



**NURS 3313, GLB/THERAPEUTIC COMMUNICATION**  
**COURSE SYLLABUS: SPRING 2020**

**INSTRUCTOR INFORMATION**

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**Communication Response Time:** Two business days

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**Preferred Form of Communication:** email

**Communication Response Time:** Two business days

## COURSE INFORMATION

### *Materials – Textbooks, Readings, Supplementary Readings*

#### **Textbook(s) Required:**

Halter, M. J. (2017). *Varcarolis' foundations of psychiatric-mental health nursing: A clinical approach* (8th ed.). Philadelphia, PA: W. B. Saunders Company. ISBN: 978-0-3233-8967-9.

Treas, L. S., Wilkinson, J. M., Barnett, K. L., & Smith, M. H. (2018). *Basic nursing: Thinking, doing, and caring* (2nd ed.). Philadelphia, PA: F. A. Davis Company. ISBN: 978-0-8036-5942-1.

#### **Textbook(s) Recommended:**

Assessment Technologies Institute (ATI). (2016). *Fundamentals for nursing* (9th ed.). Ascend Learning. ISBN: 978-1-5653-3567-7

Sheldon, L. K., & Foust, J. B. (2014). *Communication for Nurses: Talking with patients* (3rd ed.). Burlington, MA: Jones & Bartlett Learning . ISBN: 978-1-4496-9177-6

Silvestri, L. A. (2017). *Saunders comprehensive review for the NCLEX-RN examination* (7th ed.). Philadelphia, PA: W. B. Saunders Company. ISBN: 978-0-3233-5851-4.

#### **Software Required:**

N/A

#### **Optional texts and/or materials:**

N/A

## COURSE DESCRIPTION

Hours: 3

Emphasis is on caring communication as an essential dimension of professional Healthcare. Theories are presented to explain the dynamic relationship between human behavior, health, illness, and culture. The impact of interpersonal relationship skills to effect positive changes in individuals and their families is also emphasized. Communication in the role of educator will be introduced as part of the teaching/learning course content.

## STUDENT LEARNING OUTCOMES

By the end of the course, the student will be able to:

1. Identify the purpose of therapeutic communication between the nurse and client (**Essential VI, & VIII**).
2. Apply concepts of group dynamics and communication principles to work groups (**Essential II, VI, & VIII**).
3. Discuss methods for communicating effectively in organization settings (**Essential VI, & VIII**).
4. Describe methods to handle conflict through interpersonal negotiation when it occurs (**Essential II, VI, & VIII**).
5. Identify communication barriers in professional relationships, including disruptive behaviors (**Essential VI, & VIII**).
6. Use written, verbal, non-verbal, and emerging technology methods to communicate effectively (**Essential IV, VI, & VIII**).
7. Demonstrate therapeutic communication skills and processes to affect positive changes in individuals from rural and other diverse populations (**Essential VI, & VIII**).
8. Identify culturally appropriate communication strategies in selected cultures (**Essential VI, & VIII**).
9. Demonstrate caring communication responses to common emotional behaviors (**Essential VI, & VIII**).
10. Demonstrate responsibility for own learning (**Essential I, & VIII**).
11. Demonstrate the acquisition of effective reading abilities essential for therapeutic communication (**Essential I**).
12. Identify the appropriate use of social media in the practice of professional nursing (**Essential IV, VI, & VIII**).
13. Identify and utilize medical terminology essential for communication with health care Professionals (**Essential VI, VIII, & IX**).

## **COURSE REQUIREMENTS**

### **Minimal Technical Skills Needed**

Using the learning management system (Brightspace D2L), using Microsoft Word, and PowerPoint.

### **Instructional Methods**

This is a blended course requiring students to complete reading assignments, online activities and independent study to be successful. Course objectives can be met through individual study using suggested resources, active involvement in classroom activities, formal, and informal exchange of ideas with classmates and colleagues regarding specific topics, and utilizing critical thinking skills. Teaching methods include lecture, discussion, small group work, independent study of texts and library resources, computer-assisted instruction, audio-visual aids, and assignments. While the professors will provide guidance and consultation, the student is responsible for identification of learning needs, self-direction, seeking consultation, and demonstration of course objectives.

## **Learning Activities and Assessments:**

View course content for each upcoming week in the Course Outline/Calendar and D2L.

### **Culture Presentation and Group Dynamics Paper Assignment (35% for each component = 70% of course grade):**

This is a twofold exercise. Students have been assigned to groups (posted in D2L). Group members will meet during the semester to create an oral presentation over a designated culture. Each group will select a client from their assigned culture who is 1st or 2nd generation in the United States, then complete a Cultural Assessment Tool on the client and submit it as instructed before their oral presentation. All group members are expected to actively participate in the client's cultural assessment (i.e., interviewing) Oral presentations will be given as assigned on Tuesday, April 28 during class. Note: Time is limited to 20 minutes per group, so carefully monitor time during your group's presentation.

Each group will receive a group grade on their presentation. Please refer to the grading rubric for the criteria that will be used in the grading. This should be a fun project and, in the past, some students have dressed in the traditional dress of the culture and or prepared/shared traditional foods of the culture. All students are expected to participate to the fullest in both preparation and presentation. If a student is not participating, the group is expected to correct the problem. If the issue cannot be resolved within the group, the group leader must notify the group's assigned instructor. A student who fails to actively participate in preparation or presentation will be required to prepare and present a culture individually.

The information listed below must be included in the presentation. However, the focus of this assignment is about communication across diverse cultures.

Presentations must include the following:

1. Health Care Practices-use of advance directives, pregnancy and childbearing, health care practices, health care practitioners, diseases common to the culture.
2. Nursing care practices in the United States that could affect this client if hospitalized.
3. **All groups must discuss:**
  - **how their client follows/does not follow the traditions/health care practices of the culture**
  - **changes to nursing care that may be necessary when caring for a client of the culture presented**
  - **verbal and non-verbal communication of the culture that may hinder the nurse in providing care**
4. Geography/Location/Government/Socioeconomic classes- briefly describe
5. Communication/Interpersonal Relationships- identify language and all other forms of communication
6. Traditions, Holidays, and Food- nutrition, food preparation/consumption, traditions involving food- briefly describe.
7. Religion/Education- death rituals, spirituality

Minutes (official record) must be kept for each meeting. Group meetings should be organized (have an agenda) and behavior should be professional. Meeting minutes must be submitted by the secretary before the student group's oral presentation.

