Paradigm Shift from Cultural Competency to Cultural Humility: A Feasibility Study

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Abstract

As the influx of more culturally diverse populations migrate to the United States (U.S), providing

quality care remains a growing challenge for medical providers. Specifically, a lack of clarity

regarding cultural competency is problematic for Certified Registered Nurse Anesthetists

(CRNAs). Enhancing the knowledge base of CRNAs regarding cultural humility is of urgent and

justifiable need in order to optimize patient care for diverse populations. Therefore, the objective

of this scholarly project was to complete a feasibility study to help identify barriers, limitations,

and facilitators in order to determine project viability. This process included creating an online

module for CRNAs and obtaining AANA accreditation.

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As the United States (U.S.) population continues to diversify, there has been an increase in healthcare disparities. However, despite the surge in population growth there still remains a lack of clarity regarding designing an effective methodology for providing culturally competent care. Due to the fact that there is no clear definition regarding cultural competency for healthcare providers, there has been a shift to provide care for diverse populations by practicing cultural humility. Specifically, Certified Registered Nurse Anesthetists (CRNAs) may benefit from the implementation of cultural humility focused care due to the critical need for cross cultural communication in order to optimize care for each patient under anesthesia.

Significance and Background of Clinical Problem

Currently, more than one- sixth (50 million) of the U.S. population consists of individuals born from foreign countries with this number continuing to climb over the past five decades (San, 2015). Although the number of diverse populations within the U.S. continues to increase, there remains a gap in defining how to provide culturally competent care. The lack of a specific definition for cultural competence leads to poor communication and understanding amongst patients and providers. According to Isaacson (2014), cultural competence infers that providers have a certain skill set and baseline level of knowledge before providing care to the specified culture. Alternatively, cultural humility implies that it is unrealistic to assume that providers can adequately maintain a certain level of knowledge for each transcultural group that exists.

Possessing a suboptimal level of cultural competence could yield an increased incidence of patient morbidity, mortality, or unnecessary incurred healthcare cost. Therefore, furthering the providers understanding of cultural humility may be a more realistic approach in efforts to enhance the delivery, efficiency, and respect when providing multicultural care (Wright, 2008).

In particular, for Certified Registered Nurse Anesthetists (CRNAs) in the perioperative setting, the need to provide care utilizing an approach directed by cultural humility could be lifesaving. CRNAs are responsible for assessing, anticipating and controlling the physiological changes that each patient may encounter during the intraoperative period. Therefore, effective implementation and utilization of cultural humility aims to enhance the therapeutic communication between the CRNA and patient during the preoperative health history and physical interview. This is a critical time period as communication forms an essential element of the preoperative assessment. This assessment serves to assist the anesthesia provider with the formulation of a patient specific anesthetic for optimization during the intraoperative course.

PICOT Evidence Review Questions

Two foreground questions were formulated in PICOT format and used to investigate this topic further as well as aid in systematic review of literature. The first question guides the literature review: As the paradigm shifts from cultural competence to cultural humility for practicing Certified Registered Nurse Anesthetists (CRNAs) (P), does a one-hour (T) online learning module regarding cultural humility (I) result in an increased knowledge base (O)?

The second question addresses the innovation problem: At AdventHealth University (AHU) (P), what is the feasibility of a Student Registered Nurse Anesthetist (SRNA) developed online module regarding cultural humility (I) being approved for continuing education credits by the American Association of Nurse Anesthetists (AANA)(O)?

Search Strategies

The search strategy results yielded 2,027 articles from Google Scholar, PubMed, and OneSearch database via the AdventHealth University library page. Key search terms and MESH combinations included: *cultural competency* OR *cultural humility* OR *transcultural nursing*

AND *healthcare* OR *nurse anesthesia* OR *anesthesiology*. MESH terms included: *Cultural competency, transcultural nursing, and nurse anesthetist*. The search was limited to English language publications and peer-reviewed journal articles between January 2008 and June 2019. This netted a search result of 33 publications and the exclusion criteria included book reviews, newspaper articles, and dissertations

GRADE Criteria

The literature for cultural humility in healthcare was evaluated using the GRADE criteria to rate the overall level of evidence and provide the strength of the recommendation. Overall, the GRADE criteria for this body of evidence was numerically ranked as level three which is moderate. Many of the articles consisted of a systematic review of the literature which ensured that even though the articles reviewed were within five years old, the evidence still provided a thorough examination of the issue. The articles used consisted of systematic review of review articles, pre-post paired t-test, literature review, and a mixed methods study design. Although cultural humility is the focus of the literature review, articles focusing on cultural competency were used because of the lack of studies regarding cultural humility at this time. Research regarding this population and the interventions are very limited. Issues with imprecision were noted as most of the evidence had small sample sizes and one was so specific that the results would not be able to be generalized. The indirectness of evidence and imprecision therefore netted the evidence a grade of -1.

Literature Review and Synthesis of Evidence

Due to the integration of a more globalized society and increased number of compounded health elements that be may present while providing cross cultural care, a keen need for a clear definition specifying how to efficiently provide care for diverse populations is of the utmost

importance (Alizadeh & Chavan, 2016; Cai, 2016). The need to provide culturally competent

care is imperative; however, there is no clear definition or method to effectively achieve this

outcome (Baker, Guarino, Makosky, Ndiwane, & Reidy, 2017; Baptiste et al., 2018; Campinha-

Bacote, 2019; Isaacson, 2014; MacKenzie & Hatala, 2019).

In efforts to enhance the knowledge base of CRNAs, developing an online learning

module regarding cultural humility is vital. The online module will provide CRNAs with the

flexibility and accessibility of learning tools to enhance their ability to provide cultural humility

healthcare. Equipping CRNAs with this information is important to optimize communication

with patients prior to receiving anesthesia care. Additionally, CRNAs will be offered continuing

education (CE) credits for successful completion of the education module. Hence, the aim of this

scholarly project will be to develop an online learning module and complete a feasibility study to

conclude the practicality of this project.

Cultural humility (CH) utilizes a three-dimensional theoretical framework as a part of its

basic guidelines for providing care with cultural humility for all patients (Cai, 2016). The three

dimensions essential for effective delivery of cultural humility healthcare are: lifelong learning

with critical self-reflections, recognition and working through power imbalances, and ensuring

institutional accountability (Cai, 2016). This theoretical outline provides the required structural

support for educating CRNAs on the skills needed to successfully implement this style of

healthcare (Cai, 2016). In order to uphold the lifelong learning commitment for providing

healthcare with cultural humility in a dynamic society, continuing education is of the utmost

importance for CRNAs. The emphasis on lifelong learning includes learning about the religion

and religious needs of particular patients and that learning is facilitated with an attitude of

cultural humility. The other two essential dimensions for effective delivery of cultural humility

healthcare, namely "recognition and working through power imbalances, and ensuring institutional accountability," are crucial. The physical and symbolic indicators of power imbalance are not lost on the patient who finds herself/himself in an alien setting reluctant to speak up for a change in the hospital's standard protocols, etc. Therefore, the importance of developing an online module regarding cultural humility and conducting a feasibility study can further support the theoretical framework of CH.

Over the years there has been an increase in the depth of understanding and appreciation for the role that cultural practices have on the overall outcome of patient care (Baker et al., 2017; Paradies, Priest, & Truong, 2014). While there have been past attempts, determining a clear definition of cultural competency is a prolonged debate with no clear resolution in the literature (Campinha-Bacote, 2019; Issacon, 2014; MacKenzie & Hatala, 2019). Cultural competence has been viewed as an unrealistic approach because it is not feasible for the provider to possess an in-depth analysis of each population being serviced. In addition, the vague definition fails to capture the dynamic complexity of providing transcultural care (MacKenzie & Hatala, 2019).

However, for the purpose of this literature review, cultural humility has been defined as effective method that highlights the importance of possessing respect and preserving the dignity of all diverse groups (MacKenzie & Hatala, 2019). CH is geared towards providing empathetic care for all patients by practicing in a respectful and non-judgmental manner. CRNAs can routinely implement CH concentrated healthcare because it represents a more lifelike approach for providing multicultural healthcare that is applicable for all cultures.

