INFORMATION

- Used as an organizing framework for examining how self-efficacy perceptions affect the learner's actions, performance, and persistence in order to:
  - identify at-risk students(inefficacious or supremely efficacious [overconfident])
  - develop diagnostic-prescriptive strategies to facilitate realistic self-efficacy appraisal
  - develop diagnostic-prescriptive strategies to facilitate resilient self-efficacy
  - guide innovations in teaching and educational research
  - evaluate strategy effectiveness
- May be used individually or along with other toolkit items.

## SUPPLEMENTARY RESOURCES

Book (2016), Chapter 3.

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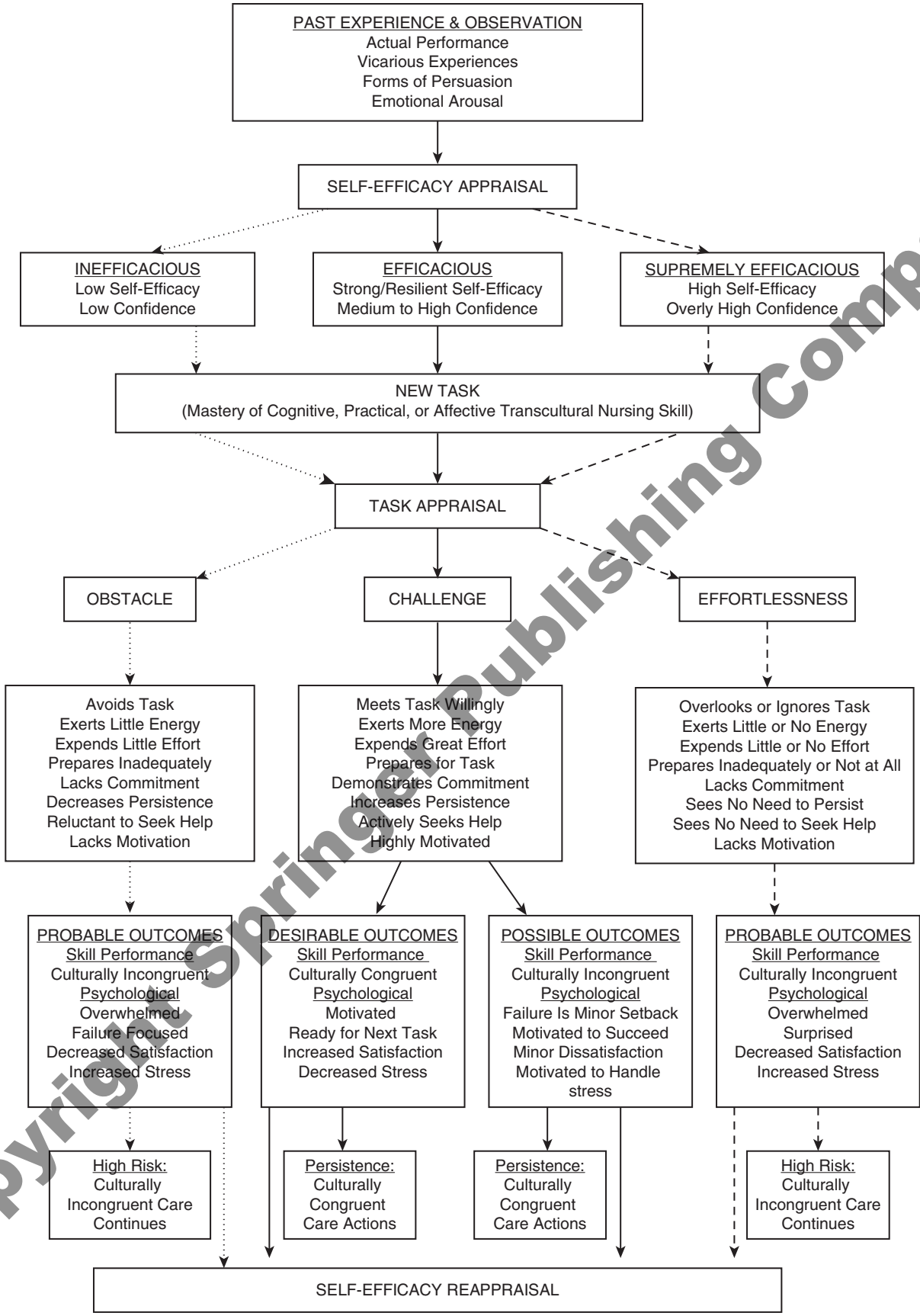


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PART III

# Educational Assessment and Planning Tools

- Item 15—Self-Assessment Tool–Academic (SAT–A)
- Item 16—Self-Assessment Tool–Health Care Institutions (SAT–HCI)
- Item 17—Self-Assessment Tool–Professional Associations (SAT–PA)
- Item 18—Active Promoter Assessment Tool–Academic (APAT–A)
- Item 19—Active Promoter Assessment Tool–Health Care Institutions/Professional Associations (APAT–HCIPA)
- Item 20—Systematic Inquiry–Academic (SI–A)
- Item 21—Systematic Inquiry–Health Care Institutions (SI–HCI)
- Item 22—Systematic Inquiry–Professional Associations (SI–PA)
- Item 23—Cultural Competence Documentation Log

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# Self-Assessment Tool–Academic (SAT–A)

