



IENE 3

THE GOOD PRACTICE MANUAL



Compiled
by
Annemiek van Workum

Edited
by
Irena Papadopoulos

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INTRODUCTION

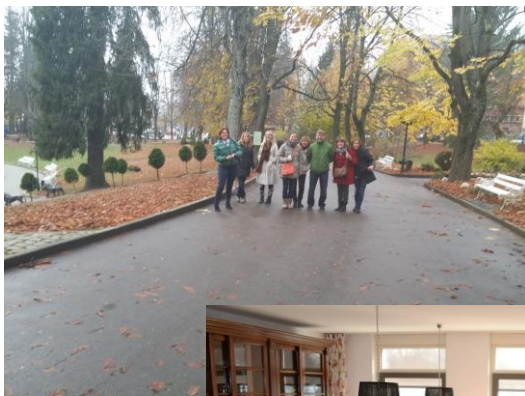
The project “Tools for Intercultural Education of Nurses in Europe” aimed to increase the skills of nurses and health care professionals for providing culturally competent and compassionate care to patients and facilitate their effective participation in the European labour market.

During the IENE3 project partners from six European countries , UK, Romania, Italy, Germany, Turkey and Netherlands developed and piloted tools which enabled the implementation of the European PPT/IENE Model for intercultural education of nurses, which was developed by partners from five European countries in two previous Leonardo projects .



The good practice reports included in this document provide information on the delivery of the innovative training content and materials, which we developed and piloted during 2013-15.

All tools and the data of their evaluation can be found in the ‘**The Evaluation of the IENE3 Tools Report**’ which is available on the iene website: <https://ienetools.wordpress.com>
<http://ieneproject.eu>



Tools for Intercultural Education of Nurses in Europe (IENE 3)

Guidelines for identifying, collecting and documenting 'GOOD PRACTICE'

*Prepared by Professor Irena Papadopoulou
May 2014*

The IENE3 definition of 'Good Practice'

We defined '**Good Practice**' as one which has the following **characteristics**:

- A practice which is beneficial and desired by people (patients, students, teachers etc)
- Ideally based on research evidence and/or long term wisdom
- One that is easy to understand
- One that has proven to work
- One that is high quality
- One that results in change
- One that is transferable

The criteria we should use to identify 'Good Practice'

Apart for the ones implied in our definition of 'Good Practice' the following **criteria** should be used:

- The practice is ethical
- It allows those that may be affected by it to participate in it in some way
- It is resource efficient
- It is culturally appropriate
- It is contextually specific
- It provides the best solutions for the available resources

Suggestions of 'Good Practices' to be collected

From our project (IENE3) we should collect:

- Descriptions of tools (teaching, learning, practical exercises etc)
- Actual learning activities (photos, games, role plays, power point presentations, etc)
- Results of pilots (methodology, reports, dissemination activities)
- Impact (declarations from beneficiaries, media reports etc)

We can also collect examples of good practice related to our project which teams **external to our project** have produced. These can be from the published literature you have come across or from projects in your country you are aware of.

How, will examples of 'Good Practice' will be collected/documented?

The collection of 'good practices' will be via the use of a specially prepared **template**.

How many do we need from each country?

Each partner will collect **one good practice** for each of the **three toolkits** (i.e one for compassion, one for courage and one for intercultural communication).

Each partner should also **collect one extra** good practice for a **toolkit of their choice**.

What is the deadline for their collection?

It is advisable that after each tool which each partner is piloted a 'good practice template' is completed. The first examples are due at the end of May beginning of June 2014.

The additional example, which does not derive from our project but is linked to the topics of our project, can be collected any time before the end of the project.

What are we going to do with them?

The 'good practice' examples will be published on the IENE3 blog and the IENE website.

Tools for Intercultural Education of Nurses in Europe (IENE 3)

Template

for identifying, collecting and documenting 'GOOD PRACTICE'

*Prepared by Professor Irena Papadopoulou
May 2014*

Title of 'good practice' tool/initiative:

Name and contact details of creator/s:

When was the tool/ initiative developed?

What are the aims of the tool/initiative?

Where was tool/initiative implemented ?

Who were the key audience/participants involved in the implementation?

What methods/techniques were used in the implementation

Where can I access the full tool/or the full description of the initiative?

Does the tool/initiative meet the following IENE3 criteria:

CRITERIA/Outcomes	YES	NO	EVIDENCE/EXAMPLES TO SUPPORT YOUR FINDINGS (use data from piloting if appropriate)
Beneficial and desired by people			
Based on research evidence and/or long term wisdom			
Easy to understand			
Proven to work			
High quality			
Promotes change			
Transferable			
Promotes ethical practice			
Promotes participation			
Resource efficient			
Culturally appropriate			
Contextually specific			
Provides the best solutions for the available resources			



Tools for Intercultural Education of Nurses in Europe (IENE 3)

GERMANY

Compassion

Title of 'good practice' tool:

THE PILLOW CAT

Name and contact details of creator/s:

René Hildebrandt (Head of Care, Volkssolidarität Gera)
Friederike Jung (PR, Volkssolidarität Gera)

When was the tool/initiative developed?

