

**TOPIC: EXPERT TESTIMONIAL ON PROVIDING PALLIATIVE CARE TO MEXICAN-AMERICAN PATIENTS AND FAMILIES**

<p><b>Description</b></p>	<p>The purpose of this video is to consider how nurses can utilize cultural humility when providing palliative care to Mexican American patients living with serious illness and their families. The principles in this video align with concepts taught in:</p> <ul style="list-style-type: none"> <li>• ELNEC Undergraduate/New Graduate             <ul style="list-style-type: none"> <li>○ Module 1: Introduction to Palliative Care</li> <li>○ Module 2: Communication</li> </ul> </li> <li>• ELNEC Graduate             <ul style="list-style-type: none"> <li>○ Module 1: Introduction to Palliative Care</li> <li>○ Module 2: Communication</li> <li>○ Module 6: Advance Practice Nursing (APN) Leadership in Serious Illness</li> </ul> </li> </ul>
<p><b>Learning Objectives</b></p>	<p>Upon completion, the learner will be able to:</p> <ol style="list-style-type: none"> <li>1. Identify cultural values, beliefs, and practices common to Mexican American communities.</li> <li>2. Consider how cultural humility can be integrated into primary palliative care practices.</li> <li>3. Explore strategies to practice respectful communication with patients from diverse cultural groups.</li> </ol>
<p><b>Faculty Instructions</b></p>	<ol style="list-style-type: none"> <li>1. Before showing the video, faculty might consider having students complete an assessment of their own biases that can influence their healthcare. One option is the online Harvard University (Implicit Association Test), specifically the Hispanic IAT. <a href="https://implicit.harvard.edu/implicit/takeatest.html">https://implicit.harvard.edu/implicit/takeatest.html</a> Faculty need to ensure this activity and any subsequent debriefing is designed to create safe spaces for students to learn with and from one another.</li> <li>2. Students should watch the entire video at least once. The video can be shown additional times to inform discussion and debriefing.</li> <li>3. Then debrief about the main topics explored by the speaker, Dr. Andrya Rivera-Burciaga. Given this video is an expert testimonial, students should be encouraged to consider how they might integrate the tips and strategies presented into the palliative care they provide to Mexican American patients and families.</li> </ol>

## DEBRIEFING RESOURCES

<b>Values Common within Mexican American Communities</b>	
<b>Familismo</b>	Emphasizes family over individual needs (Morgan Consoli & Llamas, 2013). An important consideration for palliative care contexts is that “there is a prominent expectation that children or other extended family should care for their elders” (Savage et al., 2016, p. 24).
<b>Machismo</b>	Reflects how men are the leaders and take responsibility for the family, with an emphasis of loyalty and chivalry (Morgan Consoli & Llamas, 2013).
<b>Marianismo</b>	Reflects how women focus on “humility, nurturance, familial devotion, and spiritual superiority.” (Morgan Consoli & Llamas, 2013, p. 618).
<b>Religiosidad</b>	Similar to faith and spirituality, is a key consideration for how Mexican Americans consider serious illness and make healthcare decisions (Evans & Coon, 2016; Wells et al., 2008).
<b>Respeto</b>	Respect and deference paid to an individual’s position, including different family members.” (Morgan Consoli & Llamas, 2013, p. 618). This value informs interactions with healthcare professionals, as Mexican Americans often defer to the professional’s judgment.

<b>Articles to Support Teaching and Debriefing</b>	
<b>Related to providing palliative care to Mexican American patients and their families:</b>	
<ul style="list-style-type: none"> <li>• Evans, B. C., &amp; Coon, D. W. (2016). The “Reckoning Point” as a Marker for Formal Palliative and End-of-Life Care in Mexican American Families. <i>Journal of Family Nursing</i>, 22(4), 606–630. <a href="https://doi.org/10.1177/1074840716677994">https://doi.org/10.1177/1074840716677994</a></li> <li>• Lopez MH, Krogstad JM, Passel JS. (2023). Who is Hispanic? Pew Research Center. <a href="https://www.pewresearch.org/fact-tank/2022/09/15/who-is-hispanic/">https://www.pewresearch.org/fact-tank/2022/09/15/who-is-hispanic/</a></li> <li>• Morgan Consoli, M. L., &amp; Llamas, J. D. (2013). The relationship between Mexican American cultural values and resilience among Mexican American college students: A mixed methods study. <i>Journal of Counseling Psychology</i>, 60(4), 617–624. <a href="https://doi.org/10.1037/a0033998">https://doi.org/10.1037/a0033998</a></li> <li>• Savage, B., Foli, K. J., Edwards, N. E., &amp; Abrahamson, K. (2016). Familism and Health Care Provision to Hispanic Older Adults. <i>Journal of Gerontological Nursing</i>, 42(1), 21–29; quiz 30–31. <a href="https://doi.org/10.3928/00989134-20151124-03">https://doi.org/10.3928/00989134-20151124-03</a></li> <li>• Wells, J. N., Cagle, C. S., Bradley, P., &amp; Barnes, D. M. (2008). Voices of Mexican American caregivers for family members with cancer: On becoming stronger. <i>Journal of Transcultural Nursing: Official Journal of the Transcultural Nursing Society</i>, 19(3), 223–233. <a href="https://doi.org/10.1177/1043659608317096">https://doi.org/10.1177/1043659608317096</a></li> </ul>	