#### Meeting Minutes Content

- First paragraph: Type of meeting (regular, special, etc.); the date, time and place of the meeting; the name of the presiding officer (leader) and secretary; names of members present; names of members absent; length of meeting (hours, minutes).
- Minutes are a record of what was **done** at the meeting, not what was **said** at the meeting (discussion of ..., voting)

The second portion of the exercise is a paper on the dynamics of the group. It is NOT a paper about the assigned culture. Each individual student will submit a 3-6 page paper over his/her interpretation of the groups' dynamic processes. All remarks must be in the form of constructive criticism and professional in nature. Refer to the grading rubric for the criteria that will be used in the grading. The paper will be submitted with a completed Group Member Participation Evaluation form via the Assignments submission folder in D2L by Sunday, April 5 no later than 2359. Papers will be graded by the group's assigned faculty. Each student's paper grade will receive an individual grade. (**Learning Outcomes # 2, 4-8, and 10**).

#### **“A Nurse I Am” Paper Assignment (15% of course grade):**

Refer to the grading rubric for the criteria that will be used in the grading of this assignment, then watch the educational nursing documentary “A Nurse I Am” during class. Write a 2-4 page paper that thoroughly addresses the required information as described in the grading rubric. The paper is due to the Assignment submission folder in D2L by no later than **Tuesday, January 28, 2020 at 2359**. (**Learning Outcome # 1, 4-5, and 7-10**).

#### **Quizzes (Three at 5% each = 15% of course grade):**

There are three computer-based quizzes in this course; refer to the Course Outline/Calendar for each quiz's due date and content/chapter information. Quizzes will contain 20 questions, which will be in multiple formats (e.g., multiple choice, fill-in the blank, etc.). You will have one attempt to complete each time-limited (20 minute) quiz as scheduled on the Course Outline/Calendar. (**Learning Outcomes # 1-5, 7-13**).

#### **Student Responsibilities or Tips for Success in the Course**

- Logging into the online classroom (Brightspace D2L) daily during the week
- Checking emails at least daily
- Updating semester calendar with communicated changes
- At least three hours of weekly study/course work
- Attendance at all class meetings
- Review of examinations.

## GRADING

Final grades in this course will be based on the following scale:

A = 90-100  
 B = 80-89  
 C = 75-79  
 D = 60-74  
 F = Below 60

## ASSESSMENTS

Assignments	Weight
Culture Presentation	35%
Group Dynamics Paper	35%
“A Nurse I Am” paper	15%
Quizzes (3)	15%
<b>Total</b>	<b>100%</b>

**A minimum grade of 75 is required to pass the course.** Successful completion of the quizzes and other required assignments will enable the student to meet the student learning outcomes.

### **Late Submissions:**

It is expected that you will submit all class and clinical assignments on time. If you need an extension, it should be requested before the due date/time and may or may not be approved at the discretion of the course coordinator. Unexcused late assignments will be penalized 10% per day for each of the first two days overdue; on the 3rd day, the grade will be assigned as 0%.

Communication on these matters is the student’s responsibility.

Multiple instances of late clinical assignments will result in receipt of a Student Performance and Behaviors Evaluation Form and, possibly, failure of clinical/course.

### **Paper Submissions:**

All documents submitted online are to be in .docx, .rtf, or .pdf format. No other formats will be accepted (JPEG, GIF, etc.). Assignments need to be submitted in a maximum of one document per assignment. Failure to follow these guidelines will result in a grade of “0” on the assignment.

### **Group Work:**

All members of the group will receive the same grade on any group work. However, a student can be removed from his/her team if the other students in the group come to the instructor and report that a student is not doing his/her fair share of the work. If that happens, the instructor will notify the student in writing. The student will then be responsible for doing the assignment on his/her own. It is expected that the group will make the attempt to resolve the situation within the group before instructor intervention.

## TECHNOLOGY REQUIREMENTS

### LMS

All course sections offered by Texas A&M University-Commerce have a corresponding course shell in the myLeo Online Learning Management System (LMS). Below are technical requirements

LMS Requirements:

<https://community.brightspace.com/s/article/Brightspace-Platform-Requirements>

LMS Browser Support:

[https://documentation.brightspace.com/EN/brightspace/requirements/all/browser\\_support.htm](https://documentation.brightspace.com/EN/brightspace/requirements/all/browser_support.htm)

YouSeeU Virtual Classroom Requirements:

<https://support.youseeu.com/hc/en-us/articles/115007031107-Basic-System-Requirements>

## ACCESS AND NAVIGATION

You will need your campus-wide ID (CWID) and password to log into the course. If you do not know your CWID or have forgotten your password, contact the Center for IT Excellence (CITE) at 903.468.6000 or [helpdesk@tamuc.edu](mailto:helpdesk@tamuc.edu).

**Note:** Personal computer and internet connection problems do not excuse the requirement to complete all course work in a timely and satisfactory manner. Each student needs to have a backup method to deal with these inevitable problems. These methods might include the availability of a backup PC at home or work, the temporary use of a computer at a friend's home, the local library, office service companies, Starbucks, a TAMUC campus open computer lab, etc.

## COMMUNICATION AND SUPPORT

If you have any questions or are having difficulties with the course material, please contact your instructor. Students are expected to adhere to the chain of command in nursing courses, just as you would when you are employed as a professional nurse. If you need to discuss something related to a course, you should first speak to your clinical instructor (if a clinical course); then the appropriate faculty if not a clinical course. If a student needs to discuss further to achieve resolution, the next steps would be to meet with the course coordinator, which is noted on each syllabus, and then the nursing department chair. Once you become a clinical nursing student (not pre-nursing), your advisor is your clinical instructor. Communication must, of necessity, follow these professional steps.

## Technical Support

If you are having technical difficulty with any part of Brightspace, please contact Brightspace Technical Support at 1-877-325-7778. Other support options can be found here:

<https://community.brightspace.com/support/s/contactsupport>

## Interaction with Instructor Statement

It is expected that you will check your D2L course and email at least **DAILY** for communication from the instructor. A response to any email or message will occur within two (2) business days. Communication between faculty and students is primary and taken seriously. Preferred communication methods are individualized office hours, email, or via cell-phone. If a phone call is not answered, please leave a message and send an e-mail using the direct e-mail link on the course home page. You will be treated with collegial respect and you are expected to communicate likewise in a professional manner.