As CRNAs are constantly faced with the increased demand of providing complex care for diverse populations, having a foundation regarding CH is essential. For CRNAs, a proper understanding of the dynamic and complex healthcare changes that are unique to each population

is important to help guide patient specific anesthetic care. Therefore, having a solid knowledge base regarding the different aspects of cultural humility via convenient access is essential. Given the serious impact on the overall outcome of patient health, the obvious need to explore this clinical innovation is fundamental.

Furthermore, the development of an online learning module regarding CH will create an opportunity for CRNAs to engage in lifelong learning. Having the access to online learning will provide education and methods for practicing healthcare with cultural humility. Embracing the framework surrounding CH healthcare will enrich the communication between CRNAs and their patients. Additionally, allowing CRNAs the ease of obtaining this education via online access will aid in bridging the connection between cultural humility and health equity.

Project Aims

Overall, the aim of this scholarly project was to develop an online learning module and complete a feasibility study to determine the viability of this project. Ultimately, creating an online learning module would give CRNAs convenient access to enhance their knowledge and earn CE credits, simultaneously. This scholarly project's specific objectives are as follows:

Objective 1: By June 2020, complete the CE module and submit to Echelon for approval for AANA CE credit.

Objective 2: By August 2020, obtain approval from the AANA for CE credit.

Objective 3: By March 2021, submit an executive summary and provide a PowerPoint with the use of voiceover to present this project to stakeholders and the NAP.

Methods

The project focused on utilization of a qualitative design to assess the feasibility of creating an online learning module regarding cultural humility for CRNAs. The feasibility study

is the best approach as it offers a thorough examination of the process and documents the

viability for future cohorts. A review of the literature led to an unsuccessful search for an

evidenced based framework for a feasibility study. However, this framework does exist in the

business model with institution specific templates. The theoretical framework to be used for this

feasibility project was published in Entrepreneurship and Business Innovation and was adopted

for this project. A feasibility study, often used by businesses, can be viewed as a tool to assess

practicality of proposed projects.

A business feasibility study starts as a controlled process identifying potential barriers,

facilitators, defining objectives, successful outcomes, and provides cost analysis for an intended

venture (Thompson, 2005). The purpose of the feasibility study is not to determine if a project

will be viable or not, but to help the stakeholders make that determination using the data that is

collected and presented. When a business feasibility study is complete it becomes an analytical

tool, which is used to aid in the decision-making process to determine if the business concept is

in fact sustainable (Thompson, 2005).

In order to complete this project's feasibility study, detailed notes of barriers and

facilitators to implementing the project was maintained. The data collected was via password

protected email correspondence, interviews, and meetings. This project did not have any human

subjects and therefore did not have ethical considerations or the need for consents. Rigor and

structure of this method will be safeguarded by following a published outline to ensure that all

aspects of the feasibility study are captured for presentation. A feasibility study will allow the

board members or key players to make an informed decision on whether to continue with the

project based on data presented. While this tool is not traditionally used for scholarly projects, its

adaptation will help the key players at AHU to determine if the creation of AANA approved CE

modules being completed by the SRNA prior to the program completion date is practical.

<div align="center">**Planning and Procedures**</div>

Planning

In order to maintain licensure, CRNAs must earn a set amount of CE credits prior to the

expiration of the license in order to renew with the board. The students at AHU have access to a

local community resource named Echelon. Echelon has the capability to provide assistance with

the development of an online module. If approved by the AANA, Echelon also has the platform

to make the module accessible to CRNAS to obtain these mandatory CE credits. The key

stakeholders for this project will be Echelon and AHU's NAP department. This research was

developed to enhance the practice of nurse anesthesia, therefore, "buy in" from institutional and

key stakeholders is crucial when the nurse anesthetist recognizes the need for accommodation

that impacts efficiency, cost, convenience, or safety. Additionally, Echelon will be able to rely

on SRNA's completing scholarly doctorial projects to complete and create CE modules that

Echelon will be able to sell for profit. In addition, the NAP will be able to approve such projects

to future cohorts due to project feasibility and its completion prior to the SRNAs graduation.

Needs Assessment Process

CRNAs are routinely challenged with determining how to optimize communication to

enhance the patient experience for diverse populations. Therefore, phase one of the needs

assessment process will consist of developing a one-hour online module and defining cultural

humility vs cultural competency. Phase one will address why the shift has occurred from cultural

competency to cultural humility. For the second phase, the module will provide reasons why

utilization of cultural humility may yield improved patient outcomes. The final phase will consist

of measuring the end-user knowledge outcome regarding phases one and two via utilization of

pre- and post-tests.

Implementation

December 2019 the Institutional Review Board (IRB)/Scientific Review Committee

(SRC) determined that this project was deemed exempt from approval. Therefore, the

implementation step in the process was started. This step involved creating the module, the pre-

and post-test questions, and submitting all documents directly to Echelon for accreditation

approval. Submission to Echelon occurred July 2020 and all steps in this process were

meticulously recorded and documented in order to meet the requirements of the feasibility study

presentation projected to occur March of 2021.

Barriers and Facilitators

Several barriers were encountered with this scholarly project. Primarily, the largest

barrier that exist with this scholarly project was time. This is a multi-step project that must

adhere to stringent guidelines set in place by Echelon in order for submission to AANA for CE

module approval. During this process, it was also discovered that Echelon uses the American

Association of Critical Care Nurses (AACN) as a benchmark to determine the requirements for

CE modules. The AACN required the module be submitted via a Word document and not as a

PDF which was originally requested and caused some delay of the process. Ultimately, it was

discovered that in order to meet the AACN guidelines that Echelon follows, a module must meet

a minimum word count in order to be submitted to the AANA. While the AANA does not have a

minimum word count requirement, this factor contributed to Echelon not submitting the

completed module to the AANA. Though the process of creating a module that obtained CE

credit from the AANA via Echelon proved to be unsuccessful; engaging in this

process has created an opportunity for process improvement.

Procedures to Sustain

The current intervention offers accessibility and convenience to obtain CE credits

virtually anywhere and time using a compatible mobile phone, tablet, or computer. The CRNAs

at U.S. Anesthesia Partners (USAP) currently give their time and expertise to precepting SRNAs

at AHU without compensation. The ability to offer CE credits for free to USAP CRNAs that

precept diligently may help the response rate needed for data analysis and also help the CRNA

meet their credit hours needed for licensing renewal.

Timeline

In June 2019, the literature review along with the interviews of key players was

conducted. This identified barriers that needed to be addressed and resources available to

complete this project. In December 2020, IRB/SRC deemed the project did not need approval

prior to implementation. July 2020, the completed online learning module was submitted to

Echelon for AANA CE credit. The process will continue with a completed executive

summary/feasibility study submitted to committee members for review and edits. A PowerPoint

presentation with the use of voiceover will be used to present this project by March 2021.

<div align="center">Results/Findings</div>

This project required careful analysis of the module creating process to create a

feasibility report. The module's topic was approved in September 2019, and steps were taken to

develop the module. One pertinent finding was the initially planned timeline's inaccuracy, as the

process's specific steps were underestimated. IRB/SRC approval was not applicable as this

project was deemed exempt. Future investigators must consider that depending on their

institutions policies and standards, their project may be subject to IRB/SRC submission and review. To avoid the differences in rigor set forth by the AACN for Echelon; future investigators may benefit from direct submission to the AANA for CE module approval and accreditation.