## USER INFORMATION

- Used to help individual faculty members, administrators, and the organization assess various dimensions that can impact upon cultural competence in the academic setting.
- May be used individually and/or in groups.
- May be used alone or in conjunction with other toolkit items.
- Self-assessment should conclude with a listing of strengths, weaknesses, gaps in knowledge, goals, commitment, desire, motivation, and priorities.
- Supplementary 2016 book resources: Chapter 7, Figure7.2, and Table 1.2

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**Self-Assessment Tool–Academic (SAT–A)**

| | Self-Assessment Question | Your Response |
|---|---|---|
| 1. | What are your own cultural values and beliefs (CVB)? | |
| 2. | What do you know about students' CVB? | |
| 3. | How did you know about students' CVB? | |
| 4. | What values and beliefs do you expect from students? | |
| 5. | How do you feel when a student's CVB are different than yours? | |
| 6. | What actions do you take when a student's CVB are different than yours? | |
| 7. | How do/could different CVB affect the student's relationship with you, other nursing faculty, nurses, and peers? | You:<br>Other nursing faculty:<br>Nurses:<br>Peers: |
| 8. | How do/could different CVB affect the student's cultural competence development, academic outcomes, satisfaction, stress, persistence, and retention? | Cultural competence development:<br>Academic outcomes:<br>Satisfaction:<br>Stress:<br>Persistence:<br>Retention: |
| 9. | How confident are you about your current knowledge, skills, values, and attitudes when interacting with, teaching, and advising culturally different students? | Interacting with:<br>Teaching:<br>Advising: |
| 10. | What is your motivation for engaging in the process of becoming culturally competent? | |
| 11. | What is your level of commitment in developing cultural competence in yourself, peers, administrators, and students? | Yourself:<br>Peers:<br>Administrators:<br>Students: |
| 12. | What are your strengths, weaknesses, gaps in knowledge, values, goals, and priorities concerning cultural competence development? | Strengths:<br>Weaknesses:<br>Gaps in knowledge:<br>Values:<br>Goals:<br>Priorities: |
| 13. | How confident are you about learning new transcultural nursing skills when interacting with, teaching, and advising culturally different students? | Interacting with:<br>Teaching:<br>Advising: |
| 14. | How confident are you about performing new transcultural nursing skills when interacting with, teaching, and advising culturally different students? | Interacting with:<br>Teaching:<br>Advising: |
| 15. | How confident are you that you will actively advocate for cultural competence development in the academic setting? | |

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# Self-Assessment Tool–Health Care Institutions (SAT–HCI)

## USER INFORMATION

- Used to help the individual staff nurse, nurse manager, nurse educator, nurse executive, administrator, and the organization assess various dimensions that can impact upon cultural competence in the health care setting.
- May be used individually and/or in groups.
- May be used alone or in conjunction with other toolkit items.
- Self-assessment should conclude with a listing of strengths, weaknesses, gaps in knowledge, goals, commitment, desire, motivation, and priorities.
- Supplementary 2016 book resources: Chapter 13, Figures 13.2and 14.3, Educator-in-Action (Chapter 14) vignette, and Table 1.2

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**Self-Assessment Tool–Health Care Institutions (SAT–HCI)**

| | Self-Assessment Question | Your Response |
|---|---|---|
| 1. | What are your own[1] cultural values and beliefs (CVB)? | |
| 2. | What do you know about the CVB of health care consumers[2]? | |
| 3. | What do you know about the CVB of your peers, supervisors, and other members of the health care team[3]? | Your peers:<br>Supervisors:<br>Other members of the health care team: |
| 4. | How did you know about the CVB of others? | |
| 5. | What values and beliefs do you expect from your peers, supervisors, and other members of the health care team? | Your peers:<br>Supervisors:<br>Other members of the health care team: |
| 6. | How do you feel when the CVB of health care consumers are different than yours? | |
| 7. | What actions do you take when a supervisor's CVB are different than yours? | |
| 8. | How do/could different CVB affect a nurse's relationship with you, peers, and other members of the health care team? | You:<br>Peers:<br>Other members of the health care team: |
| 9. | How do/could different CVB affect a nurse's cultural competence development, satisfaction, stress, persistence, and retention? | Cultural competence development:<br>Satisfaction:<br>Stress:<br>Persistence:<br>Retention: |
| 10. | How confident are you about your current knowledge, skills, values, and attitudes when interacting with, caring for, and advising culturally different consumers? | Interacting with:<br>Caring for:<br>Advising: |
| 11. | How confident are you about your current knowledge, skills, values, and attitudes when interacting with, collaborating with, and performing your work tasks with culturally different members of the health care team? | Interacting with:<br>Collaborating with:<br>Performing work tasks: |
| 12. | What is your motivation for engaging in the process of becoming culturally competent? | |
| 13. | What is your level of commitment in developing cultural competence in yourself, peers, administrators, and others? | Yourself:<br>Peers:<br>Administrators:<br>Others: |
| 14. | What are your strengths, weaknesses, gaps in knowledge, values, goals, and priorities concerning cultural competence development? | Strengths:<br>Weaknesses:<br>Gaps in knowledge:<br>Values:<br>Goals:<br>Priorities: |
| 15. | How confident are you about learning new transcultural nursing skills when interacting with, caring for, and advising culturally different consumers? | Interacting with:<br>Caring for:<br>Advising: |

[1] *Own* refers to individual staff nurses, nurse manager, executive, administrator, educator, or organization.
[2] *Health care consumers* refer to individual patients, families, and communities.
[3] *Other members of the health care team* include professional and unlicensed health care providers.