**National Consensus Project for Quality Palliative Care (2018)  
Clinical Practice Guidelines in Domain 6: Cultural Aspects of Care**

<b>NCP Guidelines</b>	<b>Expert Testimonial Statements</b>
6.1.2 Interdisciplinary team (IDT) members recognize that the provision of quality palliative care requires an understanding of the patient’s and family’s culture and how it relates to their decision-making process, and their approach to illness, pain, psychological, social, and spiritual factors, grief, dying, death, and bereavement.	<p>“Family plays a central role, and decisions are often made collectively with family members.”</p> <p>“Family members are heavily involved in the care process, not only in caring for the patient but also in making decisions.”</p> <p>“Collectively, as Mexican Americans, we make decisions together.”</p>
6.1.5 The IDT commits to continuously practice cultural humility and celebrate diversity.	<p>“Ask questions. Get to know your patients. Treat them with respect. Don’t make any assumptions.”</p> <p>“We’re all unique in our values, beliefs, and healthcare practices.”</p> <p>“Get to know your patient and their family, no matter how many people that is because they all matter.”</p>
6.1.7 Communication occurs using verbal, nonverbal, and/or symbolic means appropriate to the patient, with particular attention to cultural and linguistic considerations, cognitive capacity, the presence of learning or developmental disabilities, and the developmental stage across the lifespan.	<p>“Remember they all have something to share, and they all participate in caring for the patient.”</p> <p>“Communication is key.”</p> <p>“Always think about offering non-verbal communication of respect.”</p>
6.2.2 When patients and families do not speak or understand English, or prefer communicating in a language other than English, the IDT uses qualified medical interpreter services, either in person or via telephone or video.	<p>“When caring for Mexican Americans, language is important. Most Hispanics and Mexican Americans speak Spanish in the home.”</p>
6.3.1 Before the screening and assessment, the IDT recognizes the need to be: a. Non-judgmental of the patient and family b. Mindful of potential biases	<p>“Don’t at any time think there are too many people with too many opinions because they all matter.”</p> <p>“Don’t make any assumptions.”</p> <p>“Get to know your patient and their family, no matter how many people that is because they all matter.”</p>
6.3.2 During the assessment process, the IDT elicits and documents: a. Cultural practices, customs, beliefs, and values relevant during serious illness, the	<p>“We’re all unique in our values, beliefs, and healthcare practices.”</p>

<p>dying process, at the time of death, and post-death</p> <p>c. Preference for IDT interaction, including whether decision-making will be communal, collective, or individualistic, with attention to patient and/or family preferences for participation in the decision-making process</p>	<p>“Family plays a central role, and decisions are often made collectively with family members.”</p> <p>“Family members are heavily involved in the care process, not only in caring for the patient but also in making decisions.”</p> <p>“Collectively, as Mexican Americans, we make decisions together.”</p> <p>“Don’t forget to take the time to ask important questions.”</p>
<p>6.4.1 The plan of care incorporates and the IDT verbally and non-verbally communicates respect for:</p> <p>a. Who the patient defines as their family</p> <p>b. Beliefs, values, and traditional practices</p> <p>c. Language and communication preferences</p>	<p>“As a family unit, we live in multi-generational homes.”</p> <p>“The traditional structure of a Mexican family is heavily based on roles.”</p> <p>“When caring for Mexican Americans, language is important.”</p> <p>“Respect is very important among Hispanic culture.”</p>

Resource: National Consensus Project for Quality Palliative Care. (2018). Clinical practice guidelines for quality palliative care (4th ed.). National Coalition for Hospice and Palliative Care. <https://www.nationalcoalitionhpc.org/ncp>

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## Curricular Alignment- Undergraduate Programs

### Competencies And Recommendations for Educating Nursing Students (CARES, 2nd. ed.)

- #1 Advocate for and promote integration of palliative care for patients with serious illness or injury and their families across the disease trajectory as essential to quality care.
- #2 Consider the complex and evolving socio-economic factors that influence equitable palliative care delivery within health care systems.
- #3 Reflect on one's ethical, cultural, and spiritual values and their influence on relationships in palliative care.
- #4 Demonstrate respect for diversity, equity, and inclusion as essential for the delivery of culturally sensitive, quality palliative care.
- #5 Communicate effectively, respectfully, and compassionately with patients, families, interprofessional team members, and the public about palliative care.
- #7 Demonstrate respect for person-centered care by aligning the plan of care with patient and family values, beliefs, preferences, and goals of care.
- #8 Apply ethical principles, social justice, and moral courage in the care of patients with serious illness, their families, and communities.

