

Jen Timm, DNP, RN, PHN

Background

The impact of health disparities on access to the full spectrum of healthcare, including preventive health services, is well known in the U.S. (National Institute on Minority Health and Health Disparities, 2017).

Underserved rural, racial and ethnic minority, socio-economically disadvantaged, sexual and gender minority, and others affected by discrimination experience poorer health outcomes (National Institute on Minority Health and Health Disparities, 2017). Overall, Americans engage in preventive health services at half the recommended rate (CDC, 2018).

The pursuit of health equity in prevention is challenging because of the prevalence of disparities causing at-risk populations to fall through the cracks (U.S. Department of Health and Human Services, 2020).

Bridges Health deploys nursing students and their interprofessional peers in collaborative practice to bring preventive health, wellness, and social care to underserved and at-risk groups (Bridges Health, 2023).

Health profession students are negatively affected by bias and discrimination, in turn affecting career development (Josiah Macy Jr. Foundation, 2020).

Students who are women, LGBTQ, and of color have experienced increased mistreatment during clinical training (Hill et al., 2020).

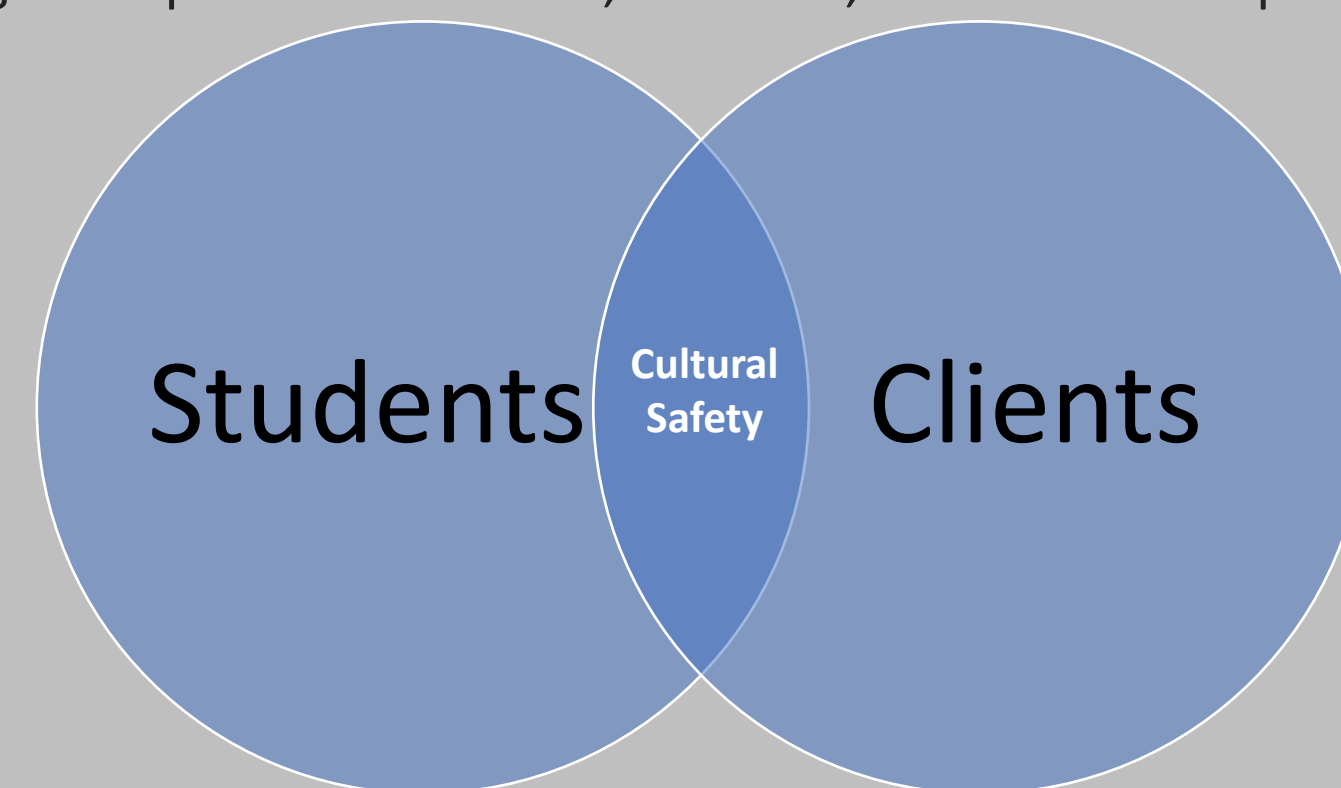


Classroom, virtual, and clinical learning environments must be equitable, inclusive, and reflective of organizational cultures embodying fairness and respect, free from harmful bias, discrimination, and oppression (Josiah Macy Jr. Foundation, 2020).