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| | Self-Assessment Question | Your Response |
|---|---|---|
| 16. | How confident are you about learning new transcultural nursing skills when interacting with, collaborating with, and performing your work tasks with culturally different nurses? | Interacting with:<br>Collaborating with:<br>Performing work tasks: |
| 17. | How confident are you about learning new transcultural nursing skills when interacting with, collaborating with, and performing your work tasks with culturally different supervisors, administrators, and other members of the health team? | Interacting with:<br>Collaborating with:<br>Performing work tasks: |
| 18. | How confident are you about performing new transcultural nursing skills when interacting with, caring for, and advising culturally different consumers? | Interacting with:<br>Caring for:<br>Advising: |
| 19. | How confident are you about performing new transcultural nursing skills when interacting with, collaborating with, and performing your work tasks with culturally different nurses, supervisors, administrators, and other members of the health team? | Interacting with:<br>Collaborating with:<br>Performing work tasks: |
| 20. | How confident are you that you will actively advocate for cultural competence development in the health care setting? | |

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# Self-Assessment Tool–Professional Associations (SAT–PA)

## USER INFORMATION

- Used to help individual members, elected officers, administrators, association leaders, and the organization assess various dimensions that can impact upon cultural competence in the professional association.
- May be used individually and/or in groups.
- May be used alone or in conjunction with other toolkit items.
- Self-assessment should conclude with a listing of strengths, weaknesses, gaps in knowledge, goals, commitment, desire, motivation, and priorities.
- Supplementary 2016 book resources: Chapter 16, Figures 1.2 and 16.2.

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**Self-Assessment Tool–Professional Associations (SAT–PA)**

| | Self-Assessment Question | Your Response |
|---|---|---|
| 1. | What are your own[1] cultural values and beliefs (CVB)? | |
| 2. | What do you know about the CVB of the professional association members? | |
| 3. | What do you know about the CVB of your peers, general members, elected officers, and other members of the professional association's (PA) leadership team? | Peers:<br>General members:<br>Elected officers:<br>PA leadership team: |
| 4. | How did you know about the CVB of others? | |
| 5. | What values and beliefs do you expect from your peers, general members, elected officers, and other members of the professional association's leadership team? | Peers:<br>General members:<br>Elected officers:<br>PA leadership team: |
| 6. | How do you feel when the CVB of your peers and general members are different than mine? | You:<br>Peers: |
| 7. | What actions do you take when elected officers and other members of the professional association's leadership team's CVB are different than yours? | |
| 8. | How do/could different CVB affect a member's relationship with you, peers, and other members of the professional association? | You:<br>Peers:<br>Other members of the professional association: |
| 9. | How do/could different CVB affect a member's cultural competence development, satisfaction, stress, participation, and retention? | Cultural competence development:<br>Satisfaction:<br>Stress:<br>Participation:<br>Retention: |
| 10. | How confident are you about your current cultural knowledge, skills, values, and attitudes when interacting with, advising, and mentoring culturally different new members? | Interacting with:<br>Advising:<br>Mentoring: |
| 11. | How confident are you about your current cultural knowledge, skills, values, and attitudes when interacting with, collaborating with, and performing your association tasks with culturally different members of the professional association? | Interacting with:<br>Collaborating with:<br>Performing tasks: |
| 12. | What is your motivation for engaging in the process of becoming culturally competent? | |
| 13. | What is your level of commitment for facilitating the development of cultural competence in yourself, peers, general members, elected officers, and others? | Yourself:<br>Peers:<br>General members:<br>Elected officers:<br>Others: |
| 14. | What are your strengths, weaknesses, gaps in knowledge, values, goals, and priorities concerning cultural competence development? | Strengths:<br>Weaknesses:<br>Gaps in knowledge:<br>Values:<br>Goals:<br>Priorities: |

[1] *Own* refers to individuals, nurse managers, executives, administrators, elected officers, educators, or organization/association.

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| | Self-Assessment Question | Your Response |
|---|---|---|
| 15. | How confident are you about learning new transcultural skills when interacting with, advising, and mentoring culturally different new members? | Interacting with:<br>Advising:<br>Mentoring: |
| 16. | How confident are you about learning new transcultural skills when interacting with, collaborating with, and performing your association tasks with culturally different members, elected officers, administrators, and other members of the professional association's leadership team? | Interacting with:<br>Collaborating with:<br>Performing tasks: |
| 17. | How confident are you about performing new transcultural skills when interacting with, advising, and mentoring culturally different new members? | Interacting with:<br>Advising:<br>Mentoring: |
| 18. | How confident are you about performing new transcultural skills when interacting with, collaborating with, and performing your association tasks with culturally different members? | Interacting with:<br>Collaborating with:<br>Performing tasks: |
| 19. | How confident are you about performing new transcultural skills when interacting with, collaborating with, and performing your association tasks with culturally different members, elected officers, administrators, and other members of the professional association's leadership team? | Interacting with:<br>Collaborating with:<br>Performing tasks: |
| 20. | How confident are you that you will actively advocate for cultural competence development in the professional association? | |

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# Active Promoter Assessment Tool–Academic (APAT–A)

## USER INFORMATION

- Used to help individuals, groups, and organizations:
  - Appraise values, beliefs, and actions concerning cultural competence development
  - Determine whether or not one is an *optimal* active role model in cultural competence development within the health care institution or professional association
  - Identify factors restricting cultural competence development
  - Plan and coordinate future active promoter actions toward achieving *optimal* cultural competence
- May be used individually and/or in groups.
- May be used alone or in conjunction with other toolkit items.
- Supplementary 2016 book resources: Chapter 7 and Table 7.1.