Email is preferred as the standard form of communication in this class. Please keep phone calls to a minimum. We expect your emails to be professionally prepared. For example:

Dear Professor/Dr.. Lancaster, Hello, Greetings, Good Morning/Afternoon, etc.,

Your message

Sincerely, Thank you, Regards, etc.

Your full name

Remember to professionally compose your e-mail messages with proper grammar, spelling, and a professional tone. Properly addressed and signed e-mails will be replied to within 48 hours during business hours. If a face-to-face conference is required between the student and the instructor in the instructor's office, an appointment must be made several days in advance by the student.

It is expected that assignments will be graded and returned to the student within two (2) weeks of submission.

## Nursing Student Guide

Specific information for the nursing student regarding the nursing program and current policies and procedures can be found in the BSN Student Guide located



here: <http://www.tamuc.edu/academics/colleges/educationHumanServices/departments/nursing/Current%20Students/BSNstudentguidebook/default.aspx>

**The Board of Nursing requires applicants, students throughout the program, graduates and licensure renewals to answer questions as to their ability to be admitted to a nursing program, sit for the NCLEX-RN exam or be re-licensed. You are responsible for checking those questions to be sure you are still in compliance. Keep in mind that your fingerprints are on file with the BON so if you should ever be arrested, they would be notified. You should notify them proactively. The link is as follows:**

[http://www.bon.texas.gov/licensure\\_eligibility](http://www.bon.texas.gov/licensure_eligibility)

**It is the student's responsibility to review and understand the policies and procedures provided in the student guidebook as all students are held to the statutes and policies therein.**

## **COURSE AND UNIVERSITY PROCEDURES/POLICIES**

### **Syllabus Change Policy**

The syllabus is a guide. Circumstances and events, such as student progress, may make it necessary for the instructor to modify the syllabus during this semester. Any changes made to the syllabus will be announced in advance.

### **University Specific Procedures**

#### **Student Conduct**

All students enrolled at the University shall follow the tenets of common decency and acceptable behavior conducive to a positive learning environment. The Code of Student Conduct is described in detail in the [Student Guidebook](#).

<http://www.tamuc.edu/Admissions/oneStopShop/undergraduateAdmissions/studentGuidebook.aspx>

Students should also consult the Rules of Netiquette for more information regarding how to interact with students in an online forum: <https://www.britannica.com/topic/netiquette>

#### **TAMUC Attendance**

For more information about the attendance policy please visit the [Attendance](#) webpage and [Procedure 13.99.99.R0.01](#).

<http://www.tamuc.edu/admissions/registrar/generalInformation/attendance.aspx>

<http://www.tamuc.edu/aboutUs/policiesProceduresStandardsStatements/rulesProcedures/13students/academic/13.99.99.R0.01.pdf>

## **Academic Integrity**

Students at Texas A&M University-Commerce are expected to maintain high standards of integrity and honesty in all of their scholastic work. For more details and the definition of academic dishonesty see the following procedures:

### [Undergraduate Academic Dishonesty 13.99.99.R0.03](#)

<http://www.tamuc.edu/aboutUs/policiesProceduresStandardsStatements/rulesProcedures/13students/undergraduates/13.99.99.R0.03UndergraduateAcademicDishonesty.pdf>

### [Graduate Student Academic Dishonesty 13.99.99.R0.10](#)

<http://www.tamuc.edu/aboutUs/policiesProceduresStandardsStatements/rulesProcedures/13students/graduate/13.99.99.R0.10GraduateStudentAcademicDishonesty.pdf>

## **Students with Disabilities-- ADA Statement**

The Americans with Disabilities Act (ADA) is a federal anti-discrimination statute that provides comprehensive civil rights protection for persons with disabilities. Among other things, this legislation requires that all students with disabilities be guaranteed a learning environment that provides for reasonable accommodation of their disabilities. If you have a disability requiring an accommodation, please contact:

### **Office of Student Disability Resources and Services**

Texas A&M University-Commerce

Gee Library- Room 162

Phone (903) 886-5150 or (903) 886-5835

Fax (903) 468-8148

Email: [studentdisabilityservices@tamuc.edu](mailto:studentdisabilityservices@tamuc.edu)

Website: [Office of Student Disability Resources and Services](#)

<http://www.tamuc.edu/campusLife/campusServices/studentDisabilityResourcesAndServices/>

## **Nondiscrimination Notice**

Texas A&M University-Commerce will comply in the classroom, and in online courses, with all federal and state laws prohibiting discrimination and related retaliation on the basis of race, color, religion, sex, national origin, disability, age, genetic information or veteran status. Further, an environment free from discrimination on the basis of sexual orientation, gender identity, or gender expression will be maintained.

## **Campus Concealed Carry Statement**

Texas Senate Bill - 11 (Government Code 411.2031, et al.) authorizes the carrying of a concealed handgun in Texas A&M University-Commerce buildings only by persons who have been issued and are in possession of a Texas License to Carry a Handgun. Qualified law

enforcement officers or those who are otherwise authorized to carry a concealed handgun in the State of Texas are also permitted to do so. Pursuant to Penal Code (PC) 46.035 and A&M-Commerce Rule 34.06.02.R1, license holders may not carry a concealed handgun in restricted locations.

For a list of locations, please refer to the [Carrying Concealed Handguns On Campus](#) document and/or consult your event organizer.

Web url:

<http://www.tamuc.edu/aboutUs/policiesProceduresStandardsStatements/rulesProcedures/34SafetyOfEmployeesAndStudents/34.06.02.R1.pdf>

Pursuant to PC 46.035, the open carrying of handguns is prohibited on all A&M-Commerce campuses. Report violations to the University Police Department at 903-886-5868 or 9-1-1.

## **Course Specific Procedures/Policies**

### **Professional Behavioral Standards Policy**

The Texas A&M University-Commerce Nursing Department expects all students to act with professionalism and high regard for ethical conduct in all matters. The Professional Behavioral Standards Policy is listed in the BSN Student Guide.