No special moment, starting with the arrival of the patient to the care facility

What are the aims of the tool/initiative?

- to give the patient wellbeing
- to allow older and sometimes confused patients live in their own worlds
- to accept the patients' ways, believes and values

Where was tool/initiative implemented ?

In our special dementia living (3Birken), Volkssolidarität Gera

Who were the key audience/participants involved in the implementation?

Carers and patients

What methods/techniques were used in the implementation?

A pillow cat is given to the patient to stroke and care for

Where can I access the full tool/or the full description of the initiative?

Short description

In our dementia assisted living we assist elderly women, who believe that their pillow is a cat. They always take the cat (pillow) with them. they even feed it thus the pillow becomes dirty. Our nurses accept that the pillow is the cat of the patient and act regarding to this. E.g. when the patient take a bath they talk to her and said that the cat also needs a bath. They even try to organise an alternative cat (pillow) so that the cat (pillow) can be washed without the patient noticing this. Our nurses just accept the belief of the patient and act like this is normal for the patients’ well-being.

Does the tool/initiative meet the following IENE3 criteria:

CRITERIA/Outcomes	YES	NO	EVIDENCE/EXAMPLES TO SUPPORT YOUR FINDINGS (use data from piloting if appropriate)
Beneficial and desired by people	X		
Based on research evidence and/or long term wisdom		x	
Easy to understand	X		
Proven to work	X		
High quality	X		
Promotes change	X		
Transferable	X		
Promotes ethical practice	X		
Promotes participation	X		
Resource efficient	X		
Culturally appropriate	X		
Contextually specific	X		
Provides the best solutions for the available resources		?	



Tools for Intercultural Education of Nurses in Europe (IENE 3)

Courage

Title of 'good practice' tool:

SMALL FOLDER/POCKET CARD with instructions of recovery position of unconscious persons
First aid standards and laws

Name and contact details of creator/s:

Magazin „Apotheken Umschau“ (journal for pharmacy clients)
René Hildebrandt (Head of Care, Volkssolidarität Gera)
Friederike Jung (PR, Volkssolidarität Gera)

When was the tool/initiative developed?

General law of “failure to assist a person in danger” was first created on the 28th of June in 1935. It is a part of the penal code; Medical Review Board of the Statutory Health Insurance Funds (MDK)-guidance, controls the regular training of 1st aid measures of nurses/health carer folder 14.11.2006 (last actualisation 08.05.2012)

What are the aims of the tool/initiative?

- to provide staff with some security when working with dangerous cases
- knowing what to do improves courageous acting
- quality controlling of medical staff

Where was tool/initiative implemented?

Volkssolidarität Gera

Who were the key audience/participants involved in the implementation?

Staff and students of Volkssolidarität Gera

What methods/techniques were used in the implementation?

- special trainings by medical trainer

- special training dolls are used
- films
- online presentation with running text description

Where can I access the full tool/or the full description of the initiative?

law content:

<http://www.erste-hilfe-zentral.de/stgb-323c-unterlassene-hilfeleistung.html>

guidance content:

http://www.mds-ev.de/media/pdf/2010-02-16-MDK-Anleitung_stationaer.pdf

folder:

<http://www.apotheken-umschau.de/Erste-Hilfe/Bewusstlose-lagern-32298.html>

Short description

With the standards of first aid every German, especially professionals/persons who are highly involved with possible dangerous situations should be enabled and encouraged to help persons in danger. Thus everybody can act according to the general law of “failure to assist a person in danger”.

Small gadgets like this folder/pocket card for the “recovery of unconscious persons” can always be carried by everybody also by nurses and especially students. Thus they know how to behave in these cases and they will be more courageous in helping.

Does the tool/initiative meet the following IENE3 criteria:

CRITERIA/Outcomes	YES	NO	EVIDENCE/EXAMPLES TO SUPPORT YOUR FINDINGS (use data from piloting if appropriate)
Beneficial and desired by people	X		
Based on research evidence and/or long term wisdom		x	
Easy to understand	X		
Proven to work	X		
High quality	X		
Promotes change	X		
Transferable	X		
Promotes ethical practice	X		
Promotes participation	X		
Resource efficient	X		
Culturally appropriate	X		
Contextually specific	X		
Provides the best solutions for the available resources		?	



Tools for Intercultural Education of Nurses in Europe (IENE 3)

Intercultural communication

Title of 'good practice' tool/initiative:

Translation service and special accords for involving relatives in the care at the hospital for foreign patients.

Name and contact details of creator/s:

SRH Waldklinikum Gera (Hospital)

René Hildebrandt (head of care, Volkssolidarität Gera)

Friederike Jung (PR, Volkssolidarität Gera)

When was the tool/ initiative developed?

No fixed date

Established in the last two years

What are the aims of the tool/initiative?

- to overcome language barriers
- to make patients of a foreign country/culture feel comfortable
- to ensure success of therapy

Where was tool/initiative implemented?

Hospital SRH Waldklinikum Gera

www.waldklinikumgera.de

Who were the key audience/participants involved in the implementation?