During the sixth trimester (January 2020 - July 2020), the aim was to complete and modify the specific module content. During this time, it was found that the module required more information than what was written in the original DNAP proposal. It should be noted that more time should have been allotted for the additional research that was required to put together a comprehensive and informative module. Validation of the pre- and post-test questions also occurred during this time. An AHU faculty member with experience writing questions on a national level for ultrasound boards was called upon to amend and clarify these questions. After submission of the original module to Echelon, it took approximately eight weeks before a response was received. Accordingly, this initial module did not meet the requirements for accreditation submission. It was discovered that Echelon's conditions were more comprehensive compared to AANA because Echelon had the potential to submit to numerous organizations for publication. While it was possible to submit the original module to the AANA for partial credit, Echelon would not approve partial credit (< 1 CE credit). The co-investigators were made aware of this development in August 2020, a week before the start of AHU's eighth trimester (September 2020 to December 2020). Thus, an additional four weeks was provided to expand the module to meet Echelon's submission requirements. However, upon researching additional information necessary to supplement the module, it was determined that the ancillary content would fall outside of the project's defined PICOT question, disrupting the original project aims. A thorough evaluation of this project's timeline data demonstrates multiple opportunities for

improving the creation process, thus allowing time for the additional steps that future SRNAs

would require for a successful project.

Discussion, Applicability to Practice, and Contribution to Professional Growth

Primarily, failure to define cultural competency has been problematic for CRNAs who

are faced with the constant task of optimizing communication amongst all patients encountered.

This sustained lack of clarity regarding cultural competency led to the need to further enhance

the knowledge base of CRNAs via an online learning module regarding cultural humility instead.

This project entailed completing the AANA submission and accreditation process prior to the

launching of the online module. Of importance, the overall objective of this scholarly project was

to complete a feasibility study regarding this process to determine viability of such a project.

The continued lack of cultural competency and tolerance could essentially undermine the

CRNAs performance for diverse patients. Therefore, the need to enhance the knowledge base of

CRNAs utilizing cultural humility via an online CE module platform is of significance. Thusly,

our scholarly project was devised to assess the feasibility of developing such a module using

Echelons platform. Due to the specific nature of this design and its focus on assessing the

process associated with module development; there were no interesting surprises regarding our

sample size as the feasibility process did not require participants.

This project sought to utilize Echelons platform to aid in module development, it was

later determined there is not enough content included to promote the development of a one-hour

CE module. A possible explanation may be due to the specificity of our PICOT, which was

designed to assess the feasibility of SRNAs developing an online module for cultural humility

and its approval by the AANA. Additionally, there is a limited amount of data available about

CRNAs and cultural humility, specifically, as the paradigm is still shifting towards this new

modality. If claiming cultural competence implies either arrogance or ignorance, cultural humility embraces a steady acquisition of basic knowledge of the likely arenas where the lack of knowledge harms patient well-being, coupled with self-reflection.

The key findings from this feasibility study suggests that the implications of CE module development regarding cultural humility practices is critical for CRNAs. Of importance, comprehension of cultural humility is central to patient care optimization of diverse populations within the healthcare field. It is recommended that further research pertaining to effective cross-cultural care endure due to the steady incline of U.S globalization. Also, the needs assessment from the feasibility study suggests that CRNAs may benefit from real life application methods such as cultural humility. Therefore, it is recommended that CE modules regarding cultural humility be implemented into work policy standards to serve as a knowledge base enhancement tool. Incorporating these CE modules may contribute to quality improvement, adaptability and sustainability of the CRNA profession as cultural influx persists. Furthermore, making cultural humility CE courses available to CRNAs via an online platform is essential to minimize potential problems such as provider access and participation. This project brought awareness to the fact that there remains a continued variation of different approaches regarding cultural competency and how to effectively utilize it for the welfare of diverse populations.

The Entrepreneurship and Business theoretical framework model was found to correlate more with this feasibility study. While this study has been deemed non-feasible, still this model does encompass templates that aid in the structural development geared toward needs assessment and identification for feasibility studies such as this. This framework may still be of benefit for future development once more research regarding this exclusive content is available.

The unanticipated outcomes of the scholarly project included discovering the narrowness of the amount of literature available for CRNAs and cultural humility, and how these factors impose project restrictions. Additionally, it was not anticipated that such limitations could have been avoided if the assessment was broader and more focused on multiple healthcare teams. It was also not predicted that obtaining more module content would entail deviation from the original scholarly project PICOT, which would have had deleterious effects on the primary purpose of the project. Additionally, project timeline could have been more streamlined if the project co-investigators would have known that IRB/SRC submission was not required due to nonhuman participant factor associated with this feasibility study. This aspect should be addressed soon after future investigators have a definitive PICOT. Also, it was not anticipated that Echelon would outline more submission requirements than the AANA does for submission. Having this information earlier on in the project development phase as opposed to after project completion could save time for future investigators.

Limitations/Conclusion

Interviews were conducted with Lori Polizzi, director of Echelon, in order to identify barriers that could potentially hinder project advancement. The interviews were also geared towards discovering key resources that may help facilitate project development. During the key player interviews conducted June 2019, time was identified as a potential barrier. Ultimately time remained a barrier during development of this project. The development of the module was labor intensive and required more time than what was originally estimated. At times, communication with Echelon was also a barrier in this process. However, after having gone through this process, recommendations for process improvement will aide in making the expectations clear. Future investigators may benefit from formal training in regard to developing

a CE module and test questions. In order to aid with keeping to the timeline, a structured outline should be provided. Additionally, to avoid the differences in rigor set forth by the AACN for Echelon; future investigators may benefit from direct submission to the AANA for CE module approval and accreditation. Improvement of these identified barriers and incorporating these suggestions may help future investigators avoid time-consuming errors.

Ultimately, the aims of this scholarly project were to develop an online learning module and complete a feasibility study to determine project viability. There is a need for empowering CRNAs with essential cross-cultural communication skills in order for these professionals to attend to the distinct needs of their serviced diverse populations. The use of an online learning method provides the CRNA with the flexibility and accessibility to increase their knowledge while earning CE credits. The process of creating a module that obtained CE credits from the AANA via Echelon proved to be unsuccessful. However, engaging in this process has created an opportunity for process improvement which will allow future investigators to avoid the time-consuming errors and communication barriers that were encountered during this project.

Dissemination

This scholarly project is planned for local dissemination at AdventHealth University in March 2021. The project will be presented to stakeholders, the NAP, and the SRNAs for peer review with the use of voiceover PowerPoint. The PowerPoint will provide information regarding the multi-dimensional aspects utilized in tandem for the development of this feasibility study. In efforts to enhance the knowledge base of AHU SRNAs, various details will be highlighted during project dissemination. Some of the topics that will be discussed include: the clinical and innovation PICOT, significance and clinical problem, literature review and synthesis, practice applicability, barriers and limitations, feasibility results and implications.

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Appendix A- MATRIX TABLE

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Purpose	Variables	Setting/Subjects	Measurement and Instruments	Results	Evidence Quality
Study One To identify the most common CC dimensions proposed in recent publications and to identify whether sufficient evidence exists regarding the efficacy of cultural competence in the healthcare context. **Study Two** Close examination of how the need for cultural competency is being addressed in curriculums.	**Study One** Primary outcome: 1st inclusion criterion: Cultural competence models Secondary outcomes: 2nd criterion: Cultural competence outcomes in the healthcare context **Study Two** Primary outcome: Assess the strategy to include cultural competence and humility (CCH) into medical education Secondary outcomes: Understanding the need for CC and review the model for implementing the need for this education.	**Study One Setting:** N/A **Subjects**: 18 publications were found to meet the first inclusion criterion and 13 articles fulfilled the second criterion. **Study Two Setting:** Medical Schools **Subjects:** Medical students attending various medical institutions.	**Study One** Estabrooks' Quality Assessment and Validity Tool for Cross-sectional Studies **Study Two** Curriculum integration, student evaluations and mandatory trainings	**Study One** The quality score was calculated. The studies were then classified as weak (<0.50), moderate-weak (0.51–0.65), moderate-strong (0.66–0.79) or strong (0.80–0.10). Studies: 5= weak, 5= moderate-weak, 3= moderate-strong, 0= strong. **Study Two** Most medical schools focus on CCH in the first two years of training to establish a foundation for CCH delivery early on.	**Study One** Methodological flaws: Exclusion criteria limited literature review Inconsistency: None Indirectness: None Imprecision: Small sample size Publication bias: N/A **Study Two** Methodological flaws: N/A (no study preformed), no valid research at this time Inconsistency: N/A Indirectness: None Imprecision: Small sample size Publication bias: N/A
Design					
Study One Systematic review of literature **Study Two** Literature Review				**Implications**	
				Study One Most assessment tools found to be self-rating tools. Conducting a more inclusive systematic review and including recent qualitative and quantitative studies may provide researchers with more in-depth information about CC dimensions and outcomes in the healthcare context. **Study Two** Recognizing the need for CCH was identified and therefore providing CCH training during the initial years of medical school to may enhance the delivery of providing CCH.	