#### **Class:**

1. Class Cancellation: In the event that a class is canceled, the student is expected to do the readings and complete the objectives for that day. The content will still be included on examinations. The material in this syllabus and dates identified in the Course Calendar are subject to change.
2. Class attendance is expected. The students should notify course coordinator in advance of any absence.
3. Exam dates are listed in each course syllabus, and the student is expected to be present for exams. In the event that the student will be absent, the course coordinator must be notified in advance. Failure to do so may result in the student receiving a zero for the missed exam or quiz. Review the BSN Student Guide for the exam absence process.
4. As an adult learner and responsible professional, the student is responsible for reading and completing assignments prior to class and for being prepared to participate in discussions over the assigned material. It should not be expected that all material would be covered in class. Students are expected to come to class prepared.

**COURSE OUTLINE / CALENDAR**  
**NURS 3313: Therapeutic Communication**

<b>Date</b>	<b>Content</b>	<b>Reading Assignments</b>
1/13/20 08-1000 (BD)	Orientation to class. Video – “A Nurse I Am”	
1/28/20 15-1700 (MG)	Communicating  The Concept of Empathy  “A Nurse I Am” paper due in Assignments submission folder by 2359.	Treas, Ch. 20 (pp. 476-498); Halter, Ch. 9 (pp. 137-149). ATI (Fundamentals for Nursing), Ch. 32 (pp. 117-181).  Treas, Ch. 20 (p. 485); Halter, Ch. 8 (p. 133).
2/7/20	<b>Quiz 1</b> (Video and 1/28/20 content) <b>due by 2359.</b>	
2/11/20 15-1700 (CM)	Culturally Responsive Nursing Care  Therapeutic Communication in Groups	Treas, Ch. 11 (pp. 214-215); Ch. 15 (pp. 310-335), Ch. 17 (pp. 377-378), Ch. 20 (pp. 492, 495/Clinical Insight 20-3), Ch 31 (p. 1125); Halter, Ch. 9 (pp. 147-148).  Treas, Ch. 20 (pp. 477, 485-486); Halter, Ch. 9.
2/27/20 15-1700 (BD)	Values, Ethics, and Advocacy	Treas, Ch. 43 (pp. 1630-1654); Halter, Ch. 6 (pp. 92-93), Ch. 8 (p. 128).  Narayan, M. C. (2019). Addressing implicit bias in nursing: A review. <i>American Journal of Nursing</i> , 119(7), 36-43. doi: 10.1097/01.NAJ.0000569340.27659.5a  ANA (D2L links): Code of Ethics for Nurses Principles for Social Networking and the Nurse 6 Tips for Nurses Using Social Media
3/6/20	<b>Quiz 2</b> (2/11 and 2/25 content) <b>due by 2359.</b>	
3/17/20 15-1700 (MG)	Loss, Grieving, and Death (MG)	Treas, Ch. 17 (pp. 356-371, 381-382/Clinical Insight 17-1 and 17-2).
4/5/20	<b>Group Dynamics Paper due in Assignments submission folder by 2359.</b>	
4/14/20 15-1700 (BD)	Conflict Communications  Stress and Coping	Treas, Ch. 41 (pp. 1593, 1596-1599), Ch. 20. Treas, Ch. 12 (pp. 238-263).
4/24/20	<b>Quiz 3</b> (3/17 and 4/14 content) <b>due be 2359.</b>	
4/27/20	<b>Cultural Assessment Tool and meeting minutes due in Assignments submission folder by 2359.</b>	
4/28/20 15-1700	<b>Culture Presentations.</b>	

**NURS 3313-Therapeutic Communication  
Grading Rubric: "A Nurse I Am" Paper**

Name: \_\_\_\_\_

Identify one performance score per row, then tally the grade subtotal per column and subtract any point deductions to obtain final/total points.

Paper and rubric submitted on time? <b>Note:</b> Late papers will be penalized 10% per day for each of the first two days overdue; on the 3rd day, the grade will be assigned as 0%.		Yes	No
Body of paper, excluding Cover Page and References is 2 to 4 pages (500-1000 words) in length?		Yes	No (- 5 points)
Criteria	Above Average (Excels in response, demonstrates sophistication of thought.)	Average Adequate, but weaker and less effective/detailed response.)	Needs Improvement (Ineffective, vague, or no response.)
Contains a clear and concise introduction and conclusion paragraph.	10 points Score _____	8-9 points Score _____	0-7 points Score _____
Correct grammar, spelling, sentence structure, and punctuation.	10 points Score _____	8-9 points Score _____	0-7 points Score _____
Discuss what aspects of the movie you found to be most useful for your future nursing practice.	19-20 points Score _____	15-18 points Score _____	0-14 points Score _____
Discuss what surprised you about nursing portrayed in the video.	19-20 points Score _____	15-18 points Score _____	0-14 points Score _____
Discuss what did not surprise you about nursing portrayed in the video.	19-20 points Score _____	15-18 points Score _____	0-14 points Score _____
Discuss what aspects of nursing you wanted to hear more about and why.	19-20 points Score _____	15-18 points Score _____	0-14 points Score _____
<b>Grade Subtotal</b>			
<b>Note:</b> Up to 10% may be deducted from grade for incorrect APA formatting/style of body of paper, citations, and reference list.	<b>Total Points Deducted:</b> _____		

**Final Points:** \_\_\_\_\_

## NURS 3313-Therapeutic Communication Grading Rubric: Culture Presentation

Instructor: \_\_\_\_\_ Culture: \_\_\_\_\_

Group members/Presenters: \_\_\_\_\_

Identify one performance score per row, then tally the grade subtotal per column and subtract any point deductions to obtain final/total points.