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**Part 1 Directions:**

1) Check "yes" or "no" for each value, belief, or action.
2) Check "yes" or "no" for each active promoter action.
3) Review and reflect.
4) Proceed to Part 2.

| | Values, Beliefs, and Actions | | | Active Promoter of Cultural Competence Development | | |
|---|---|---|---|---|---|---|
| | | **Yes** | **No** | | **Yes** | **No** |
| 1 | Views cultural competence as important in own life | | | *and shares beliefs with students** | | |
| 2 | Views cultural competence as important in students' education, professional development, and future practice | | | *and shares view with students* | | |
| 3 | Views own nurse educator role to include active involvement in promoting cultural competence development among students | | | *and shares view with students* | | |
| 4 | Routinely updates own knowledge and skills to enhance cultural competence | | | *and shares relevant information with students* | | |
| 5 | Attends professional events concerning cultural competence development | | | *and shares positive and relevant experiences with students* | | |
| 6 | Views professional event participation concerning cultural competence development as important in students' education and/or professional development, as well as future practice | | | *and shares view with students* | | |
| 7 | Recognizes the significance of offering incentives to encourage student participation in professional events | | | *and offers incentives to encourage student participation in professional events* | | |
| 8 | Maintains professional partnerships focused on cultural competence development | | | *and shares positive and relevant experiences with students* | | |
| 9 | Maintains membership(s) in professional organizations whose primary mission is cultural competence development | | | *and shares positive and relevant experiences with students* | | |
| 10 | Views student memberships in nursing organizations/associations (whose primary mission is cultural competence development) as important in students' education and/or professional development, as well as future practice | | | *and shares view with students* | | |
| 11 | Recognizes the significance of offering incentives to encourage student participation in memberships in nursing organizations/associations committed to cultural competence development | | | *and offers incentives to encourage student participation in memberships in nursing organizations/associations committed to cultural competence development* | | |
| 12 | Recognizes actual and potential barriers hindering students' development of cultural competence | | | *and initiates strategies to remove barriers* | | |
| 13 | Recognizes the significance of implementing strategies to encourage student development of cultural competence | | | *and implements strategies to encourage student development of cultural competence* | | |
| 14 | Recognizes the significance of evaluating strategies implemented to encourage student development of cultural competence | | | *and evaluates strategies implemented to encourage student development of cultural competence* | | |

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**Part 2 Directions:**

1) Use black ink to write down active promoter actions implemented for each item. Include how, what, where, and when.
2) Use another color ink to write down *future* active promoter actions planned for each item. Include how, what, where, and when.
3) Review and reflect.
4) Share and discuss with peers. Plan and coordinate strategies throughout the course, curriculum, and program.

| | **Values, Beliefs, and Actions** | **Active Promoter of Cultural Competence Development** | | |
|---|---|---|---|---|
| | | **How and/or What** | **Where** | **When** |
| 1 | Views cultural competence as important in own life *and shares beliefs with students** | | | |
| 2 | Views cultural competence as important in students' education, professional development, and future practice *and shares view with students* | | | |
| 3 | Views own nurse educator role to include active involvement in promoting cultural competence development among students *and shares view with students* | | | |
| 4 | Routinely updates own knowledge and skills to enhance cultural competence *and shares relevant information with students* | | | |
| 5 | Attends professional events concerning cultural competence development *and shares positive and relevant experiences with students* | | | |
| 6 | Views professional event participation concerning cultural competence development as important in students' education and/or professional development, as well as future practice, *and shares view with students* | | | |
| 7 | Recognizes the significance of offering incentives to encourage student participation in professional events *and offers incentives to encourage student participation in professional events* | | | |
| 8 | Maintains professional partnerships focused on cultural competence development *and shares positive and relevant experiences with students* | | | |
| 9 | Maintains membership(s) in professional organizations whose primary mission is cultural competence development *and shares positive and relevant experiences with students* | | | |
| 10 | Views student memberships in nursing organizations/associations (whose primary mission is cultural competence development) as important in students' education and/or professional development, as well as future practice, *and shares view with students* | | | |
| 11 | Recognizes the significance of offering incentives to encourage student participation in memberships in nursing organizations/ associations committed to cultural competence development *and offers incentives to encourage student participation in memberships in nursing organizations/associations committed to cultural competence development* | | | |
| 12 | Recognizes actual and potential barriers hindering students' development of cultural competence *and initiates strategies to remove barriers* | | | |

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| | | How and/or What | Where | When |
|---|---|---|---|---|
| 13 | Recognizes the significance of implementing strategies to encourage student development of cultural competence *and implements strategies to encourage student development of cultural competence* | | | |
| 14 | Recognizes the significance of evaluating strategies implemented to encourage student development of cultural competence *and evaluates strategies implemented to encourage student development of cultural competence* | | | |

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# Active Promoter Assessment Tool–Health Care Institutions/ Professional Associations (APAT–HCIPA)

## USER INFORMATION

- Used to help individuals, groups, and organizations:
  - Appraise values, beliefs, and actions concerning cultural competence development
  - Determine whether or not one is an *optimal* active role model in cultural competence development within the health care institution or professional association
  - Identify factors restricting cultural competence development
  - Plan and coordinate future active promoter actions toward achieving *optimal* cultural competence
- May be used individually and/or in groups.
- May be used alone or in conjunction with other toolkit items.
- Supplementary book resources: Chapters 13 and 16, Table 13.1, and Exhibit 16.1.