- medical staff (physicians and nurses) of the hospital

What methods/techniques were used in the implementation

Implementation is an on-going process.

When there is a foreign patient who doesn't speak German medical staff search for a physician or nurse in the hospital who speaks this language/comes originally from the same country (communication among the colleagues).

If there is no internal personal that can help they have the possibility since May 2014 to call for a voluntary interpreter from the organisation „Zentrum für Integration und Migration Erfurt“ (Center of Integration and Migration at Erfurt)

<http://www.integration-migration-thueringen.de/zentrum/dokumente/flyerdolmetscher.pdf>

After settling the medical details of therapy between physician and patient, relatives could agree with the nurses that they can do the personal hygiene or eating.

Where can I access the full tool/or the full description of the initiative?

This is a practical process; there is no written source.

Brief description

The hospital SRH Waldklinikum at Gera tries to overcome language barriers and misunderstandings with foreign patients during their journey at the hospital with an internal translation service. For a proper and fast service primarily they engage their own medical staff with foreign roots or foreign language knowledge. If this not possible the voluntary interpreter service of the organisation „Zentrum für Integration und Migration Erfurt“ (Center of Integration and Migration at Erfurt) assists them. Communicating directly (not among translating relatives) with the patient in his/her proper language and engaging hisher relatives in the care makes the patient feel comfortable, enables the nurses to adjust to the patient content/style of care and ensures a successful therapy. Because of a growing lack of medical qualified staff there are more and more foreign physicians and nurses working in Germany.

Does the tool/initiative meet the following IENE3 criteria:

CRITERIA/Outcomes	YES	NO	EVIDENCE/EXAMPLES TO SUPPORT YOUR FINDINGS (use data from piloting if appropriate)
Beneficial and desired by people	x		
Based on research evidence and/or long term wisdom			
Easy to understand	x		
Proven to work	x		
High quality	x		
Promotes change	x		
Transferable	x		
Promotes ethical practice	x		
Promotes participation	x		
Resource efficient	x		
Culturally appropriate	x		
Contextually specific	x		
Provides the best solutions for the available resources	x		



Tools for Intercultural Education of Nurses in Europe (IENE 3)

ITALY

Compassion

Title of 'good practice' tool/initiative:

THE PILGRIM

Name and contact details of creator/s:

Claudia Rustici – Project Officer – claudia.rustici@unisi.it

When was the tool/ initiative developed?

The tool was developed in September 2014.

What are the aims of the tool/initiative?

Reaching a true globalization (in practice and not only words) from a professional aspect but also affecting the population.

The acquisition of knowledge, capabilities and behaviours geared towards multiculturalism and compassion.

Nurses will be aware of the importance of compassion. The tool give the opportunity to be better understand what are the needs of nursing profession and on how nurses can provide a more compassionate care to patients.

Where was tool/initiative implemented ?

The tool was implemented in November 2014, in Siena at the AZIENDA OSPEDALIERA UNIVERSITARIA SENESE (University Hospital of Siena) – AOUS

Who were the key audience/participants involved in the implementation?

Twenty nurses who are working at the University Hospital of Siena in different wards were involved in the implementation.

Participants were divided into two groups and elaborate two projects on how nurses can show and deliver compassionate care to patients.

The components of the groups will be trainers for the next courses on the basis of the developed projects.

20 groups of 15 health-care workers from wards that are more impacted by foreigners (emergency, urgent medicine, gynaecology, orthopaedics, paediatrics, and later all other wards) and 5 students from the three-year degree programme in nursing will participate in the following editions of the course.

What methods/techniques were used in the implementation

Classroom activities:

1. PTT/IENE Model introduction and discussion on skills need to be a nurse.
2. Reflection on the definition of compassion in different culture: readings and discussions.
3. Welcome pathway of patients from different culture, the importance of their own approach to the illness.
4. Value of the relationship between the foreign patient and the healthcare provider.
5. Different concepts of health and disease - different representation of the body.

Activities in Practice

1. Listening to the song "'Fiume Sand Creek", De Andrè – reflections on the cruelty of a battle and the lack of values.
2. The importance of the value of compassion and practical demonstrations.
3. Showing pictures that demonstrates compassion.
4. Real case studies: discussion and practical demonstration of the working groups: emotions and cultures

Teaching Method: classroom activities, role playing, watching video, brainstorming, group activities

Where can I access the full tool/or the full description of the initiative?