Cultural Assessment Tool and meeting minutes submitted by due date?		Yes	No (- 5 points)
Presentation lasted no longer than 20 minutes?		Yes	No (- 5 points)
<b>Presentation</b>	<b>Above Average</b> (Exceeded in meeting criteria.)	<b>Average</b> Adequate, but weaker and less effective demonstration of criteria.)	<b>Needs Improvement</b> (Ineffective, vague, or unmet criteria.)
Introduced group members.	N/A	3-5 points	0-2 points
Referenced appropriate sources in the presentation, including the client.	9-10 points Score _____	6-8 points Score _____	0-5 points Score _____
Discussed the nursing care needs of a client of this culture hospitalized in the U.S.	14-15 points Score _____	13-14 points Score _____	0-12 points Score _____
Discussed specific verbal and nonverbal communication that may hinder the provision of nursing care.	14-15 points Score _____	13-14 points Score _____	0-12 points Score _____
Presentation included all required content as described in syllabus (p. 4).	14-15 points Score _____	13-14 points Score _____	0-12 points Score _____
Distributed content evenly among presenters.	9-10 points Score _____	6-8 points Score _____	0-5 points Score _____
Used audio-visual aids (e.g., handout, PowerPoint, trifold construction board, food, clothing) to enhance presentation.	9-10 points Score _____	6-8 points Score _____	0-5 points Score _____
Dressed professionally (e.g., casual-dress attire, no denim, caps, etc.)	9-10 points Score _____	6-8 points Score _____	0-5 points Score _____
Used clear and coherent speech.	9-10 points Score _____	6-8 points Score _____	0-5 points Score _____

Did not read directly from notes.	5 points	3-4 points	0-2 points
<b>Grade Subtotal</b>			

**Final Points:** \_\_\_\_\_

## NURS 3313-Therapeutic Communication Grading Rubric: Group Dynamics Paper

Name: \_\_\_\_\_

Identify one performance score per row, then tally the grade subtotal per column and subtract any point deductions to obtain final/total points.

Paper and rubric submitted on time? <b>Note:</b> Late papers will be penalized 10% per day for each of the first two days overdue; on the 3rd day, the grade will be assigned as 0%.	Yes	No	
Body of paper, excluding cover page and references is 3 to 6 pages (750-1500 words) in length?	Yes	No (- 5 points)	
Scholarly articles submitted with paper?	Yes	No (- 5 points)	
<b>Criteria</b>	<b>Above Average</b> (Excels in response, demonstrates sophistication of thought.)	<b>Average</b> Adequate, but weaker and less effective/detailed response.)	<b>Needs Improvement</b> (Ineffective, vague, or no response.)
Minimum of 3 references utilized (1 textbook, 2 journals-includes 1 research article related to group dynamics).	5 points Score _____	3-4 points Score _____	0-2 points Score _____
Contains a clear and concise introduction and conclusion paragraph.	5 points Score _____	2-4 points Score _____	0-1 points Score _____
Correct grammar, spelling, sentence structure, and punctuation.	5 points Score _____	3-4 points Score _____	0-2 points Score _____
Discusses the formal leader and how this person was chosen (rationale).	5 points Score _____	3-4 points Score _____	0-2 points Score _____
Describes the type(s) of leadership styles(s) demonstrated by the formal leader.	10 points Score _____	8-9 points Score _____	0-7 points Score _____
Discusses the scribe (secretary) and how this person was chosen (rationale).	10 points Score _____	8-9 points Score _____	0-7 points Score _____
Describes the group's informal leader.	10 points Score _____	8-9 points Score _____	0-7 points Score _____
Describes the cohesiveness of the group.	10 points Score _____	8-9 points Score _____	0-7 points Score _____
Discusses the role(s) each member assumed (e.g., task functions,	10 points Score _____	8-9 points Score _____	0-7 points Score _____



maintenance functions) and provided supportive evidence for impressions.			
Describes the conflict(s) within the group.	10 points Score _____	8-9 points Score _____	0-7 points Score _____
Discusses how conflict(s) within the group were resolved.	10 points Score _____	8-9 points Score _____	0-7 points Score _____
Discusses group members who exhibited nonfunctional self-roles (specify-aggressor, blocker, joker, etc.).	10 points Score _____	8-9 points Score _____	0-7 points Score _____
<b>Grade Subtotal</b>			
<b>Note:</b> Up to 10% may be deducted from grade for incorrect APA formatting/style of body of paper, citations, and reference list.	<b>Total Points Deducted:</b> _____		

**Final Points:** \_\_\_\_\_



## CULTURAL ASSESSMENT TOOL/GUIDE

### Biocultural Variations and Cultural Aspects of the Incidence of Disease

- Does the client and/or family members relate a health history associated with genetic or acquired conditions that are more prevalent for a specific cultural group (e.g., diabetes, hypertension, cardiovascular disease, sickle cell anemia, Tay-Sachs disease, G-6-PD deficiency, lactose intolerance)?

**Findings:** \_\_\_\_\_

- Are there socio-environmental conditions more prevalent among a specific cultural group that can be observed in the client or family members (e.g., lead poisoning, alcoholism, HIV/AIDS, drug abuse, ear infections, family violence, fetal alcohol spectrum disorder [FASD], obesity, respiratory diseases)?

**Findings:** \_\_\_\_\_

- Are there diseases against which the client has an increased resistance (e.g., skin cancer in darkly pigmented individuals, malaria for those with sickle cell anemia)?

**Findings:** \_\_\_\_\_

- Does the client have distinctive features characteristic of a particular ethnic or cultural group (e.g., skin color, hair texture)?

**Findings:** \_\_\_\_\_

Do his or her family members have such features?

**Findings:** \_\_\_\_\_

Within the family group, are there variations in anatomy characteristic of a particular ethnic or cultural group (e.g., body structure, height, weight, facial shape and structure [nose, eye shape, facial contour], upper and lower extremities)?

**Findings:** \_\_\_\_\_

- How do anatomic, racial, and ethnic variations affect the physical and mental examination?

- **Findings:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Communication

- What language does the client speak at home with family members?

**Findings:** \_\_\_\_\_

In what language would the client prefer to communicate with you?

**Findings:** \_\_\_\_\_

What other languages does the client speak or read?

**Findings:** \_\_\_\_\_

What other languages do the client's family members speak or read?

**Findings:** \_\_\_\_\_

- What is the fluency level of the client in English—both written and spoken?

**Findings:** \_\_\_\_\_

What is the fluency level of the client's family members?

**Findings:** \_\_\_\_\_

- Does the client need an interpreter?

**Findings:** \_\_\_\_\_

Do his or her family members need an interpreter?

**Findings:** \_\_\_\_\_

Does the health care setting provide interpreters? **N/A** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Who would the client and his or her family members prefer to assist with interpretation?

**Findings:** \_\_\_\_\_

Is there anyone whom the client would prefer not to serve as an interpreter (e.g., member of the opposite sex, person younger or older than the client, member of a rival tribe, ethnic group, or nationality)?