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Purpose	Variables	Setting/Subjects	Measurement and Instruments	Results	Evidence Quality
Study One Explain the meaning of cultural competence and decrease inconsistency **Study Two** Provide information regarding cultural competence and humility	**Study One** Primary outcome: Seeking to clarify and establish a consensus of the meaning of cultural competence Secondary outcomes: Clarify the terminology as it relates to the nursing dialog **Study Two** Primary outcome: Conduct a simulation-based education regarding cultural competence and humility for future education and policy. Secondary outcomes: N/A	**Study One** **Setting:** N/A **Subjects**: N/A **Study Two** **Setting:** Integrative Article **Subjects:** N/A	**Study One** Walker and Avant's on concept analysis **Study Two** Role play, standardized patients, manikin-based simulation and virtual simulation	**Study One** A concept analysis to further the development of a rigorous design to increase cultural competence amongst nursing. **Study Two** 16 article appraisals for integrative review	**Study One** Methodological flaws: N/A (no study preformed), no valid research at this time Inconsistency: N/A Indirectness: None Imprecision: Small sample size Publication bias: N/A **Study Two** Methodological flaws: Limited to full length studies Inconsistency: N/A Indirectness: None Imprecision: Small sample size Publication bias: N/A
Design **Study One** Journal of Nursing Sciences **Study Two** Integrative Review Article			**Implications** **Study One** Clearly defining cultural competence to enhance safe and quality healthcare and improve the future dialog for nursing practice. **Study Two** To emphasize a strong need for a progression in simulation for an enhancement in cultural humility given the lack of knowledge		

MATRIX TABLE

References
Isaacson, M. (2014). Clarifying concepts: Cultural humility or competency. *Journal of Professional Nursing, 30*(3), 251-258. https://doi.org/10.1016/j.profnurs.2013.09.011 Ndiwane, A. N., Baker, N. C., Makosky, A., Reidy, P., & Guarino, A. J. (2017). Use of simulation to integrate cultural humility into advanced health assessment for nurse practitioner students. The Journal of Nursing Education, 56(9), 567-571. https://doi.org/10.3928/01484834-20170817-11

Purpose	Variables	Setting/Subjects	Measurement and Instruments	Results	Evidence Quality
Study One Identify perceptual differences of cultural competence amongst senior nursing students **Study Two** Annual student course evaluations consistently indicated that expectations on cultural humility were not met. To bridge this gap, an Objective Structured Clinical Examination (OSCE) was implemented to improve cultural humility	**Study One** Primary outcome: Assessing the possible effectiveness of enhancing CC via cultural immersion Secondary outcomes: Identify and address common themes that may present as issues to providing CC. **Study Two** Primary outcome: Evaluate if using the OSCE increases knowledge Secondary outcomes: Evaluate student satisfaction with course meeting objective.	**Study One** **Setting:** Northern Plains Reservation **Subjects**: Eleven nursing students **Study Two** **Setting:** Intra-operative (cesarean section delivery of twins). **Subjects:** 63 participants volunteered. 51 completed pre- and post- test	**Study One** Inventory for Assessing CC among healthcare professional-student questionnaire **Study Two** The Cultural Assessment Survey The Student Satisfaction Survey	**Study One** N=11 nursing students' perceptual differences on cultural humility or competency **Study Two** Pretest: mean= 2.4482 SD= .74506 n= 51 Posttest: mean= 2.9748 SD= .59502 n= 51	**Study One** Methodological flaws: N/A (no study preformed), no valid research at this time Ethnicity was not addressed Inconsistency: N/A Indirectness: The literature was inconclusive and provides minimal evidence for practice implementation support Imprecision: None Convenience, small sample size Publication bias: N/A **Study Two** Methodological flaws: None Inconsistency: N/A Indirectness: None Imprecision: Small sample size Publication bias: N/A
Design **Study One** Mix Method Study **Study Two** Pre- post- test				**Implications** **Study One** Ketamine is practical, safe in regular patient care units, and may have a beneficial effect in patients with certain pain syndromes. context. **Study Two** The favorable outcomes reported from this educational innovation support future applications for using OSCE as a methodology for teaching sensitive cross-cultural content	

MATRIX TABLE

References					
San, E. O. (2015). Using clinical simulation to enhance culturally competent nursing care: A review of the literature. *Clinical Simulation in Nursing, 11*(4), 228-243. https://doi.org/10.1016/j.ecns.2015.01.004 Singleton, J. K. (2017). An enhanced cultural competence curriculum and changes in transcultural self-efficacy in doctor of nursing practice students. *Journal of Transcultural Nursing, 28*(5), 516-522. https://doi.org/10.1177/1043659617703162					
Purpose	**Variables**	**Setting/Subjects**	**Measurement and Instruments**	**Results**	**Evidence Quality**
Study One Increase culturally competent (CC) nursing care when caring for diverse populations **Study Two** To assess the effectiveness of enhancing cultural competence, across a new DNP curriculum, on TSE perceptions in DNP-FNP students. **Design** **Study One** Literature Review **Study Two** pre–post paired t test, nonexperimental design.	**Study One** Primary outcome: Evaluate the effectiveness of clinical simulation for delivery of culturally competent care by nurses. Secondary outcomes: Using simulation to also identify cross cultural barriers to enhance nursing care for multicultural populations. **Study Two** Primary outcome: Prevalence of latex sensitivity between Group A and Group B Secondary outcomes: N/A	**Study One** **Setting:** Literature Review **Subjects:** University of Calgary Nursing School **Study Two** **Setting:** DNP-FNP program students at Pace University **Subjects:** Students that began the program in 2008-2012 (data collection continued until 2015).	**Study One** Transcultural Self - Efficacy Tool, pre and post-tests. **Study Two** **Study One** Transcultural self-efficacy (TSE) tool as a pre- and post-test	**Study One** Simulation can provide a safe environment to enhance various aspects that are essential when providing CC by nurses. **Study Two** 89 students initiated the study but 54 completed the pre- and post- test. N= 54 SD: premeasure- 1.3 and post measure 0.77. t= 11(49), p<0.001 Mean score: premeasure 7.42 and post measure 9.3. **Implications** **Study One** It is relevant to identify gaps or barriers that exist when delivering culturally competent care. Therefore, CC simulation for nurses provide a safe learning environment to enhance the delivery of CC. **Study Two** Study aimed to identify the TSE in DNP-FNP students at Pace Univ in NYC at the start of a curriculum and to assess if students made gains in TSE after completing a curriculum guided by the CCC model to enhance cultural competence. The results of this study, therefore, may not be generalized beyond this sample.	**Study One** Methodological flaws: None Inconsistency: None Indirectness: None Imprecision: Limited literature found on topic researched. Publication bias: None **Study Two** Methodological flaws: Convenience Sampling Inconsistency: None Indirectness: None Imprecision: Small sample size Publication bias: None

MATRIX TABLE

References
Truong, M., Paradies, Y., & Priest, N. (2014). Interventions to improve cultural competency in healthcare: A systematic review of reviews. BMC Health Services Research, 14(1), 99. https://doi.org/10.1186/1472-6963-14-99
Wright, S. M. (2008). Cultural competency training in nurse anesthesia education. *AANA Journal, 76*(6), 421-424.