<http://ienetools.wordpress.com>

Does the tool/initiative meet the following IENE3 criteria:

CRITERIA/Outcomes	YES	NO	EVIDENCE/EXAMPLES TO SUPPORT YOUR FINDINGS (use data from piloting if appropriate)
Beneficial and desired by people	X		The internal questionnaire ¹ put in evidence the interest in the topic and this positive feedback was confirmed by the data collection from pilot.
Based on research evidence and/or long term wisdom	X		The tool was created and piloted in order to reach a long term wisdom and knowledge of compassion.
Easy to understand	X		Participants were able to understand and improve their skill and knowledge.
Proven to work	X		Students were able to go through the meaning of compassion and how they could improve their way to deliver compassionate care.
High quality	X		The pilot provided pathways that led to depth and clarity in learning. The following editions of the course will ensure an higher quality.
Promotes change	X		After the piloting participants were aware of the importance of delivering a compassionate care.
Transferable	X		The actual participants will be trainers in the next courses on the basis of the group activities that they have carried out during the piloting phase.
Promotes ethical practice	X		At the end of the training participants were more sensitive to other cultures and to the importance of the value of compassion.
Promotes participation	X		Participants showed interest in the topics and they ensured their availability in being new trainers.
Resource efficient	X		Participants will be able to show empathy, respect, dignity, tolerance, kindness and sensitivity. They will deliver culturally competent care.
Culturally appropriate	X		The tool was developed to give a wide knowledge of the relationships between the foreign patients and the healthcare providers.
Contextually specific	X		The tool was contextually specific and led to high level of training on intercultural education for nurses in Europe.
Provides the best solutions for the available resources			The tool added the meaning-making

¹ AOUS - Office for VET developed a questionnaire to evaluate the quality, the relevance and the efficacy in the learning.



Tools for Intercultural Education of Nurses in Europe (IENE 3)

Courage

Title of 'good practice' tool/initiative:

BEYOND THE FEAR

Name and contact details of creator/s:

Claudia Rustici – Project Officer – claudia.rustici@unisi.it

When was the tool/ initiative developed?

The tool was developed in September 2014.

What are the aims of the tool/initiative?

Reaching a true globalization (in practice and not only words) from a professional aspect but also affecting the population.

The acquisition of knowledge, capabilities and behaviours geared towards multiculturalism and compassion.

Nurses will be aware of the importance of compassion. The tool give the opportunity to be better understand what are the needs of nursing profession and on how nurses can provide a more compassionate care to patients.

Where was tool/initiative implemented ?

The tool was implemented in November 2014, in Siena at the AZIENDA OSPEDALIERA UNIVERSITARIA SENESE (University Hospital of Siena) – AOUS

Who were the key audience/participants involved in the implementation?

Twenty nurses who are working at the University Hospital of Siena in different wards were involved in the implementation.

Participants were divided into two groups and elaborate two projects on how nurses can show courage and deliver compassionate care to patients.

The components of the groups will be trainers for the next courses on the basis of the developed projects.

20 groups of 15 health-care workers from wards that are more impacted by foreigners (emergency, urgent medicine, gynaecology, orthopaedics, paediatrics, and later all other

wards) and 5 students from the three-year degree programme in nursing will participate in the following editions of the course.

What methods/techniques were used in the implementation

Classroom activities

PTT/IENE Model introduction and discussion on skills need to be a nurse.
Theoretical approach, individual definitions of courage in different culture, group discussion on different point of view, framework of cognitive aspects. Recall of professional deontology.
Readings and discussions
Strengthening of emotional self-awareness of fear and helplessness.
Moral courage: analysis and identification of practical aspects.

Activities in practice

Analysis of risk situations and identification of practical solutions based on brave behaviors.
Discussion on different approaches.
Management strategies of the danger: cognitive reframing, self-soothing techniques, risk tolerance.
Relational techniques: assertiveness and dialogue.
Analysis of the different behaviors in in critical situation through a problem based learning approach.
Watching short videos on several critical topics: look after non-EU aggressive patients, communication of unexpected and 'negative' events, managing conflicts among nurses-patients and nurses-nurses.

Teaching Method: classroom activities, role playing, watching video, brainstorming, group activities

Where can I access the full tool/or the full description of the initiative?

<http://ienetools.wordpress.com>

Does the tool/initiative meet the following IENE3 criteria:

CRITERIA/Outcomes	YES	NO	EVIDENCE/EXAMPLES TO SUPPORT YOUR FINDINGS (use data from piloting if appropriate)
Beneficial and desired by people	X		The internal questionnaire ² put in evidence the interest in the topic and this positive feedback was confirmed by the data collection from pilot.
Based on research evidence and/or long term wisdom	X		The tool was created and piloted in order to reach a long term wisdom and knowledge of courage.
Easy to understand	X		Participants were able to understand and improve their skill and knowledge.
Proven to work	X		Students were able to go through the meaning of courage and how they could improve their way to show courage and compassionate care.
High quality	X		The pilot provided pathways that led to depth and clarity in learning. The following editions of the course will ensure an higher quality.
Promotes change	X		After the piloting participants were aware of the importance of courage in the nursing profession.
Transferable	X		The actual participants will be trainers in the next courses on the basis of the group activities that they have carried out during the piloting phase.
Promotes ethical practice	X		At the end of the training participants were more sensitive to other cultures and to the importance of the virtue of courage.
Promotes participation	X		Participants showed interest in the topics and they ensured their availability in being new trainers.
Resource efficient	X		Participants identified and described professional dangerous situation and contingency; Described own experiences in dangerous situation; Reported about self and other people's awareness; Identified and described ethical obligation appropriated to the dangerous situation; Stimulated technical skill of cognitive reframing and self-soothing; Identified, described and simulated technical skill of

² AOUS - Office for VET developed a questionnaire to evaluate the quality, the relevance and the efficacy in the learning.