**Findings:** \_\_\_\_\_

- What are the rules and style (formal or informal) of communication?

**Findings:** \_\_\_\_\_

How does the client prefer to be addressed?

**Findings:** \_\_\_\_\_

What do his or her family members prefer?

**Findings:** \_\_\_\_\_

What are the preferred terms for greeting?

**Findings:** \_\_\_\_\_

- How is it necessary to vary the technique and style of communication during the relationship with the client to accommodate his or her cultural background (e.g., tempo of

conversation, eye contact, sensitivity to topical taboos, norms of confidentiality, and style of explanation)?

**Findings:** \_\_\_\_\_

\_\_\_\_\_

How do these factors vary with family members, if at all?

**Findings:** \_\_\_\_\_

\_\_\_\_\_

- What are the styles of individual and family members' nonverbal communication?

**Findings:** \_\_\_\_\_

\_\_\_\_\_

- How does the client's nonverbal communication compare with that of individuals from other cultural groups?

**Findings:** \_\_\_\_\_

\_\_\_\_\_

How does the client's style of nonverbal communication differ from the health care provider's style?

**Findings:** \_\_\_\_\_

\_\_\_\_\_

How does it affect the client's relationships with you and with other members of the health care team?

**Findings:** \_\_\_\_\_

\_\_\_\_\_

- How does communication with the family influence the care environment?

**Findings:** \_\_\_\_\_

\_\_\_\_\_

- How do the client and family members feel about health care providers who are not of the same cultural or religious background (e.g., Black, middle-class nurse; Hispanic of a different social class; Muslim or Jewish care provider)?

**Findings:** \_\_\_\_\_

\_\_\_\_\_

Does the client prefer to receive care from a nurse of the same cultural background, gender, and/or age?

**Findings:** \_\_\_\_\_

\_\_\_\_\_

How do family members react to care providers of different cultural backgrounds, age, and gender?

**Findings:** \_\_\_\_\_

\_\_\_\_\_

### Cultural Affiliations

- With what cultural group(s) does the client report affiliation (e.g., American, Hispanic, Irish, Black, Navajo, American Indian, or combination)? It is becoming increasingly common for Americans to identify with two or more groups, such as Native American and African American. Tiger Woods, for example, has identified himself as being of Thai and African American heritage.

**Findings:** \_\_\_\_\_

Equally important, to what degree does the client identify with the cultural group (e.g., “we” concept of solidarity or as a fringe member)?

**Findings:** \_\_\_\_\_

- How do the views of other family members coincide or differ from the client regarding cultural affiliations?

**Findings:** \_\_\_\_\_

- What is the preferred term that the cultural group chooses for itself?

**Findings:** \_\_\_\_\_

What term does the client choose?

**Findings:** \_\_\_\_\_

- Where was client born?

**Findings:** \_\_\_\_\_

Where were his or her parents born?

**Findings:** \_\_\_\_\_

What are the generational similarities and differences in regards to cultural identification, language, customs, values, and so on?

**Findings:** \_\_\_\_\_

- Where has the client lived (country, city, or area within a country) and when (during what years of his or her life)?

**Findings:** \_\_\_\_\_

If the client has recently immigrated to the United States or another country, knowledge of prevalent diseases in his or her country of origin as well as sociopolitical history may be helpful. If the client is a recent immigrant, did he or she live in countries of transit?

**Findings:** Yes \_\_\_\_\_ No \_\_\_\_\_

For how long?

**Findings:** \_\_\_\_\_

Current residence?

**Findings:** \_\_\_\_\_

Occupation?

**Findings:** \_\_\_\_\_

Occupation in home country?

**Findings:** \_\_\_\_\_

### **Cultural Sanctions and Restrictions**

- How does the client's cultural group regard expression of emotion and feelings, spirituality, and religious beliefs?

**Findings:** \_\_\_\_\_

How are feelings related to dying, death, and grieving expressed in a culturally appropriate manner?

**Findings:** \_\_\_\_\_

- How do men and women express modesty?

**Findings:** \_\_\_\_\_

Are there culturally defined expectations about male–female relationships, including the nurse–client relationship?

**Findings:** \_\_\_\_\_

- Does the client or family express any restrictions related to sexuality, exposure of various parts of the body, or certain types of surgery (e.g., vasectomy, hysterectomy, abortion)?

**Findings:** \_\_\_\_\_

- Are there restrictions against discussion of dead relatives or fears related to the unknown?

**Findings:** \_\_\_\_\_

### **Developmental Considerations**

- Are there any distinct growth and development characteristics that vary with the cultural background of the client and family (e.g., bone density, psychomotor patterns of development, fat folds)?

**Findings:** \_\_\_\_\_

- What factors are significant in assessing children of various ages from the newborn period through adolescence (e.g., male and female circumcision, expected growth on standards grid, culturally acceptable age for toilet training, duration of breast-feeding, introduction of various types of foods, gender differences, discipline, and socialization to adult roles)?

**Findings:** \_\_\_\_\_

\_\_\_\_\_

- What are the beliefs and practices associated with developmental life events such as pregnancy, birth, marriage, and death?

**Findings:** \_\_\_\_\_

\_\_\_\_\_

- What is the cultural perception of aging (e.g., is youthfulness or the wisdom of old age more valued)?

**Findings:** \_\_\_\_\_

\_\_\_\_\_

- How are elderly persons cared for within the cultural group (e.g., cared for in the home of adult children, placed in institutions for care)?

**Findings:** \_\_\_\_\_

What are culturally accepted roles for the elderly?

**Findings:** \_\_\_\_\_

### **Economics**

- Who is the principal wage earner in the family and what is the income level? (Note: These may be potentially sensitive questions.)

**Findings:** \_\_\_\_\_

Is there more than one wage earner?

**Findings:** \_\_\_\_\_

Are there other sources of financial support?

**Findings:** \_\_\_\_\_

- What insurance coverage (health, dental, vision, pregnancy, cancer, or special conditions) does the client and his or her family have?

**Findings:** \_\_\_\_\_

\_\_\_\_\_

- What impact does the economic status have on the client and his or her family's lifestyle and living conditions?