| Purpose	Variables	Setting/Subjects	Measurement and Instruments	Results	Evidence Quality
Study One Form a comprehensive understanding of current evidence to guide future interventions and research in the area. **Study Two** Incorporating cultural competency regarding skills, attitudes, behaviors, training and education to reduce health disparities amongst minorities. **Design** **Study One** Systematic review of review articles **Study Two** AANA Journal	**Study One** Primary outcome: Possible association between oxytocin and latex anaphylaxis Secondary outcomes: N/A **Study Two** Primary outcome: Enhancing cultural competence in healthcare providers via training and more resources for education to improve culturally competent care by healthcare providers. Secondary outcomes: N/A	**Study One Setting:** N/a **Subjects:** Review articles **Study Two Setting:** Patient care unit in a tertiary pediatric hospital **Subjects**: Nurse Anesthetists	**Study One** Health-evidence.org tool for reviews **Study Two** LEARN Model of Cross-Cultural Encounter Guidelines. Curricula of Enhancement module series (CEMS). Nurse anesthesia standards to demonstrate knowledge, skills and competence, communication etc. for individualized CC care.	**Study One** 6830 titles of which 19= inclusion 3 main categories emerged: provider related outcomes, patient/client related outcomes, outcomes r/t health access and utilization **Study Two** Nurse Anesthetists **Implications** **Study One** 12 of 19 reviews concluded that further research was required to determine the effectiveness of interventions to improve cultural competency for providers and patients/clients. The reviews found that many of the studies were difficult to compare as different frameworks of cultural competency were used and studies often lacked a standardized and validated instrument to measure cultural competence. **Study Two** Using a cultural competency training and providing resources to nurse anesthetist to increase awareness of the healthcare gap. Implementing more Education and resources are essential to reduce unequal treatment and health disparities amongst minorities.	**Study One** Methodological flaws: N/A Inconsistency: N/A Indirectness: N/A Imprecision: N/A Publication bias: N/A **Study Two** Methodological flaws: N/A (no study preformed), no valid research at this time. Inconsistency: N/A Indirectness: None Imprecision: Small sample size Publication bias: N/A

Appendix B- Email Communication To/From Echelon

Brianne Beacham
Fri 10/25/2019 5:20 PM

👍 ↩ ↩ → ···

To: Danielle Jean <Danielle.Jean@my.ahu.edu>; Fasha Ricketts <FashaNette.Ricketts@my.ahu.edu>

W≣ Defining CRNA Research.docx
167 KB
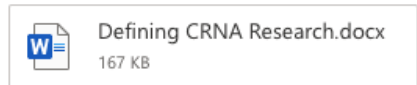
Good afternoon ladies,

I've had the opportunity to speak with a few of you since our first meeting in June. Your projects are coming along nicely.
Of the documentation I have received it is apparent there is still a little ambiguity when it comes to the topic of a CNE.

Please review and complete the attached document. I tried to strip away the formalities and take a bare-bones approach.
This document requires you to really examine your topic – defend the educational element – keep it simple! If you can't answer those questions it may not warrant becoming a CNE.

Once you return it to me, we shall meet again. In the meantime, you all know my number and where to find me.

Cheer up its supposed to rain all weekend…

Would someone be so kind as to forward this to Fasha'Nette and Danielle, their information didn't come up in my address book – thank you.

Lori A. Polizzi
Director of echelon® - Continuing Education and Professional Development
Direct: 407-303-9409

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CE Module Group -Cultural Humility   📎 6 ∨ ⊟

Fasha Ricketts   👍 ↩ ↞ → ⋯
Tue 10/29/2019 4:11 PM
To: lori.polizzi@ahu.edu; Danielle Jean

📄 zDefining CRNA Research.docx   📄 zEchelon- Identifying Activity ...
   102 KB   21 KB

∨ Show all 3 attachments (154 KB)   Download all   Save all to OneDrive - AdventHealth University

Hello, Mrs. Polizzi

This is Fasha'nette Ricketts and Danielle Jean, student registered nurse anesthetists of the Doctorate of Nurse Anesthesia Program at AHU. First, we would like to thank you for your time and commitment.

Our Project Title: *A Paradigm Shift from Cultural Competency to Cultural Humility*
Our Project Aim: Determine the Feasibility of such a project's ability to be completed before graduation.

We have attached the following Documents:
    -Identifying Activity Value
    -Defining CRNA Research
    -Study Site Approval Letter/Signature Request Form

Please let us know if you require any additional documents.

Once again, we sincerely appreciate your time, expertise and dedication.

Truly,
Danielle Jean & Fasha'Nette Ricketts

Fasha Ricketts   👍 ↩ ↞ → ⋯
Fri 11/8/2019 3:55 PM
To: lori.polizzi@ahu.edu <Lori.Polizzi@ahu.edu>
Cc: Danielle Jean

📄 zDefining CRNA Research.docx   📄 zEchelon- Identifying Activity ...
   102 KB   21 KB

∨ Show all 3 attachments (154 KB)   Download all   Save all to OneDrive - AdventHealth University

Hello Mrs. Polizzi

This is Fashanette Ricketts and Danielle Jean, just wanting to follow up and inquire if you had any feedback regarding the CE Module documents that we submitted for your review. We stopped by your office today, to check-in.

Please feel free to email us your availability or feedback at your earliest convenience.

We look forward to hearing from you.

Have a great weekend,

Danielle Jean and Fasha'Nette Ricketts

POLIZZI, Lori <Lori.Polizzi@ahu.edu>
Fri 11/15/2019 1:18 PM
To: Fasha Ricketts
Cc: Danielle Jean

Hi ladies –
I'm still missing both of your CV's please forward as soon as possible.

I cannot send you your site approval letter until I get them.
Thank you!

PS Nice job so far!!!!

Thank you,
Lori Polizzi
407-303-9409

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POLIZZI, Lori <Lori.Polizzi@ahu.edu>
Fri 12/6/2019 7:47 AM
To: Fasha Ricketts; Danielle Jean

Good morning –

Yes, I received and will be reviewing this morning.
Will respond before the end of the day.

Thank you,
Lori Polizzi
407-303-9409

echelon
engage your mind

Fasha Ricketts
Sat 1/18/2020 1:08 PM
To: Polizzi, Lori; Danielle Jean

Hello and Happy New Year Mrs. Polizzi!

First, we would just like to say thank you once again for sharing your time and expertise as we work towards completing our scholarly project. We were wondering if you have any availability for this coming Friday 1/24/20 around 11:30 am. We have class at 1pm so if you are able to fit us in your schedule anytime before that we would love to meet with you.

Hope you have a wonderful weekend.

Truly,

Fasha'Nette Ricketts
Danielle Jean

POLIZZI, Lori <Lori.Polizzi@ahu.edu>

Tue 1/21/2020 8:57 AM

To: Fasha Ricketts; Danielle Jean

Good morning beautiful ladies 😊

Yes I do, I will send out an invite -

Thank you,
Lori Polizzi
407-303-9409

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. . .

Fasha Ricketts

Sun 5/31/2020 11:42 PM

To: Polizzi, Lori
Cc: Dee Jean

OneDrive_2020-05-31.zip
2 MB

Hello Mrs. Polizzi

First, we would like to extend our best wishes for the safety of you and your family. Next, we would like to thank you for your time and dedication towards our scholarly project.

The name of our Scholarly Project is:
 A Paradigm Shift from Cultural Competency to Cultural Humility

We have attached 13 documents/files for AANA submission and CE module development.

Please let us know what are the next steps that you recommend in order to maintain the forward progress of our DNAP Scholarly Project.

With Much Appreciation,

Fasha'Nette Ricketts and Danielle Jean

POLIZZI, Lori <Lori.Polizzi@ahu.edu>
Mon 6/1/2020 6:07 AM
To: Fasha Ricketts
Cc: Dee Jean

Good morning,

I wanted to confirm with you that I received your zip file– before we can process it, I'll need the email from your professor, Martin Rivera, that he has reviewed.
Technically I guess one could say it's a validation that they have gone through all of your material and that it is complete, relevant to your profession and he has approved.