			improvement of the risk tolerance; Reported about conflict between daily professional life and ethical obligation; Identified, described and simulated technical skill of assertiveness communication and negotiation
Culturally appropriate	X		The tool was developed to give a wide knowledge of the relationships between the foreign patients and the healthcare providers.
Contextually specific	X		The tool was contextually specific and led to high level of training on intercultural education for nurses in Europe.
Provides the best solutions for the available resources	X		The tool added the meaning-making



Tools for Intercultural Education of Nurses in Europe (IENE 3)

Intercultural Communication

Title of 'good practice' tool/initiative:

TO BETTER UNDERSTAND

Name and contact details of creator/s:

Claudia Rustici – Project Officer – claudia.rustici@unisi.it

Alessandra Mugnaini – Nurse

Rodrigo Lopez Pollan – Nurse

When was the tool/ initiative developed?

The tool was developed in April 2015.

What are the aims of the tool/initiative?

Enhance the safety and awareness in dealing with languages and new codes cultural health.
Understand that cultural differences are an asset.

Implement the availability of the nurse to accept and understand patterns behaviour different from their own.

Overcome any prejudice against other cultures, and enhance the culture hospitality beyond stereotype.

Increasing the supply of training with the teaching of cultural-linguistic mediation

Where was tool/initiative implemented ?

The tool was implemented in May 2015, in Siena at the
AZIENDA OSPEDALIERA UNIVERSITARIA SENESE (University Hospital of Siena) – AOUS

Who were the key audience/participants involved in the implementation?

Twenty nurses who are working at the University Hospital of Siena in different wards were involved in the implementation.

Participants will be trainers for the next courses on the basis of the developed projects.

20 groups of 15 health-care workers from wards that are more impacted by foreigners (emergency, urgent medicine, gynaecology, orthopaedics, paediatrics, and later all other wards) and 5 students from the three-year degree programme in nursing will participate in the following editions of the course.

What methods/techniques were used in the implementation

Classroom activities

Activity 1. PTT/IENE Model introduction and discussion on skills needed to be a culturally communicative competent nurse.

Activity 2. Reflection on the definitions, conceptual framework, cognitive aspects. The state of art and a brainstorming on what the literature says. Clinicians and patients should maximize the therapeutic effects of communication by explicitly orienting communication to achieve intermediate outcomes (e.g., trust, mutual understanding, adherence, social support, self-efficacy) associated with improved health.

Activity 3. The psychological aspect of intercultural communication go through the projection of movies and photos, listening to music. [Patch Adams, 1998]
Cultural communicative competence as a mix of linguistic competence and communicative competence (body language).

Activity 4. Communication skills for the most effective admission pathways with a focus on pregnant women and during childbirth. In this context the communication takes on a special dimension and we highlight that the cultural differences represent a resource for all of us and that it's important to understand and accept behaviour patterns different from ours.

Activity 5. Intercultural nursing nowadays - The population of patients that we see has changed considerably since become multicultural.
The knowledge of customs, popular/religious beliefs help to communicate and to create a situation of empathy fruitful and effective in reaching the goals set.
A greater attention to the interviews with patients and their family members allows us to understand and accept strange habits.
The expectation and the request of patient can be expressed in unusual ways, especially in front of different habits.

Activity 6. The role of cultural mediators and interpreters in the intercultural communication with patients to avoid communication barriers (language, verbal and non verbal). The participation of the language intermediary (especial translator) solves the language problem and allows to understand the needs of the patient.

Activities in practice

Brainstorming on what participants have learnt. Each participant will receive material to be able to draw and, accompanied by background music, will express own emotions by drawing what they felt in that moment as a moment of free expression of one's thoughts.

Analysis of their drawing for the recognition of the main component of an effective therapeutic intercultural communications with patients.

Watching short videos on several critical topics: look after non-EU patients, communication of unexpected and 'negative' events, managing conflicts among nurses-patients and nurses-nurses.

Teaching Method: classroom activities, watching video, brainstorming, group activities

Where can I access the full tool/or the full description of the initiative?

<http://ienetools.wordpress.com>

Does the tool/initiative meet the following IENE3 criteria:

CRITERIA/Outcomes	YES	NO	EVIDENCE/EXAMPLES TO SUPPORT YOUR FINDINGS (use data from piloting if appropriate)
Beneficial and desired by people	X		The internal questionnaire ³ put in evidence the interest in the topic and this positive feedback was confirmed by the data collection from pilot.
Based on research evidence and/or long term wisdom	X		The tool was created and piloted in order to reach a long term wisdom and knowledge of courage.
Easy to understand	X		Participants were able to understand and improve their skill and knowledge.
Proven to work	X		Participants were able to go through the importance of an effective therapeutic intercultural communication with patients and to learn how they could modify their behaviours in order to show a culturally competent communication.
High quality	X		The pilot provided pathways that led to depth and clarity in learning. The following editions of the course will ensure an higher quality.
Promotes change	X		After the piloting participants were aware of the importance to recognize the challenges of communication across cultural boundaries in nursing profession.
Transferable	X		The actual participants will be trainers in the next courses on the basis of the group activities that they have carried out during the piloting phase.
Promotes ethical practice	X		At the end of the training participants were more sensitive to other cultures and learnt the importance not making negative judgements about the differences, not stereotyping, not discriminating people.
Promotes participation	X		Participants showed interest in the topics and they ensured their availability in being new trainers.
Resource efficient	X		Participants identified and described professional situation and contingency; Described own experiences with foreign patients; Reported about self and other people's awareness; Identified and described ethical obligation appropriated to several situation;

³ AOUS - Office for VET developed a questionnaire to evaluate the quality, the relevance and the efficacy in the learning.

