CULTURALLY RESPONSIVE CURRICULUM MODIFICATIONS

COURSE NAME: NURS 337 Professional Relations

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COURSE COMPONENT	PREVIOUS VERSION DESCRIPTION	CULTURALLY REPONSIVE CHANGES DESCRIPTION(S)	CULTURES or LEARNING STYLES ADDRESSED THROUGH THESE REVISIONS
Syllabus		Replace pronouns .	
RESOURCES USED and where to find more information: AHC Distance Education Workshop.			
Course Units			
RESOURCES USED and where to find more information:			
Reading Assigned/Textbook		Supplemental Readings that highlight the underrepresented groups in nursing: Men and minorities.	
RESOURCES USED and where to find more information:			
Instructional Methods	Lectures and powerpoints	Flipped classroom. Facilitated discussions. Replace cartoon images with more accurate depictions	Individual perspectives are highlighted as students discuss their personal and work experiences in health care settings.
RESOURCES USED and where to find more information:			
Assignments	The only information was given via powerpoint	Implicit bias survey	Encouraging self reflection through looking at personal implicit bias
RESOURCES USED and where to find more information:			
Activities	Communtiy resource project. Students must gather information about a selected resource in the community and present the information in class.	Adding current and inclusive community resources to project such as the Hope House, Importa, and the Gay & Lesbian Resource center in Santa Maria.	Immigrant Legal resources, LGTQIA +
RESOURCES USED and where to find more information:			
Instructional Methods	Heavily relied on textbook powerpoints with limited interaction with students.	More interactive discussions, videos, and group discussions	Spacial-visual learners and Kinesthetic learners are included through interactive activities.
RESOURCES USED and where to find more information:			
Classroom Environment	Students were to stay in seats for long lectures.	Students complete assignments at home and out in the community for community project. Allow students to rearrange classrooms to facilitate conducive peer discussions.	Kinesthetic and learners with limited attention can work at their own pace and in environments that are more comfortable for them.
RESOURCES USED and where to find more information:			
Grading Policies			
RESOURCES USED and where to find more information:			
Learning Goals	Preset learing obejectives set out by state board.	The activities, delivery of content, and outside projects allow for better retention of content.	Allows for a variety of different learning styles to learn content instead of traditional classroom lectures.
RESOURCES USED and where to find more information:			

CULTURALLY RESPONSIVE CURRICULUM MODIFICATIONS

***Things to keep at the forefront of your mind while modifying curriculum to be culturally responsive and humanizing:**
• Seek-out, recognize, and address bias within the curriculum components.
• Highlight representations from the cultures that reflect the students we serve.
• Seek insights from students to assist in the designing of curriculum and accuracy of portrayals.
• Bring real-world and community issues into the curriculum and seek ideas from students regarding actions.
• Highlight power dynamics, privilege, and historical oppression.
• Utilize multiple perspectives from different cultural groups.
• Seek to reach multiple learning styles / intelligences.

Examples:

Change of all pronouns in syllabus, lectures, and test questions.

Previous- A nursing student studies for a test. S/he becomes distracted by tasks that needed to be done. What strategy by the student nurse would most likely reduce the distraction?

Revised- A nursing student studies for a test. They become distracted by tasks that need to be done. What strategy by the student nurse would most likely reduce the distraction?

Addition of implicit bias survey

Previous- Implicit bias was taught as a term in a PowerPoint.

Revised- The PowerPoint was still given with the introduction of the term and concept of implicit bias. The students were then encouraged to complete one or more of the implicit bias surveys given by Harvard University. https://implicit.harvard.edu/implicit/

The students who completed one of the surveys were given one extra credit point to be used on the upcoming quiz. This grading was used to encourage self-reflection instead of forcing the information students may not be ready to receive.

Supplemented current inclusive content

Previous- The students were assigned to a community resource and they had to research the resource and provide a 3-5 min presentation on how that resource could help a hospitalized patient.

Revised- The assigned community resources were updated with the addition of new community resources for community resource project including;

Importa- https://www.importasb.org/

Hope House- https://downtownslo.com/go/slo-wellness-center-hope-house

Gay and Lesbian Resource Center of Santa Maria- https://pacificpridefoundation.org/

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Addition of the culture care theory when discussing a variety of nursing care theories.

Assignments/Group activities

Previous- Nursing history was presented as a PowerPoint and only included US nursing history from an Anglo-Saxon point of view.

Revised- Addition of group discussion on the history of nursing from all around the world. Students will be broken into random groups and be assigned a continent. They will then research the history of nursing in that area and present it during the last portion of class.

Change of images to include more real life inclusive images

Chapter 10

Cultural Uniqueness, Sensitivity, and Competence

Previous-

Chapter 10

Cultural Uniqueness, Sensitivity, and Competence

Revised-

Cultural Diversity and Health Care

Acquiring Cultural Competence Reduces the chance of stereotyping

- Starts with Awareness
- Grows with Knowledge
- Enhanced with Specific Skills
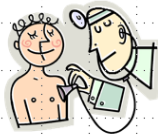- Polished through Cross-Cultural Encounters

**Acquiring
Cultural Competence**

Be sensitive to language barriers:
- Does the patient understand any English?
- Consider literacy level
- Use visual aids and demonstrate procedures
- Check understanding
- Is an interpreter necessary?

Previous-

**ACQUIRING
CULTURAL COMPETENCE**

Be sensitive to language barriers:
- Does the patient understand any English?
- Consider literacy level
- Use visual aids and demonstrate procedures
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- Is an interpreter necessary?

Revised