So please submit to him and then have him send me an email.

Thank you!
Almost there -

Lori A. **Polizzi**
Director of echelon® - Continuing Education and Professional Development
Direct: 407-303-9409

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Fasha Ricketts
Mon 6/1/2020 7:31 AM
To: RIVERA, Martin
Cc: Dee Jean

OneDrive_2020-05-31.zip
2 MB

Hello and Good Morning

We hope that you are doing well! As it pertains to our Scholarly Project, we have made the necessary revisions to our CE Module content per your suggestions.

Of importance, we have forwarded an email from Lori Polizzi (Echelon Director). Please respond to us with your approval once you have reviewed and agreed with the documents provided in the zip files attached to this email.

Please see below for the Forwarded Email from Lori Polizzi:

Reply   Reply all   Forward

From: POLIZZI, Lori <Lori.Polizzi@ahu.edu>
Sent: Monday, June 1, 2020 6:07 AM
To: Fasha Ricketts <FashaNette.Ricketts@my.ahu.edu>
Cc: Dee Jean <Danielle.Jean@my.ahu.edu>
Subject: RE: DNAP Scholarly Project: AANA submission Documents for CE Module from Fasha'Nette Ricketts and

From: Fasha Ricketts <FashaNette.Ricketts@my.ahu.edu>
Sent: Saturday, June 13, 2020 11:08 PM
To: RIVERA, Martin <martin.rivera@ahu.edu>
Cc: Dee Jean <Danielle.Jean@my.ahu.edu>
Subject: Updated DNAP Scholarly Project: AANA submission Documents for CE Module from Fasha'Nette Ricketts and Danielle Jean

Hello Dr. Rivera

We hope that you and your family are doing well! As it relates to our Scholarly Project, we have made the necessary revisions to our CE Module content per your suggestions and those of Professor Henningsen and our proofreaders. We have attached a zip file for your review. The file contains all of the documents that we plan to send to Echelon with your approval.

Of importance, we have attached a screenshot of an email from Lori Polizzi (Echelon Director). Please respond to us with your approval once you have reviewed and agreed with the documents provided in the zip files attached to this email.

Thank you for your time and expertise.

Fashanette Ricketts and Danielle Jean

From: Fasha Ricketts <FashaNette.Ricketts@my.ahu.edu>
Sent: Monday, June 15, 2020 11:41 PM
To: RIVERA, Martin <Martin.Rivera@ahu.edu>
Cc: Dee Jean <Danielle.Jean@my.ahu.edu>
Subject: [EXTERNAL] Fw: Updated DNAP Scholarly Project: AANA submission Documents for CE Module from Fasha'Nette Ricketts and Danielle Jean

From: Fasha Ricketts <FashaNette.Ricketts@my.ahu.edu>
Sent: Saturday, June 13, 2020 11:08 PM
To: RIVERA, Martin <martin.rivera@ahu.edu>
Cc: Dee Jean <Danielle.Jean@my.ahu.edu>
Subject: Updated DNAP Scholarly Project: AANA submission Documents for CE Module from Fasha'Nette Ricketts and Danielle Jean
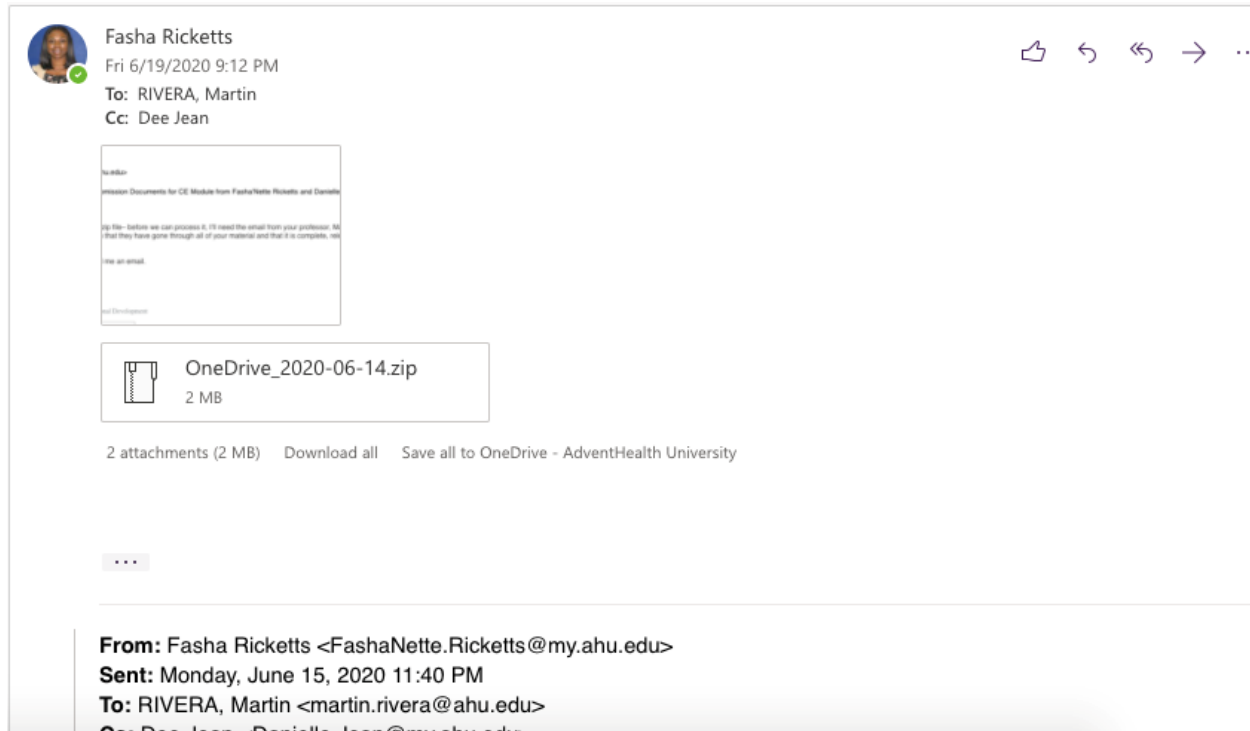
Hello Dr. Rivera

We hope that you and your family are doing well! As it relates to our Scholarly Project, we have made the necessary revisions to our CE Module content per your suggestions and those of Professor Henningsen and our proofreaders. We have attached a zip file for your review. The file contains all of the documents that we plan to send to Echelon with your approval.

Of importance, we have attached a screenshot of an email from Lori Polizzi (Echelon Director). Please respond to us with your approval once you have reviewed and agreed with the documents provided in the zip files attached to this email.

Thank you for your time and expertise.

Fashanette Ricketts and Danielle Jean

Fasha Ricketts
Fri 6/19/2020 9:12 PM
To: RIVERA, Martin
Cc: Dee Jean

OneDrive_2020-06-14.zip
2 MB

2 attachments (2 MB)   Download all   Save all to OneDrive - AdventHealth University

...

From: Fasha Ricketts <FashaNette.Ricketts@my.ahu.edu>
Sent: Monday, June 15, 2020 11:40 PM
To: RIVERA, Martin <martin.rivera@ahu.edu>
Cc: Dee Jean <Danielle.Jean@my.ahu.edu>

RIVERA, Martin <Martin.Rivera@ahu.edu>
Sun 6/21/2020 10:36 AM
To: Fasha Ricketts; Dee Jean

Good morning,

Sorry for the delay, this week has been extremely busy.

I approve of what you have turned in as I have reviewed your documents.

Dr. Rivera

Martin E. Rivera, DNP, CRNA
Faculty/Assistant Professor | Nurse Anesthesia Department
407-303-9331
Virtual meeting space: https://bluejeans.com/110559300

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Fasha Ricketts
Sun 6/21/2020 10:36 PM
To: Polizzi, Lori
Cc: Dee Jean

OneDrive_2020-06-14.zip
2 MB

2 attachments (2 MB)   Download all   Save all to OneDrive - AdventHealth University

Hello Mrs. Polizzi

 We **hope that you are doing well and staying safe** during these unprecedented times.