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**Part 1 Directions:**

1) Check "yes" or "no" for each value, belief, or action.
2) Check "yes" or "no" for each active promoter action.
3) Review and reflect.
4) Proceed to Part 2.

| | Values, Beliefs, and Actions | | | Active Promoter of Cultural Competence Development | | |
|---|---|---|---|---|---|---|
| | | Yes | No | | Yes | No |
| 1 | Views cultural competence as important in own[*1] life | | | *and shares beliefs with others*[*2] | | |
| 2 | Views cultural competence as important in members'[*3] education, professional development, and future practice | | | *and shares view with others* | | |
| 3 | Views own role to include active involvement in promoting cultural competence development among members | | | *and shares view with others* | | |
| 4 | Routinely updates own knowledge and skills to enhance cultural competence | | | *and shares relevant information with others* | | |
| 5 | Attends professional events concerning cultural competence development | | | *and shares positive and relevant experiences with others* | | |
| 6 | Views professional event participation concerning cultural competence development as important in members' ongoing continuing education, professional development, and future practice | | | *and shares view with others* | | |
| 7 | Recognizes the significance of offering incentives to encourage members' participation in professional events | | | *and offers incentives to encourage members' participation in professional events* | | |
| 8 | Maintains professional partnerships focused on cultural competence development | | | *and shares positive and relevant experiences with others* | | |
| 9 | Maintains membership(s) in professional organizations whose primary mission is cultural competence development | | | *and shares positive and relevant experiences with others* | | |
| 10 | Views memberships in professional organizations/associations (whose primary mission is cultural competence development) as important in members' continuing education, professional development, and future practice | | | *and shares view with others* | | |
| 11 | Recognizes the significance of offering incentives to encourage members' participation in memberships in professional organizations/associations committed to cultural competence development | | | *and offers incentives to encourage members' participation in memberships in nursing organizations/associations committed to cultural competence development* | | |
| 12 | Recognizes actual and potential barriers hindering the development of cultural competence | | | *and initiates strategies to remove barriers* | | |
| 13 | Recognizes the significance of implementing strategies to encourage members' development of cultural competence | | | *and implements strategies to encourage members' development of cultural competence* | | |
| 14 | Recognizes the significance of evaluating strategies implemented to encourage members' development of cultural competence | | | *and evaluates strategies implemented to encourage members' development of cultural competence* | | |

[*1] *Own* refers to individuals, nurse managers, executives, administrators, elected officers, educators, or organization/associations.
[*2] *Others* refers to unlicensed and licensed members of the health care team and members and elected officers of professional associations.
[*3] *Members* refers to staff members or association members.

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**Part 2 Directions:**

1) Use black ink to write down active promoter actions implemented for each item. Include how, what, where, and when.
2) Use another color ink to write down future active promoter actions planned for each item. Include how, what, where, and when.
3) Review and reflect.
4) Share and discuss with peers. Plan and coordinate strategies throughout the employee orientation, ongoing employee in-service, or continuing education programs, HCI and PA.

| Values, Beliefs, and Actions | | Active Promoter of Cultural Competence Development | | |
|---|---|---|---|---|
| | | **How and/or What** | **Where** | **When** |
| 1 | Views cultural competence as important in own life *and shares beliefs with others** | | | |
| 2 | Views cultural competence as important in members' education, professional development, and future practice *and shares view with others* | | | |
| 3 | Views own role to include active involvement in promoting cultural competence development among members *and shares view with others* | | | |
| 4 | Routinely updates own knowledge and skills to enhance cultural competence *and shares relevant information with others* | | | |
| 5 | Attends professional events concerning cultural competence development *and shares positive and relevant experiences with others* | | | |
| 6 | Views professional event participation concerning cultural competence development as important in members' ongoing continuing education, professional development, and future practice *and shares view with others* | | | |
| 7 | Recognizes the significance of offering incentives to encourage members' participation in professional events *and offers incentives to encourage members' participation in professional events* | | | |
| 8 | Maintains professional partnerships focused on cultural competence development *and shares positive and relevant experiences with others* | | | |
| 9 | Maintains membership(s) in professional organizations whose primary mission is cultural competence development *and shares positive and relevant experiences with others* | | | |
| 10 | Views memberships in nursing organizations/associations (whose primary mission is cultural competence development) as important in members' continuing education, professional development, and future practice *and shares view with others* | | | |
| 11 | Recognizes the significance of offering incentives to encourage members' participation in memberships in professional organizations/associations committed to cultural competence development *and offers incentives to encourage members' participation in memberships in professional organizations/associations committed to cultural competence development* | | | |
| 12 | Recognizes actual and potential barriers hindering the development of cultural competence *and initiates strategies to remove barriers* | | | |