			<p>Stimulated technical skill of cognitive reframing and self-soothing;</p> <p>Identified, described and simulated technical skill of improvement of the risk tolerance;</p> <p>Reported about conflict between daily professional life and ethical obligation;</p> <p>Identified, described and simulated technical skill of assertiveness communication and negotiation</p>
Culturally appropriate	X		The tool was developed to give a wide knowledge of the relationships between the foreign patients and the healthcare providers.
Contextually specific	X		The tool was contextually specific and led to high level of training on intercultural education for nurses in Europe.
Provides the best solutions for the available resources	X		The tool added the meaning-making



Tools for Intercultural Education of Nurses in Europe (IENE 3)

THE NETHERLANDS

Compassion

Title of 'good practice' tool:

COMPASSION IN CARE

Name and contact details of creator:

Marga Hop, and Marja Kranendonk teachers at Albeda College
m.hop@albeda.nl

When was the tool/ initiative developed?

In Februari 2014

What are the aims of the tool/initiative?

Learning objectives

Main goal: *to create awareness* of the meaning of professional compassion and self-compassion in care (PTT Model of Cultural Awareness), particularly in relation to psycho-geriatric patients.

In this lesson, you learn how to respond with compassion in situations where there is an unexpected physical reaction/aggression from a client and extricate yourself so that the situation is manageable for both parties.

Outcomes

- Students can describe compassion.
- Students understand that an awareness of their own feelings/experiences can promote the compassionate care of others.
- In a situation involving an unexpected physical reaction/aggression from a psycho-geriatric patient, students are capable of responding from a place of awareness of their own emotions.
- Students can name the triggers that might cause a psycho-geriatric patient to grab and hold onto the caregiver.

- Students know methods and techniques to extricate themselves in a way that demonstrates self-compassion and compassion for the patient.
- Students are able to apply the aforementioned methods and techniques in practice situations.
- Students reflect on the workshop and describe the role of self-compassion and compassion in the techniques learnt.

Where was tool/initiative implemented ?

The tool was developed at the Albeda College and implemented in the curriculum of Care-worker Qualification level 3 and in the curriculum of nurses Qualification level 4. in Secondary Vocational Education.

Who were the key audience/participants involved in the implementation?

7 teachers and 43 students of the Albeda College.

What methods/techniques were used in the implementation

1 CLASSROOM ACTIVITIES

Activity1:Introduction

1. The tutor explains the format of the lesson with the aid of the PowerPoint presentation, followed by a role-play exercise Two tutors enact a scenario in which, in order to get attention, a client grabs the arm of the caregiver/nurse who is busy distributing medication, and will not let go (n.b. wrist technique)

Role-play

2. The tutor then leads a classroom discussion

During the discussion, it is important to ensure that students consider their own and one another's safety, particularly in situations where they have responded/managed the situation inappropriately. The aim of the discussion is to explore these situations, to become aware of the emotions/feelings that led to the undesirable response and to create an opportunity to turn the same emotions/feelings into other, desirable and compassionate behavior.

Activity 2: Explaining the subject

The tutor explains the concept of compassion.

The COM-passion for Care Charter describes the concept of compassion in detail: the ability to treat others as you wish to be treated yourself.

Being friendly, generous and forgiving, being hospitable, helpful and attentive, being curious and responsive, being fully engaged, empathetic and in contact, respectful, understanding and cognizant requires courage, self-reflection and self-compassion.

The teacher uses the 'compassion-for-care' BLOG , <http://www.compassionforcare.com/> to make the connection between general compassion and compassion in care.

Activity 3: Role-play

The tutors demonstrate the appropriate technique for extricating oneself with compassion.

In order to extricate oneself with compassion, it is important to make contact with the psycho-geriatric patient.

Once you are loose, take a big step backwards, keep looking at the patient. Continue the conversation if necessary. Stay in the moment, concentrate on the patient and yourself.

After the incident, speak to your colleagues and manager about the situation. Seek help for yourself if you require it.

Activity 4: Explaining other techniques.

The tutor selects a number of techniques (see activity 5) and explains the theory behind the techniques

Activity 5: Practicing the techniques

Students practice 'extrication techniques' themselves

After a warming up, to avoid injuries, the students start practicing the techniques with each other. At first very structures, later at random.