Once again, we would like to Thank you for your continued support and willingness to share your time with us as we work towards completing our 2021 DNAP Scholarly Project.

Project Title: A Paradigm Shift from Cultural Competency to Cultural Humility

We have completed and attached all of the required AANA submission documents per your request. Additionally, we have attached a screenshot message highlighting the project content approval from our Project Chair (Dr. Rivera), please let us know if this is acceptable.

Once you have reviewed the documents and at your convenience; please let us know the next steps that you would recommend, in order to advance towards project completion. As always, any questions, comments, or concerns are welcomed. Your advice and expertise are truly appreciated.

Again, thank you very much for your sustained dedication to our scholarly project.

POLIZZI, Lori <Lori.Polizzi@ahu.edu>
Thu 6/25/2020 8:41 AM
To: Fasha Ricketts
Cc: Dee Jean

Good morning,

I've been reviewing all of your documents and don't see that I have an email from Dr. Rivera signing off on your documents?
I am at a stand still until he sends me an email confirming that he has reviewed all content and approves topic for AANA credentialing.

Please contact him.
Your project is on hold pending his email confirmation.

Thank you!

Lori A. Polizzi
Director of echelon® - Continuing Education and Professional Development
Direct: 407-303-9409

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Dee Jean
Thu 6/25/2020 9:28 PM
To: RIVERA, Martin
Cc: Fasha Ricketts

Hi Dr. Rivera,

Despite providing Mrs. Polizzi with the email of approval that you sent us, our project is on hold until she receives an email directly from you stating that it has your approval.
Specifically, her email states "I am at a stand still until he sends me an email confirming that he has reviewed all content and approves topic for AANA credentialing."

Her email address is Lori.Polizzi@ahu.edu.

Thank you for taking the time to address this issue and helping us to advance our project.

Danielle

Fasha Ricketts
Fri 7/3/2020 12:03 PM
To: Polizzi, Lori
Cc: Dee Jean

Hello and Good Afternoon

We hope you are having a beautiful Friday!
To our understanding, our project chair has sent the required approval declaration via email.

Please let us know the next steps that you suggest we take in efforts to move forward with project submission.

As always, your time and expertise is heavily appreciated.

Truly,
Fasha'Nette & Danielle

Polizzi, Lori
Thu 7/9/2020 2:22 PM
To: Fasha Ricketts; Dee Jean <Danielle.Jean@my.ahu.edu>
Cc: RIVERA, Martin

Fasha & Danielle,

Your submission for accreditation is on hold.

The following documents were submitted in the incorrect format: PDF format.
Please forward the word.doc for the following:
- Program Evaluation
- Program Information
- Program Learning Assessment
- Program Transcript

I will be moving onto the next group but please submit as soon as possible, so I can resume accreditation submission. Thank you.

Lori A. Polizzi
Director of echelon® - Continuing Education and Professional Development
Direct: 407-303-9409

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Dee Jean
Thu 7/9/2020 6:01 PM
To: Polizzi, Lori; Fasha Ricketts
Cc: RIVERA, Martin

👍 ↩ ↩ → ⋯

Lori,

We will be sure to get the files sent to you as soon as possible.

However, you should know the documents were sent in .pdf format based on the instructions that you emailed us on April 29, 2020. On page 9 of the SRNA-AANA Accreditation form the instructions said the files should be saved in pdf format. I have included the information on that page for your review.

Have a blessed evening.

Danielle

ATTACHMENTS to your email
Please provide evidence of the following:

Attachment 1	**Curriculum Vita** or faculty resume from all individuals in a position to control content (e.g. planners, presenters, faculty, authors, and/or content reviewers) and resolution if applicable Save file as: CV Last Name.pdf
Attachment 2	**Conflict of interest documentation** from all individuals in a position to control content (e.g. planners, presenters, faculty, authors, and/or content reviewers) and resolution if applicable Save file as: COI Last Name.pdf
Attachment 3	Number of contact hours awarded for activity, including method of calculation (Provider must keep a record of the number of contact hours earned by each participant.) If the activity is longer than 3 hours, attach the agenda for the entire activity. (Lori will complete this)
Attachment 4	Documentation of completion and/or certificate. (Lori will complete this)

Attachment 5
Criteria II
Criteria VI
Criteria X
Criteria XIII
Criteria XIV
	Program development documents.
	    1. Program Information *Save file as.* Program Information.pdf
	
	  • Description
	  • Purpose
	  • Goal
	  • Objectives
	  • Outline
	  • Resources
	    2. Transcript: *Save file as:* Program Transcript.pdf
	    3. Assessments: *Save file as:* Program Learning Assessment.pdf
	
	  • Learning Checks/Quizzes
	  • Post Test
	    4. Summative Evaluation *Save file as:* Program Evaluation.pdf

Attachment 6
Criteria X
Criteria XI
Criteria XII
	Evidence of required information provided to learners prior to the beginning of the activity:
	(Lori will complete this)
	
	  1. Accreditation statement
	  2. Criteria for successful completion in order to award contact hours
	  3. Presence or absence of conflicts of interest for all individuals in a position to control content (e.g. the Planning Committee, presenters, faculty, authors, and content reviewers). If COI is present, disclosure must include name of person, type of relationship, and name of commercial entity.
	  4. Commercial support (if applicable)
	  5. Expiration date (enduring materials only)
	  6. Name(s) of Joint Provider(s) (if applicable)
	    NOTE: (Materials associated with the activity (marketing materials, advertising, agendas, and certificates of completion) must clearly indicate the Provider awarding contact hours and responsible for adherence to ANCC criteria)

Attachment 7	List of six (6) potential peer reviewers, name-credentials-title Save file as PeerReviewers.doc

Fasha Ricketts
Thu 7/9/2020 6:45 PM
To: Polizzi, Lori
Cc: Dee Jean; RIVERA, Martin

OneDrive_2020-07-09.zip
2 MB

Hello Lori,

We hope you are doing well and staying safe. We have attached all of the documents that you requested within this zip file and all are formatted in pdf per your request.

Once again, we would like to thank you for your continued support and willingness to share your time with us as we work towards completing our 2021 DNAP Scholarly Project.

Project Title: A Paradigm Shift from Cultural Competency to Cultural Humility

Please let us know if you require anything further.

Sincerely,

Fashanette Ricketts and Danielle Jean

Fasha Ricketts
Thu 7/9/2020 7:06 PM
To: Polizzi, Lori
Cc: Dee Jean

Hi Lori

As it relates to the previous email I just sent;
The documents were corrected and sent in word per your request. Pardon my communication error.

Thank you and have a blessed evening

Fasha'Nette Ricketts

POLIZZI, Lori <Lori.Polizzi@ahu.edu>
Fri 7/10/2020 6:46 AM
To: Dee Jean; Fasha Ricketts; Joselline Garcia; Jenny Huddlestun; Brianne Beacham; Candice Dykes
Cc: RIVERA, Martin; Steven Fowler; SNELL, Sarah

Good morning ladies,

Don't take the email request personally. The world of accreditation is constantly changing. I've been doing this for 10 years and in the beginning, I too felt defensive and took it personally when they say one thing and then when it's time to submit request another. Now I look at it as a challenge. You must understand that the accreditation boards are constantly reviewing their process and desired outcomes - continuing education like healthcare is continually evolving.

You've put time and effort into your projects, and you should be proud. Please take this as a learning experience and an opportunity for professional growth. It's not over until it's over, and we are in it together.

Thank you, now let's move forward to achieve our goal!

Lori A. Polizzi
Director of echelon® - Continuing Education and Professional Development
Direct: 407-303-9409

Fasha Ricketts
Sun 7/26/2020 2:50 PM
To: Polizzi, Lori
Cc: Dee Jean

Hello and Good Afternoon,
We hope that you are doing well and staying as safe as possible. We just wanted to reach out and see if there were any updates regarding the progress towards the AANA submission of our scholarly project "A Paradigm Shift from Cultural Competency to Cultural Humility".