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| | | How and/or What | Where | When |
|---|---|---|---|---|
| 13 | Recognizes the significance of implementing strategies to encourage members' development of cultural competence *and implements strategies to encourage members' development of cultural competence* | | | |
| 14 | Recognizes the significance of evaluating strategies implemented to encourage members' development of cultural competence *and evaluates strategies implemented to encourage members' development of cultural competence* | | | |

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# Systematic Inquiry–Academic (SI–A)

## USER INFORMATION

- Offers a user-friendly quantitative and qualitative approach for systematic appraisal decisions, corresponding actions, notations/reflections, prioritization, and future planning.
- Used to help individuals, groups, and organizations examine how visible (or invisible) cultural competency development is actively present:
  - Overall within the curriculum
  - Specifically at the individual course level
  - Via outside connections to supplementary resources
- The systematic inquiry is guided by two additional questions:
  - To what degree is cultural competence an integral component within the academic setting?
  - How do all the cultural components fit together?
- May be used individually or in groups.
- May be used alone or in conjunction with other toolkit items.(Recommended to use prior to Toolkit Item 23—Cultural Competence Documentation Log.)Results serve as a valuable precursor to informed decisions, responsible actions, and new diagnostic-prescriptive innovations targeting faculty and student development in the overall goal of achieving optimal cultural competence.
- Supplementary 2016 book resources: Chapters 7, 8, 9; Figures 7.3 and 14.3; Educator-in-Action (Chapter 14) vignette.

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**Systematic Inquiry: Academic Settings**

*Directions:*

1) Reflect on the following three inquiry questions as you appraise each component.
2) Using the following rating scale, mark your appraisal decision in the space provided.
3) Mark the corresponding action for each appraisal decision in the space provided.
4) Write comments and details as needed in the "notes" section.
5) Prioritize areas for immediate action by marking the priority rank section.
6) Review, discuss, and develop a cultural competence plan. (Note: The Cultural Competence Documentation Log may be used for documenting cultural competence plans, actions, and evaluations.)

*Inquiry Questions*

- To what degree is cultural competence an integral component within the academic setting?
- How visible (invisible) is cultural competence development?
- How do all the cultural components of the curriculum (course/other) fit/blend together?

*Rating Scale*

| Appraisal Decision ⟶ | Corresponding Action | Appraisal Decision ⟶ | Corresponding Action |
|---|---|---|---|
| 0 = Absent | F = Major revisions | 4 = Connected attachment | C = Continue or integrate |
| 1 = Barely visible | F = Major revisions | 5 = Somewhat integrated | B = Integrate consistently |
| 2 = Inconsistent | E = Integrate consistently | 6 = Consistently integrated | A = Continue & update |
| 3 = Disconnected attachment | D = Connect or integrate | 7 = Predominant theme | A = Continue & update |

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## Curriculum _____

| | Decision Rating | Action Rating | Notes | Priority Rank |
|---|---|---|---|---|
| Philosophy | | | | |
| Conceptual framework | | | | |
| Program objectives | | | | |
| Program outcomes | | | | |
| Horizontal threads | | | | |
| Vertical threads | | | | |
| | | | | |

## Supplementary Resources

| | Decision Rating | Action Rating | Notes | Priority Rank |
|---|---|---|---|---|
| Library resources | | | | |
| Nursing student resource center (NSRC) or nursing neighborhood | | | | |
| Nursing student lounge | | | | |
| Nursing student club | | | | |
| Sigma Theta Tau chapter | | | | |
| Specialty organizations | | | | |
| Bulletin boards | | | | |
| Webpage and discussion boards | | | | |
| Invited guest speakers | | | | |

Date form completed: _____ Name(s) of evaluator(s): _____
Date reviewed by curriculum committee: _____ Chairperson, dean, director: _____
Comments/notes on back.

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**Systematic Inquiry: Academic Settings**

*Directions:*

1) Reflect on the following three inquiry questions as you appraise each component.
2) Using the following rating scale, mark your appraisal decision in the space provided.
3) Mark the corresponding action for each appraisal decision in the space provided.
4) Write comments and details as needed in the "notes" section.
5) Prioritize areas for immediate action by marking the priority rank section.
6) Review, discuss, and develop a cultural competence plan. (Note: The Cultural Competence Documentation Log may be used for documenting cultural competence plans, actions, and evaluations.)

*Inquiry Questions*

- To what degree is cultural competence an integral component within the academic setting?
- How visible (invisible) is cultural competence development?
- How do all the cultural components of the curriculum (course/other) fit/blend together?