- **Findings:** \_\_\_\_\_  
\_\_\_\_\_
- What has been the client and family's experience with the health care system in terms of reimbursement, costs, and insurance coverage?  
**Findings:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Educational Background

- What is the client's highest educational level obtained?  
**Findings:** \_\_\_\_\_  
What values do the family members express regarding educational achievements?  
**Findings:** \_\_\_\_\_
- Does the client's educational level affect his or her knowledge level concerning his or her health literacy—how to obtain the needed care, teaching related to or learning about health care, and any written material that he or she is given in the health care setting (e.g., insurance forms, educational literature, information about diagnostic procedures and laboratory tests, admissions forms, etc.)?  
**Findings:** \_\_\_\_\_  
\_\_\_\_\_  
Does the client's educational level affect health behavior? As an example, in the United States, cigarette smoking and obesity have been linked to socioeconomic levels.  
**Findings:** \_\_\_\_\_  
\_\_\_\_\_
- Can the client read and write English, or is another language preferred?  
**Findings:** \_\_\_\_\_  
If English is the client's second language, are health-related materials available in the client's primary language? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
Are all family members fluent in English? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_
- What learning style is most comfortable and familiar?  
**Findings:** \_\_\_\_\_  
Does the client prefer to learn through written materials, oral explanations, videos, and/or demonstrations?  
**Findings:** \_\_\_\_\_  
Does the client access health information via the Internet? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
**If so, what, when, where, why:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Do the client and family members prefer intervention settings away from hospitals and other clients which may have negative connotations for them?

**Findings:** \_\_\_\_\_

Are community sites such as churches, schools, or adult day-care centers a good alternate choice for the client and his or her family, considering they are informal settings that may be more conducive for open discussion, demonstrations, and reinforcement of information and skills?

**Findings:** \_\_\_\_\_

Are the client and family more comfortable in their home setting?

**Findings:** \_\_\_\_\_

### Health-Related Beliefs and Practices

- To what cause does the client attribute illness and disease or what factors influence the acquisition of illness and disease (e.g., divine wrath, imbalance in hot/cold, yin/yang, punishment for moral transgressions, a hex, soul loss, pathogenic organism, past behavior, growing older)?

**Findings:** \_\_\_\_\_

Is there congruence within the family on these beliefs? **Yes** \_\_\_\_ **No** \_\_\_\_

- What are the client's cultural beliefs about ideal body size and shape?

**Findings:** \_\_\_\_\_

What is the client's self-image in relation to the ideal?

**Findings:** \_\_\_\_\_

- How does the client describe his or her health-related condition?

**Findings:** \_\_\_\_\_

What names or terms are used?

**Findings:** \_\_\_\_\_

How does the client express pain, discomfort, or anxiety?

**Findings:** \_\_\_\_\_

- What do the client and family members believe promotes health (e.g., eating certain foods, wearing amulets to bring good luck, sleeping, resting, getting good nutrition, reducing stress, exercising, praying or performing rituals to ancestors, saints, or other deities)?

**Findings:** \_\_\_\_\_

- What is the client's religious affiliation?

**Findings:** \_\_\_\_\_

How is the client actively involved in the practice of religion?

**Findings:** \_\_\_\_\_

Do other family members have the same religious beliefs and practices?

**Findings:** \_\_\_\_\_

Do the client and/or family members incorporate religious practices, such as healing ceremonies or prayer, into health/illness care?

**Findings:** \_\_\_\_\_

- Does the client and his or her family rely on cultural healers (e.g., curandero, shaman, spiritualist, priest, medicine man or woman, minister)?

**Findings:** \_\_\_\_\_

Who determines when the client is sick and when he or she is healthy?

**Findings:** \_\_\_\_\_

Who influences the choice or type of healer and treatment that should be sought?

**Findings:** \_\_\_\_\_

- In what types of cultural healing or health promoting practices does the client engage (e.g., use of herbal remedies, potions, or massage; wearing of talismans, copper bracelets, or chains to discourage evil spirits; healing rituals; incantations; or prayers)?

**Findings:** \_\_\_\_\_

Do family members share these beliefs and practices?

**Findings:** \_\_\_\_\_

- How are biomedical or scientific health care providers perceived?

**Findings:** \_\_\_\_\_

How do the client and his or her family perceive nurses?

**Findings:** \_\_\_\_\_

What are the expectations of nurses and nursing care workers?

**Findings:** \_\_\_\_\_

- Who will care for the client at home?

**Findings:** \_\_\_\_\_

What accommodations will family members make to provide caregiving?

**Findings:** \_\_\_\_\_

- 
- How does the client's family and cultural group view mental disorders?

**Findings:** \_\_\_\_\_

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Are there differences in acceptable behaviors for physical versus psychological illnesses?

**Findings:** \_\_\_\_\_

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### **Kinship and Social Networks**

- What is the composition of a "typical family" within the kinship network?

**Findings:** \_\_\_\_\_

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What is the composition of the client's family?

**Findings:** \_\_\_\_\_

- Who makes up the client's social network (family, friends, peers, neighbors)?

**Findings:** \_\_\_\_\_

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How do they influence the client's health or illness status?

**Findings:** \_\_\_\_\_

- How do members of the client's social support network define caring or caregiving?

**Findings:** \_\_\_\_\_

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What is the role of various family members during health and illness episodes?

**Findings:** \_\_\_\_\_

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Who makes decisions about health and health care?

**Findings:** \_\_\_\_\_

- How does the client's family participate in the promotion of health (e.g., lifestyle changes in diet, activity level, etc.) and nursing care (e.g., bathing, feeding, touching, being present) of the client?

**Findings:** \_\_\_\_\_

- Does the cultural family structure influence the client's response to health or illness (e.g., beliefs, strengths, weaknesses, and social class)?

**Findings:** \_\_\_\_\_

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- What influence do ethnic, cultural, and/or religious organizations have on the lifestyle and quality of life of the client (e.g., the National Association for the Advancement of Colored People [NAACP], churches [such as African American Muslim, Jewish, Catholic, and others]) that may provide schools, classes, and/or community-based health care programs.

**Findings:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Are there special gender issues within this cultural group?

**Findings:** \_\_\_\_\_  
 \_\_\_\_\_

Do the client and family members conform to traditional roles (e.g., women may be viewed as the caretakers of home and children, while men work outside the home and have primary decision-making responsibilities)?