Activity 6: Reflection

The students reflect on the subject of compassion, using the following questions

Use the following questions to reflect on what has been learnt:

1. Have you learnt enough about the techniques and how to apply them in practice?
2. What is it like creating space for one's own feelings during these exercises? And to apply mindfulness?
3. What does compassion mean to you?
4. Do you have self-compassion? Give an example.
5. How can you ensure that you act with self-compassion?
6. What do you do now if you are grabbed by a patient or client unexpectedly? What do you do, what do you say? What do you need to consider?
7. How do you take care of yourself if this happens to you? Where can you seek help?
8. Do you feel you can apply compassion your work situation? Why can you, or why can you not?
9. What skills do you need to develop to be able to apply compassion effectively?

Students discuss the questions in pairs, after which the class engages in a group discussion.

Where can I access the full tool/or the full description of the initiative?

<https://ienetools.wordpress.com/toolkit-1/>

<http://ieneproject.eu/tools-toolkit-1.php>

Does the tool/initiative meet the following IENE3 criteria:

CRITERIA/Outcomes	YES	NO	EVIDENCE/EXAMPLES TO SUPPORT YOUR FINDINGS (use data from piloting if appropriate)
Beneficial and desired by people	X		Students said that it was very practical and that they could use it in their daily practice.
Based on research evidence and/or long term wisdom	X		It is a long term wisdom that your own behaviour influences the behaviour of the other.
Easy to understand	X		It helped students to improve their knowledge
Proven to work	X		During the practice of the techniques the students experienced that it worked.
High quality	X		90% of the students commented that it was a good lesson that led to depth and clarity in learning
Promotes change	X		It changed the way students approach the client/patient. They learned that when a client is aggressive, they should not answer in an aggressive manner , but with compassion.
Transferable	X		The training is useful for the training of student nurses as well as for training of the qualified nurses.
Promotes ethical practice	X		At the end of the training , students got new knowledge about the attributes necessary in compassionate care
Promotes participation	X		Students have to practice the techniques and the teacher intervenes when necessary
Resource efficient	X		At the end of the lesson , the students increased the skills to act in a compassionate manner.
Culturally appropriate	X		The students learn to empathize in different situations in different cultures.
Contextually specific	X		Language barriers can lead to aggression. It is important to know how to react.
Provides the best solutions for the available resources	X		It is relevant from the nurses profession perspective.



Tools for Intercultural Education of Nurses in Europe (IENE 3)

Courage

Title of 'good practice' tool:

COURAGE

Name and contact details of creator:

Marga Hop, teacher at Albeda College
m.hop@albeda.nl

When was the tool/ initiative developed?

In March 2015

What are the aims of the tool/initiative?

Main goal: To make the students capable of responding on a certain issue with courage.

Outcomes

- Students recognise their own preconceptions and stereotyping behaviour
- Students recognise (moral) dilemmas
- Students are familiar with and understand the concept of 'moral and professional courage' and can reflect upon this
- Students are familiar with the code of conduct as per the Nationale Beroepscode van Verpleegkundigen en Verzorgenden
- Students use the guidelines to devise actions regarding (moral) dilemmas.
- Students can explain the difference between being courageous, being arrogant and wanting to be proven right

Where was tool/initiative implemented?

The tool was developed at the Albeda College and implemented in the curriculum of Care-worker Qualification level 3 in Secondary Vocational Education.

Who were the key audience/participants involved in the implementation?

7 teachers and 40 students of the Albeda College.

What methods/techniques were used in the implementation1 CLASSROOM

ACTIVITIES

Activity 1: Introduction

- Explore the concept of 'moral and professional courage' using the multicultural casuistry introduced by the tutor.
- Case studies - these case studies are used as the basis for a classroom discussion

Explanation of the ***step-by-step Model*** (The step-by-step model is taken from "Critical Checkpoints in using Moral Courage for Ethical Decision Making" by Day, L (2009).

1. Evaluate the circumstances to establish whether moral/professional courage is needed in the situation.
2. Determine what moral/professional values and ethical principles are at risk or in question of being compromised.
3. Ascertain what principles need to be expressed and defended in the situation.
4. Consider the possible adverse consequences/risks associated with taking action.
5. Assess whether or not the adversity can be endured – determine what support/resources are available.
6. Avoid stumbling blocks that might restrain moral courage, such as apprehension or over-reflection leading to reasoning oneself out of being morally courageous in the situation.
7. Continue to develop moral courage through education, training and practice.

Activity 2: Watching videos

- Two videos are viewed in a classroom setting with the aim of identifying one's own/others preconceptions and stereotyping behavior

Activity 3: Discussing about the case

- A student draws on casuistry from their own practice and use the step-by-step plan as an aid to explore how the situation can be addressed in a way that upholds the interests, values and standards of the patient.
- After exploration in small groups, the situations examined are discussed by the class as a whole.
- Appreciation and respect for the views of others forms an important point of departure. Probing and exploratory questions ensure deepening of the learning gained.

Activity 4: Evaluating the lesson

Where can I access the full tool/or the full description of the initiative?