As a teaching and learning setting, Bridges Health aspires to maximize how interprofessional health disciplines learn, transition knowledge, and develop practices fostering cultural safety within the team and with clients/patients to address health disparities.

Purpose

Discover methods to evaluate and promote cultural safety in clinical learning settings to inform and improve clinical experiences for nursing students, their interprofessional peers, and clients served through a student-led, faculty-guided preventive health, wellness, and social care program.



Desired Outcomes:

- Students experience cultural safety when learning within a student-led, faculty-guided clinical setting.
- Clients experience cultural safety when seeking and receiving services from a student-led, faculty-guided preventive health, wellness, and social care program.

Definitions

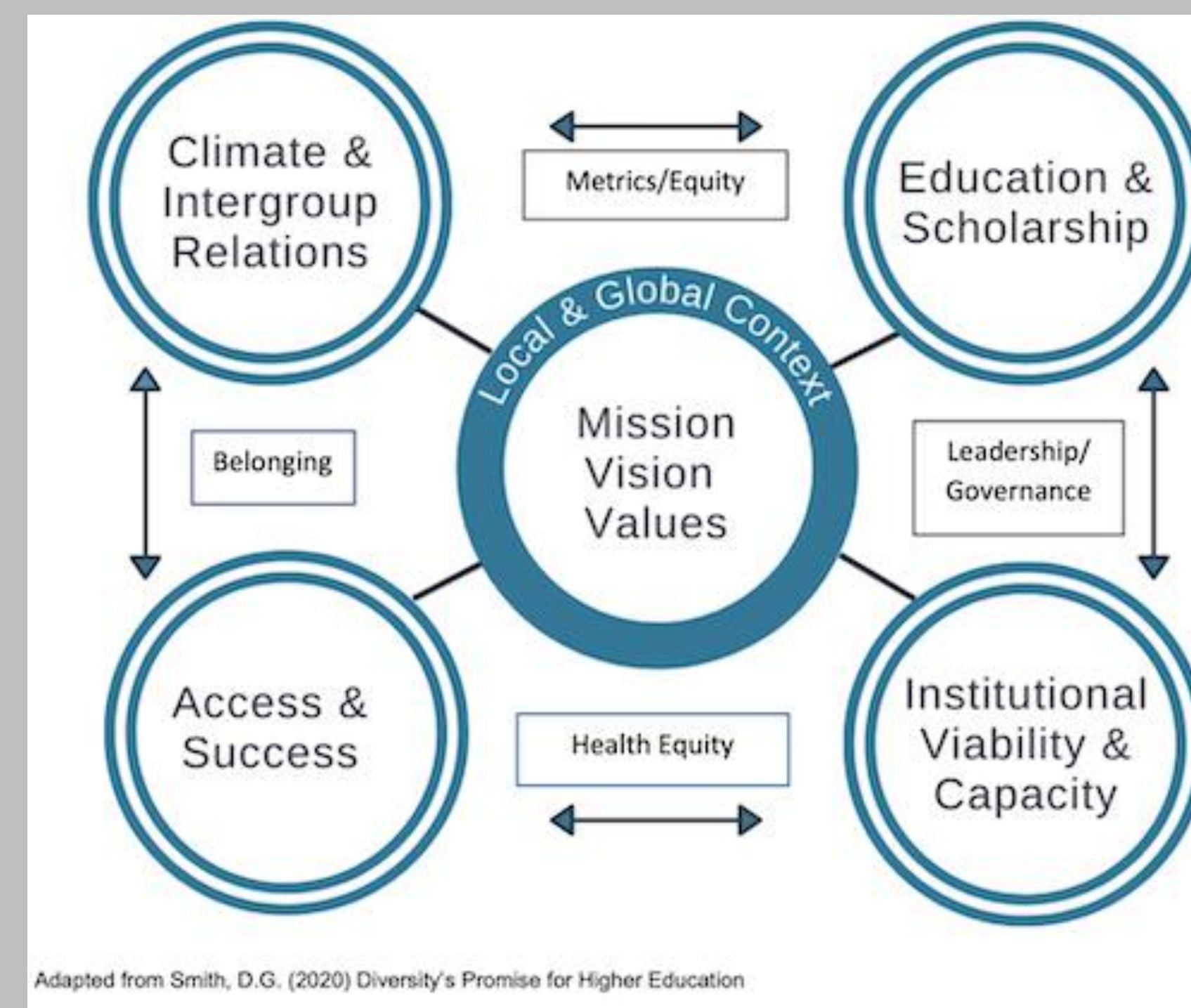
Cultural Competency: Acquisition of knowledge, attitudes, skills to improve quality of care for people from diverse cultural backgrounds.
Increases cultural awareness, not behavioral change (Wilson et al., 2022).