*Rating Scale*

| Appraisal Decision ⟶ | Corresponding Action | Appraisal Decision ⟶ | Corresponding Action |
|---|---|---|---|
| 0 = Absent | F = Major revisions | 4 = Connected attachment | C = Continue or integrate |
| 1 = Barely visible | F = Major revisions | 5 = Somewhat integrated | B = Integrate consistently |
| 2 = Inconsistent | E = Integrate consistently | 6 = Consistently integrated | A = Continue & update |
| 3 = Disconnected attachment | D = Connect or integrate | 7 = Predominant theme | A = Continue & update |

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Course _____

| | Decision Rating | Action Rating | Notes | Priority Rank |
|---|---|---|---|---|
| Course outline | | | | |
| Textbooks | | | | |
| Films, videos, movies | | | | |
| Computer-assisted instruction (CAI) | | | | |
| Journal articles | | | | |
| Webpage | | | | |
| Classroom teaching | | | | |
| Online teaching | | | | |
| Nursing skills lab | | | | |
| Preclinical conference | | | | |
| Clinical assignments | | | | |
| Postclinical conference | | | | |
| Clinical agencies | | | | |
| Immersion experiences | | | | |
| Service learning | | | | |
| Field trip experience | | | | |
| Exam questions | | | | |
| Written assignments | | | | |
| Reading assignments | | | | |
| Oral presentations | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Date form completed: _____ Name(s) of evaluator(s): _____
Date reviewed by curriculum committee: _____ Chairperson, dean, director: _____
Comments/notes on back.

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# Systematic Inquiry–Health Care Institutions (SI–HCI)

## USER INFORMATION

- Offers a user-friendly quantitative and qualitative approach for systematic appraisal decisions, corresponding actions, notations/reflections, prioritization, and future planning.
- Used to help individuals, groups, and organizations examine how visible (or invisible) cultural competency development is actively present:
  - Overall within the institution
  - Specifically at the individual unit (site) level
  - Via outside connections to supplementary resources
- The systematic inquiry is guided by two additional questions:
  - To what degree is cultural competence an integral component within the HCI?
  - How do all the cultural components fit together?
- May be used individually or in groups.
- May be used alone or in conjunction with other toolkit items (Recommended to use prior to Toolkit Item 23–Cultural Competence Documentation Log.) Results serve as a valuable precursor to informed decisions, responsible actions, and new diagnostic-prescriptive innovations targeting staff development and improved patient care outcomes in the overall goal of achieving optimal cultural competence.
- Supplementary 2016 book resources: Chapter 13; Figures 13.3 and 14.3; Educator-in-Action (Chapter 14) vignette.

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**Systematic Inquiry: Health Care Institutions**

*Directions:*

1) Reflect on the following three inquiry questions as you appraise each component.
2) Using the following rating scale, mark your appraisal decision in the space provided.
3) Mark the corresponding action for each appraisal decision in the space provided.
4) Write comments and details as needed in the "notes" section.
5) Prioritize areas for immediate action by marking the priority rank section.
6) Review, discuss, and develop a cultural competence plan. (Note: The Cultural Competence Documentation Log may be used for documenting cultural competence plans, actions, and evaluations.)

*Inquiry Questions*

- To what degree is cultural competence an integral component within the health care institution?
- How visible (invisible) is cultural competence development?
- How do all the cultural components fit/blend together?

*Rating Scale*

| Appraisal Decision ⟶ | Corresponding Action | Appraisal Decision ⟶ | Corresponding Action |
|---|---|---|---|
| 0 = Absent | F = Major revisions | 4 = Connected attachment | C = Continue or integrate |
| 1 = Barely visible | F = Major revisions | 5 = Somewhat integrated | B = Integrate consistently |
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| 3 = Disconnected attachment | D = Connect or integrate | 7 = Predominant theme | A = Continue & update |

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## Institutional Level

| | Decision Rating | Action Rating | Notes | Priority Rank |
|---|---|---|---|---|
| Philosophy and mission | | | | |
| New employee orientation | | | | |
| In-service education | | | | |
| Learning strategies | | | | |
| Newsletter and publications | | | | |
| Library | | | | |
| Website | | | | |
| Bulletin boards | | | | |
| Special events | | | | |
| Committees | | | | |
| | | | | |

## Supplementary Resources

| | Decision Rating | Action Rating | Notes | Priority Rank |
|---|---|---|---|---|
| Local organizations | | | | |
| Local colleges | | | | |
| Continuing education | | | | |
| Guest speakers | | | | |
| | | | | |

Date form completed: _____ Name(s) of evaluator(s): _____
Date reviewed by committee: _____ Supervisor/administrator: _____
Comments/notes on back.

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**Systematic Inquiry: Health Care Institutions**

*Directions:*

1) Reflect on the following three inquiry questions as you appraise each component.
2) Using the following rating scale, mark your appraisal decision in the space provided.
3) Mark the corresponding action for each appraisal decision in the space provided.
4) Write comments and details as needed in the "notes" section.
5) Prioritize areas for immediate action by marking the priority rank section.
6) Review, discuss, and develop a cultural competence plan. (Note: The Cultural Competence Documentation Log may be used for documenting cultural competence plans, actions, and evaluations.)

*Inquiry Questions*

- To what degree is cultural competence an integral component within the health care institution?
- How visible (invisible) is cultural competence development?
- How do all the cultural components fit/blend together?

*Rating Scale*

| Appraisal Decision ⟶ | Corresponding Action | Appraisal Decision ⟶ | Corresponding Action |
|---|---|---|---|
| 0 = Absent | F = Major revisions | 4 = Connected attachment | C = Continue or integrate |
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**Unit/Site Level** _____

| | Decision Rating | Action Rating | Notes | Priority Rank |
|---|---|---|---|---|
| In-service education | | | | |
| Learning strategies | | | | |
| Staff meetings | | | | |
| Patient care conferences | | | | |
| Walking rounds and report | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Date form completed: _____
Date reviewed by committee: _____
Comments/notes on back.