**Findings:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Nutrition

- What nutritional factors are influenced by the client's cultural background?

**Findings:** \_\_\_\_\_  
 \_\_\_\_\_

What is the meaning of food and eating to the client and his or her family?

**Findings:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Does the client have any eating or nutritional disorders (e.g., anorexia, bulimia, obesity, lactose intolerance)?

**Findings:** \_\_\_\_\_

Do the client's family members have any similar disorders?

**Findings:** \_\_\_\_\_

How do the client and family view these conditions?

**Findings:** \_\_\_\_\_  
 \_\_\_\_\_

- With whom does the client usually eat?

**Findings:** \_\_\_\_\_

What types of foods are eaten?

**Findings:** \_\_\_\_\_  
 \_\_\_\_\_

What is the timing and sequencing of meals?

**Findings:** \_\_\_\_\_

What are the usual meal patterns?

**Findings:** \_\_\_\_\_

- What does the client define as food?

**Findings:** \_\_\_\_\_

What does the client believe constitutes a “healthy” versus an “unhealthy” diet?

**Findings:** \_\_\_\_\_

Are these beliefs congruent with what the client actually eats?

**Findings:** \_\_\_\_\_

- Who shops for and chooses food?

**Findings:** \_\_\_\_\_

Where are the foodstuffs purchased?

**Findings:** \_\_\_\_\_

Who prepares the actual meals?

**Findings:** \_\_\_\_\_

How are the family members involved in nutritional choices, values, and choices about food?

**Findings:** \_\_\_\_\_

- How are the foods prepared at home (type of food preparation, cooking oil[s] used, length of time foods are cooked [especially vegetables], amount and type of seasoning added to various foods during preparation)?

**Findings:** \_\_\_\_\_

Who does the food preparation?

**Findings:** \_\_\_\_\_

- Has the client chosen a particular nutritional practice such as vegetarianism or abstinence from red meat or from alcoholic or fermented beverages?

**Findings:** \_\_\_\_\_

Do other family members adhere to these beliefs and practices?

**Findings:** \_\_\_\_\_

- Do religious beliefs and practices influence the client’s or family’s diet (e.g., amount, type, preparation, or delineation of acceptable food combinations, [e.g., kosher diets])?

**Findings:** \_\_\_\_\_

Does the client or client’s family abstain from certain foods at regular intervals, on specific dates determined by the religious calendar, or at other times?

**Findings:** \_\_\_\_\_

---

Are there other food prohibitions or prescriptions?

**Findings:** \_\_\_\_\_

- If the client or client's family's religion mandates or encourages fasting, what does the term *fast* mean (e.g., refraining from certain types of foods, eating only during certain times of the day, skipping certain meals)?

**Findings:** \_\_\_\_\_

For what period of time are family members expected to fast?

**Findings:** \_\_\_\_\_

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Are there exceptions to fasting (e.g., are pregnant women or children excluded from fasting)?

**Findings:** \_\_\_\_\_

- Are special utensils used (e.g., chopsticks, cookware, kosher restrictions)?

**Findings:** \_\_\_\_\_

- Does the client or client's family use home and folk remedies to treat illnesses (e.g., herbal remedies, acupuncture, cupping, or other healing rituals often involving eggs, lemons, candles)?

**Findings:** \_\_\_\_\_

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Which over-the-counter medications are used?

**Findings:** \_\_\_\_\_

### Religion and Spirituality

- How does the client or family's religious affiliation affect health and illness (e.g., life events such as death, chronic illness, body image alteration, cause and effect of illness)?

**Findings:** \_\_\_\_\_

- What is the role of religious beliefs and practices during health and illness?

**Findings:** \_\_\_\_\_

---

Are there special rites or blessings for those with serious or terminal illnesses?

**Findings:** \_\_\_\_\_

- Are there healing rituals or practices that the client and family believe can promote wellbeing or hasten recovery from illness?

- **Findings:** \_\_\_\_\_

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If so, who performs these?

**Findings:** \_\_\_\_\_

What materials or arrangements are necessary for the nurse to have available for the practice of these rituals?

**Findings:** \_\_\_\_\_

- What is the role of significant religious representatives during health and illness?

**Findings:** \_\_\_\_\_

---

Are there recognized religious healers (e.g., Islamic Imans, Christian Scientist practitioners or nurses, Catholic priests, Mormon elders, Buddhist monks)?

**Findings:** \_\_\_\_\_

### Values Orientation

- What are the client's attitudes, values, and beliefs about his or her health and illness status?

**Findings:** \_\_\_\_\_

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Do family members have similar values and beliefs?

**Findings:** \_\_\_\_\_

- How do these influence behavior in terms of promotion of health and treatment of disease?

**Findings:** \_\_\_\_\_

What are the client's or family's attitudes, values, and beliefs about health care providers?

**Findings:** \_\_\_\_\_

- Does culture affect the manner in which the client relates to body image change resulting from illness or surgery (e.g., importance of appearance, beauty, strength, and roles in the cultural group)?

**Findings:** \_\_\_\_\_

---

Is there a cultural stigma associated with the client's illness (i.e., how is the illness or the manner in which it was contracted viewed by the family and larger culture)?

**Findings:** \_\_\_\_\_

- How do the client and his or her family view work, leisure, and education?

**Findings:** \_\_\_\_\_



- 
- How does the client perceive and react to change?  
**Findings:** \_\_\_\_\_

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  - How do the client and his or her family perceive changes in lifestyle related to current illness or surgery?  
**Findings:** \_\_\_\_\_

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  - How do the client and his/her family view biomedical care or scientific health care (e.g., suspiciously, fearfully, acceptingly, unquestioningly, with awe)?  
**Findings:** \_\_\_\_\_

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  - How does the client value privacy, courtesy, touch, and relationships with others?  
**Findings:** \_\_\_\_\_

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  - How does the client relate to persons outside of his or her cultural group (e.g., withdrawal, suspicion, curiosity, openness)?  
**Findings:** \_\_\_\_\_

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\* Source: Andrews, M.M., & Boyle, J.S. (2016). *Transcultural concepts in nursing care*. Philadelphia, PA: Wolters Kluwer Health/Lippincott Williams & Wilkins. Appendix A. pp A1 – A-6.

*The syllabus/schedule are subject to change.*