<b>Alignment with AACN Essentials: Entry-Level Professional Nursing Education</b>		
<b>Domains</b>	<b>Competencies</b>	<b>Sub-Competencies</b>
Knowledge for Nursing Practice	1.1	1.1b
	1.2	1.2a, 1.2c, 1.2d
Person-Centered Care	2.1	2.1a, 2.1c
	2.2	2.2a, 2.2b, 2.2c, 2.2d, 2.2f
	2.3	2.3a, 2.3f
	2.4	2.4a
	2.5	2.5a, 2.5g
	2.8	2.8d
Population Health	2.9	2.9a, 2.9c
	3.1	3.1c
Interprofessional Partnerships	3.2	3.2b
	6.1	6.1a, 6.1b, 6.1d, 6.1e
Informatics and Healthcare Technologies	6.4	6.4a, 6.4b
	8.3	8.3c
Professionalism	9.1	9.1a, 9.1b, 9.1c, 9.1d, 9.1g
	9.2	9.2a, 9.1b, 9.2c, 9.2d, 9.2e, 9.2f, 9.2g
	9.3	9.3c, 9.3d, 9.3f, 9.3g
	9.5	9.5c, 9.5d
	9.6	9.6a, 9.6b, 9.6c
Personal, Professional, and Leadership Development	10.2	10.2f
	10.3	10.3g

### **Alignment with AACN Essentials Concepts:**

- Clinical Judgment
- Communication
- Compassionate Care

- Diversity, Equity, and Inclusion
- Ethics
- Evidence-Based Practice
- Health Policy
- Social Determinants of Health

Resource: American Association of Colleges of Nursing and End-of-Life Nursing Education Consortium (2021). Primary palliative care competencies for undergraduate and graduate nursing students (CARES/G-CARES, 2nd ed): Alignment with the 2021 AACN Essentials. <https://www.aacnnursing.org/Portals/42/AcademicNursing/Tool%20Kits/Essentials/Alignment-CARES-G-CARES-Essentials.pdf> )

## Curricular Alignment- Graduate Programs

### Graduate Competencies And Recommendations for Educating Nursing Students (G-CARES, 2nd. ed.)

- #1 Articulate the value of palliative care to patients, families, interprofessional team members, and the public.
- #3 Respond to dynamic changes in population demographics, socio-economic factors, the healthcare system, and emerging technologies to improve outcomes for persons with serious illness and their families.
- #4 Demonstrate leadership guided by principles of ethics, social justice, equity, and moral courage in the advancement of quality palliative care.
- #5 Engage in strategic partnerships with interprofessional colleagues and community stakeholders to influence policies and quality improvement activities related to primary palliative care
- #7 Utilize advanced palliative care communication skills with patients, families, and team members as appropriate to one’s functional area of nursing practice and the professional context.
- #8 Promote delivery of care that supports holistic assessment and management of pain and symptoms common in serious illness at the full scope of practice.
- #9 Collaborate with healthcare team members to coordinate culturally sensitive, patient-centered, and family-focused palliative care across care settings.

<b>Alignment with AACN Essentials: Advanced-Level Professional Nursing Education</b>		
<b>Domains</b>	<b>Competencies</b>	<b>Sub-Competencies</b>
Knowledge for Nursing Practice	1.1	1.1f
	1.2	1.2f, 1.2i
Person-Centered Care	2.1	2.1d, 2.1e
	2.2	2.2g, 2.2j
	2.3	2.3h
	2.4	2.4f
	2.5	2.5h
	2.6	2.6e, 2.6j
	2.9	2.9f, 2.9h
Population Health	3.1	3.1m
	3.2	3.2e
Interprofessional Partnerships	6.1	6.1i
	6.4	6.4e, 6.4f, 6.4g
Informatics and Healthcare Technologies	8.3	8.3i
Professionalism	9.1	9.1i
	9.2	9.2h, 9.2j, 9.2k, 9.2l
	9.3	9.3i, 9.3l, 9.3n
	9.5	9.5g, 9.5h
	9.6	9.6d, 9.6e, 9.6f, 9.6g, 9.6h, 9.6i
Personal, Professional, and Leadership Development	10.3	10.3p

**Alignment with AACN *Essentials* Concepts:**

- Clinical Judgment
- Communication
- Compassionate Care
- Diversity, Equity, and Inclusion
- Ethics
- Evidence-Based Practice
- Health Policy
- Social Determinants of Health

Resource: American Association of Colleges of Nursing and End-of-Life Nursing Education Consortium (2021). Primary palliative care competencies for undergraduate and graduate nursing students (CARES/G-CARES, 2nd ed): Alignment with the 2021 AACN Essentials.

<https://www.aacnnursing.org/Portals/42/AcademicNursing/Tool%20Kits/Essentials/Alignment-CARES-G-CARES-Essentials.pdf>