Cultural Humility: Lifelong commitment to self-evaluation/self-critique, redressing power imbalances in the patient-physician dynamic, developing mutually beneficial/non-paternalistic clinical/advocacy partnerships with communities on behalf of individuals and defined populations (Tervalon & Murray-Garcia, 1998, p. 117).

Cultural Safety: Acknowledges barriers to clinical effectiveness arising from inherent power imbalances.
Awareness of differences, considers power relationships, reflective practice, patient determines what is safe vs. unsafe, focus on culture of clinician/clinical environment (Laverty et al., 2017).

Project Objectives

1. Increase knowledge of published tools and instruments for evaluating cultural safety in the clinical learning setting through documented literature review.
2. Identify the degree of cultural safety experienced by students engaged in clinicals within a student-led, faculty-guided clinical setting through completion of a valid and reliable assessment tool.
3. Identify the degree of cultural safety experienced by clients participating in preventive health, wellness, and social care programs within a student-led, faculty-guided clinical setting by completion of a valid and reliable assessment tool.
4. Implement 3 areas of improvement to strengthen the cultural safety among students, using evidence-based strategies and best practices.
5. Implement 3 areas of improvement to strengthen the cultural safety among clients, using evidence-based strategies and best practices.
6. Re-evaluate the degree of cultural safety experienced by students and clients within a student-led, faculty-guided clinical setting at 6 months and 12 months post initial quality improvement cycle.



Adapted from Smith, D.G. (2020) Diversity's Promise for Higher Education

Implementation Plan

Phase 1: Critical Appraisal

Graduate nursing and social work students collaboratively appraise the literature in cultural safety assessment tools.

Phase 2: Tool Selection

Graduate nursing and social work students select one instrument deemed appropriate for administration within the student-led, faculty-guided clinical setting.

Phase 3: Assessment

Interprofessional student teams administer selected assessment tool across the student-led, faculty-guided clinical setting.

Phase 4: Data Analysis

Results of assessment are analyzed, implications are drawn, and conclusions are reported.

Phase 5: Quality Improvement

Interprofessional student teams develop and implement an improvement plan based on assessment results and exploration of evidence-based strategies for promoting cultural safety.

Phase 6: Evaluation

Interprofessional student team evaluates the effectiveness of implemented quality improvements.

Phase 7: Dissemination

Interprofessional student and faculty team disseminate outcomes to key stakeholders via presentations and publication.

Ongoing Assessment and Quality Improvement

Interprofessional student and faculty teams re-administer selected assessment tool and/or expand assessment to include additional measurements to continue to evolve practice setting.



References



diversity, equity, & inclusion

American Association of Colleges of Nursing

Diversity Leadership Institute: Capstone Presentations and Graduation

Methods to Evaluate and Promote Cultural Safety in Clinical Practice Settings to Achieve Health Equity

Jen Timm, DNP, RN, PHN

Biography

Dr. Timm is an associate professor in the Department of Graduate Nursing at Winona State University. She teaches masters and doctoral level coursework in advanced health promotion, evidence-based practice, executive leadership, and innovation. Dr. Timm is also the founding director of Bridges Health, an interprofessional community-based clinical education model, and has worked as an administrator for county-level outpatient mental health and substance use clinics and programming. A former community health nurse and manager, she obtained her Masters of Science in Nursing Education and a DNP in Practice and Leadership Innovations at Winona State University in Rochester, Minnesota. Dr. Timm has been the recipient of numerous local, state, and federal funding opportunities to support her scholarship work in the area of interprofessional education and practice, and community-based work with underserved and at-risk populations, especially in rural settings.

Contact Information



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