Please let us know if you require anything further from us. Thank you for your continued support and dedication to our scholarly project.

Truly,
Fasha'Nette Ricketts and Danielle Jean

POLIZZI, Lori <Lori.Polizzi@ahu.edu>
Wed 7/29/2020 4:09 PM
To: Fasha Ricketts
Cc: Dee Jean

Hi ladies…

Thank you for staying in touch. I do not have any exact updates, but prior approval submission is going well, and your program is targeted to be submitted August and confirmation of acceptance/denial in September. I know that is not what you were hoping to hear after putting so much of your life this last year into this but that's the process. You two did a fabulous job and I look forward to a positive response and creating the on-line course! Say a prayer and cross your fingers.

I'll keep you in the loop if things change.

Be safe!

Lori A. Polizzi
Director of echelon® - Continuing Education and Professional Development
Direct: 407-303-9409

POLIZZI, Lori <Lori.Polizzi@ahu.edu>

Thu 7/30/2020 12:49 PM

To: Fasha Ricketts; Dee Jean <Danielle.Jean@my.ahu.edu>

Cc: RIVERA, Martin

Hello all –

I've search and searched and do not find a biography for the three of you?
- Fasha Ricketts
- Dee Jean
- Martin Rivera

Please submit a bio as soon as you can. The bio is your brag statement. It tells your audience in a paragraph or two that you have the experience/qualifications. This will be the hardest thing to write because often we don't like to brag… think of it as though I asked you "tell me your background…" Have fun 😊 Don't forget to put the pressure on Dr. Rivera we need him too!

Here are a couple examples:

Virginia Ruth Corey, DNP, APRN-BC, FNP, RN

Dr. Corey earned her Doctor of Nursing Practice degree from Nova Southeastern University and her MSN from the University of Central Florida with a specialty as a Nurse Practitioner. She is board certified as a Family Nurse Practitioner by the American Nurses Credentialing Center. Dr. Corey currently is the Director of Nursing Education and Academic Services at Marian University in Nashville, TN.

Danielle Jean

Wed 8/12/2020 4:27 PM

To: Polizzi, Lori; Fasha Ricketts

Cc: RIVERA, Martin

Martin E Rivera Bio.docx	Biography for Fasha'Nette Ric...
20 KB	13 KB

Show all 3 attachments (46 KB)   Download all   Save all to OneDrive - AdventHealth University

Hello Lori,

We hope you are doing well and staying safe. The three documents attached to this email are the bios for Dr. Rivera, Fasha, and myself.

Once again, we would like to thank you for your continued support and willingness to share your time with us as we work towards completing our 2021 DNAP Scholarly Project.

Project Title: A Paradigm Shift from Cultural Competency to Cultural Humility

Please let us know if you require anything further.

Sincerely,

Danielle Jean and Fasha'Nette Ricketts

CULTURAL HUMILITY FEASIBILITY STUDY

PL **POLIZZI, Lori** <Lori.Polizzi@ahu.edu>
Mon 8/17/2020 5:38 PM
To: Danielle Jean; Fasha Ricketts
Cc: RIVERA, Martin

Hello all,

I'm back and what a nice surprise having the bio's. I'll be completing the submission paperwork this week and hope to have it to AANA by the end of the week. I may ask for some additional stuff but won't know until it unfolds but, in the meantime, we are so close! Once I submit the 30 days waiting for the ruling of the AANA accreditation commission will seem like forever!

I thank you ladies for believing in yourself, for the vision of the subject topic, and for the fortitude to keep on going. We are truly blessed to have each other in forming this wonderful team!!!!

Kudos to us all – you too Martin 😊

I'll be in touch.

Lori A. Polizzi
Director of echelon® - Continuing Education and Professional Development
Direct: 407-303-9409

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PL POLIZZI, Lori <Lori.Polizzi@ahu.edu>
Mon 8/24/2020 2:44 PM
To: Danielle Jean; Fasha Ricketts
Cc: RIVERA, Martin

Danielle and Fasha,

I am sorry to inform you that the project "A shift from Cultural Competency to Cultural Humility" does not meet the requirements for accreditation.

The reason:
- Insufficient course content – content submitted does not meet the required duration to award CE.

In order to grant continuing education credit, the program requirements are a minimum of 60-minute seat time. As we discussed previously an easy way to see where you are while researching and writing is by word count i.e. average 6,000 words equal 1 CE. The transcript submitted was 2,638 words and after the quiz and non-relevant information was removed you were left with 2,207 words which falls well under the minimum of 60 minutes - partial credit, <1 CE credit, cannot be awarded.

Your topic is excellent, and it would be advantageous to the healthcare profession if it one-day did become a CE.

You have 3 choices at this stage:
1. Re-write the program transcript increasing the educational content and re-submit. (deadline for re-submission 10/1/2020)
2. Release your existing content to echelon in which we would expand and develop the content at a later date.
3. End the process.

Its been an interesting journey. If you would like to discuss this further, feel free to reach out and I will set-up a TEAM meeting to strategize where to go from here. I strongly urge that if you do decide to re-write the content, you'll accept my guidance in developing.

I look forward to your reply.
Be safe.

Lori A. Polizzi
Director of echelon® - Continuing Education and Professional Development
Direct: 407-303-9409

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From: Fasha Ricketts <FashaNette.Ricketts@my.ahu.edu>
Sent: Thursday, October 1, 2020 9:03 PM
To: POLIZZI, Lori <Lori.Polizzi@ahu.edu>; RIVERA, Martin <Martin.Rivera@ahu.edu>
Cc: Danielle Jean <Danielle.Jean@my.ahu.edu>
Subject: [EXTERNAL] Release of Project

Hello Mrs. Polizzi

First, we would like to sincerely thank you for your continued guidance and support during our scholarly project journey.

Project Title : A Paradigm Shift from Cultural Competency to Cultural Humility

We have put in numerous hours of research and development to ensure that our project remained relevant and applicable to the needs of all of whom we serve.

As our project is a feasibility study, due to specificity and the unforeseen limitations that such a project have imposed, it does seem that our project may not be feasible at this point in time.

After extensive collaboration, Danielle and I have arrived to the conclusion to release our existing content to echelon. We have discussed our project goals and limitations with our Project Chair.

Additionally, after the release of the project, it is our hope that our original content could be expanded and developed at later date with the quality and support that echelons offers .

Of importance, as apart of this agreement we simply ask that Echelon to gives credit to all whom were involved with the project since its inception such as :Danielle Jean, Dr. Martin Rivera and myself (Fasha'Nette Ricketts).

We look forward to hearing from you. Thank you so much for all you do.

With Appreciation,

Fasha'Nette Ricketts & Danielle Jean

Appendix C- Original Implementation/Timeline

Implementation

By December 2019, a completed CV along with the outline of the online learning module will submitted to IRB/SRC. The PowerPoint presentation will follow after approval from the IRB/SRC. This PowerPoint will be based off the outline and submitted to Echelon for development of the module. By June 2020, the completed online learning module will be submitted to AANA for CE credit. The steps in this process will be meticulously recorded and documented in order to meet the requirements of the feasibility study presentation projected to occur March of 2021.

Timeline

In June 2019, the literature review along with the interviews of key players was conducted. This identified barriers that needed to be addressed and resources available to complete this project. By December 2019, a curriculum vitae will be completed along with the outline of the online learning module to be submitted to IRB/SRC. Once approval has been obtained, we will proceed with creating a PowerPoint presentation based on the outline and submitting it to Echelon for development of the module. By June 2020, the completed online learning module will be submitted to AANA for CE credit. The process will continue with a completed executive summary and feasibility study submitted to committee members for review and edits. A PowerPoint presentation regarding the feasibility of this study should be presented and the poster board presentation will be complete by March 2021.