Name(s) of evaluator(s): _____
Supervisor/administrator: _____

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# Systematic Inquiry–Professional Associations (SI–PA)

## USER INFORMATION

- Offers a user-friendly quantitative and qualitative approach for systematic appraisal decisions, corresponding actions, notations/reflections, prioritization, and future planning.
- Used to help individuals, groups, and organizations examine how visible (or invisible) cultural competency development is actively present:
  - Overall within the association
  - Specifically at the membership level
  - Via outside connections to supplementary resources
- The systematic inquiry is guided by two additional questions:
  - To what degree is cultural competence an integral component within the professional association?
  - How do all the cultural components fit together?
- May be used individually or in groups.
- May be used alone or in conjunction with other toolkit items.(Recommended to use prior to Toolkit Item 23—Cultural Competence Documentation Log.) Results serve as a valuable precursor to informed decisions, responsible actions, and new diagnostic-prescriptive innovations targeting staff and membership development in the overall goal of achieving *optimal* cultural competence.
- Supplementary 2016 book resources: Chapter 16; Figures 14.3 and 16.3;Educator-in-Action (Chapter 14) vignette.

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**Systematic Inquiry: Professional Associations**

*Directions:*

1) Reflect on the following three inquiry questions as you appraise each component.
2) Using the following rating scale, mark your appraisal decision in the space provided.
3) Mark the corresponding action for each appraisal decision in the space provided.
4) Write comments and details as needed in the "notes" section.
5) Prioritize areas for immediate action by marking the priority rank section.
6) Review, discuss, and develop a cultural competence plan. (Note: The Cultural Competence Documentation Logmay be used for documenting cultural competence plans, actions, and evaluations.)

*Inquiry Questions*

- To what degree is cultural competence an integral component within the professional association?
- How visible (invisible) is cultural competence development?
- How do all the cultural components fit/blend together?

*Rating Scale*

| Appraisal Decision ⟶ | Corresponding Action | Appraisal Decision ⟶ | Corresponding Action |
|---|---|---|---|
| 0 = Absent | F = Major revisions | 4 = Connected attachment | C = Continue or integrate |
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### Interpersonal Level

| | Decision Rating | Action Rating | Notes | Priority Rank |
|---|---|---|---|---|
| Board or elected officers | | | | |
| Members | | | | |
| Nonmembers or guests | | | | |
| | | | | |
| | | | | |

### Supplementary Resources

| | Decision Rating | Action Rating | Notes | Priority Rank |
|---|---|---|---|---|
| Other professional associations | | | | |
| Local colleges | | | | |
| Health care institutions | | | | |
| Guest speakers | | | | |
| | | | | |
| | | | | |

Date form completed: _____ Name(s) of evaluator(s): _____
Date reviewed by committee: _____ Administrator/association leader: _____
Comments/notes on back.

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**Systematic Inquiry: Professional Associations**

*Directions:*

1) Reflect on the following three inquiry questions as you appraise each component.
2) Using the following rating scale, mark your appraisal decision in the space provided.
3) Mark the corresponding action for each appraisal decision in the space provided.
4) Write comments and details as needed in the "notes" section.
5) Prioritize areas for immediate action by marking the priority rank section.
6) Review, discuss, and develop a cultural competence plan. (Note: The Cultural Competence Documentation Log may be used for documenting cultural competence plans, actions, and evaluations.)

*Inquiry Questions*

- To what degree is cultural competence an integral component within the professional association?
- How visible (invisible) is cultural competence development?
- How do all the cultural components fit/blend together?

*Rating Scale*

| Appraisal Decision ⟶ | Corresponding Action | Appraisal Decision ⟶ | Corresponding Action |
|---|---|---|---|
| 0 = Absent | F = Major revisions | 4 = Connected attachment | C = Continue or integrate |
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**Professional Association Level**
**Chapter or Local Level**_____

| | Decision Rating | Action Rating | Notes | Priority Rank |
|---|---|---|---|---|
| Philosophy and mission | | | | |
| Bylaws | | | | |
| Membership criteria | | | | |
| Newsletter and publications | | | | |
| Library | | | | |
| Website | | | | |
| Meetings | | | | |
| Workshops | | | | |
| Conferences | | | | |
| Special events | | | | |
| Committees | | | | |
| Learning strategies | | | | |
| Networking | | | | |
| Mentoring | | | | |
| | | | | |
| | | | | |
| | | | | |

Date form completed: _____ Name(s) of evaluator(s): _____
Date reviewed by committee: _____ Administrator/association leader: _____
Comments/notes on back.

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# Cultural Competence Documentation Log

## USER INFORMATION

- User-friendly log used to assist institutions in documenting cultural competence plans, actions, and evaluations.
- Use after the Toolkit Systematic Inquiry Assessment Tool.

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| | Strategy or Idea | Person(s) Responsible | Resources Needed | Date to Implement | Measurement Plan and Date | Evaluation Plan and Date |
|---|---|---|---|---|---|---|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |

Select **one strategy** or idea from the previous table. Write out a detailed description of the steps and timeline for the plan and design, implementation, measurement, and evaluation phases.

**Repeat for subsequent prioritized strategies.**

| | Plan and Design Date Steps | Implementation Date Steps | Measurement Date Steps | Evaluation Date Steps |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |

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