<https://ienetools.wordpress.com/toolkit-3/>

<http://ieneproject.eu/tools-toolkit-3.php>

Does the tool/initiative meet the following IENE3 criteria:

CRITERIA/Outcomes	YES	NO	EVIDENCE/EXAMPLES TO SUPPORT YOUR FINDINGS (use data from piloting if appropriate)
Beneficial and desired by people	x		The subject has been well received by the students; they stated that they were happy that the subject has been included into the curriculum. 100% of the students confirm this.
Based on research evidence and/or long term wisdom	X		Since 2010, the model has already been applied at different studies. It is based on the article S. Muray, Moral courage in health care: acting ethically even in the presence of risk.
Easy to understand	X		Yes, the model has been adapted to the level of students, therefore it is easy understandable. The students confirmed that the lesson was clear. 93% of the students confirmed that the lesson provided the opportunity for the teachers to intervene whenever it was necessary. this led to the fact that the subject was easy to follow for the students.
Proven to work	X		Yes, during the lessons the students have applied their knowledge that they gained during their internship.
High quality	X		The lessons are from high quality; different methods have been applied to achieve this quality.
Promotes change	X		The changes were evident in the lessons. Besides that, it was really clear that their confidence had been increased.
Transferable	X		It is good applicable.
Promotes ethical practice	X		Most of the students declared that this lesson gave them something to think about. What they have learned during the lesson is something that they want to take with them in their further life; both in their work and private life.
Promotes participation	X		Because of the diversity of the lesson, the students were constantly invited to participate. Furthermore, the students were allowed to bring up their own case study and to discuss about it.
Resource efficient	X		The lessons can be used within the curriculum. But it is also suitable for (re)training
Culturally appropriate	X		Because of the lesson, the students became more aware of their own behaviour. Moreover, they realised what their behaviour can do to people of other cultures.
Contextually specific	X		It belongs to the qualification file that has been obligated by the Ministry of Education.
Provides the best solutions for the available resources	x		It is a very sufficient tool to achieve the goals. The students now know how to act in complicated situations where courage is necessary.



Tools for Intercultural Education of Nurses in Europe (IENE 3)

Intercultural communication

Title of 'good practice' tool:

COMMUNICATION IN AN INTERCULTURAL SITUATION

Name and contact details of creator:

Marga Hop, teacher at Albeda College
m.hop@albeda.nl

When was the tool/ initiative developed?

In January 2015

What are the aims of the tool/initiative?

Learning objectives

In theory, the student is able to discuss a cultural issue and use an approach that is based on the stepping stone model theory.

- The student is able express their own emotions/feelings toward cultural issues in words.
- The student is able to explore the issue by asking clarifying questions.
- The student is able to explore the issue during an oral conversation with a fellow student.
- The students can be as creative as possible in developing solutions in consultation with the care recipient.

Where was tool/initiative implemented ?

Albeda College, Netherlands.

Who were the key audience/participants involved in the implementation?

The tool was developed at the Albeda College and implemented in the curriculum of Care-worker Qualification level 3 in Secondary Vocational Education.

What methods/techniques were used in the implementation

I. CLASSROOM ACTIVITIES

Activity 1: Introduction

The teacher provides an introduction to the rules and principles of intercultural communication on the basis of case histories and introduces the stepping stone model.

Activity 2: Frame of reference

The teacher provides a reference framework using role-play. Objective is enhancing students' awareness about what can jumping to conclusions in communication mean.

Activity 3: Applying the stepping stone-model

In small groups students explore the case studies and think about how to apply the stepping-stone-model in given case studies and prepare the role-play for activity 4.

Activity 4: Role-play by students.

Teacher and students provide feedback to the groups and in the class-discussion the teacher challenges the students using the "what-if" strategy: what if I saywhat if I ask

Outcome: there are many ways to have a conversation, many ways of asking questions or commenting on them. Using the stepping stone model helps to explore the situation and make ethical value based decisions instead of jumping to conclusions.

Activity 5:

Students bring their own preparations into practice in small groups, supported by the teacher and the students who performed the role play in activity 4.

II. ACTIVITIES IN PRACTICE:

There were no structured activities or assignments in practice.

Where can I access the full tool/or the full description of the initiative?

<https://ienetools.wordpress.com/toolkit-3/>
<http://ieneproject.eu/tools-toolkit-3.php>

Does the tool/initiative meet the following IENE3 criteria:

CRITERIA/Outcomes	YES	NO	EVIDENCE/EXAMPLES TO SUPPORT YOUR FINDINGS (use data from piloting if appropriate)
Beneficial and desired by people	x		In the evaluation students say they wanted the lessons at the beginning of their course, because it was really helpful for them.
Based on research evidence and/or long term wisdom	X		The step stone model has been used at different studies at universities. It has proven to be useful at different studies
Easy to understand	X		100% of the students found the lessons easy to understand
Proven to work	X		In this case it worked well. The students commented that they learned a lot.
High quality	X		100% of the students commented that it was a good lesson that led to depth and clarity in learning
Promotes change	X		Students really changed their behaviour, it enhanced their awareness about intercultural values and rules.
Transferable	X		The training is useful for the training of student nurses as well as for training of the qualified nurses.
Promotes ethical practice	X		At the end of the training the students said that using the model helps them to reflect on their behaviour and helps them making moral decisions.
Promotes participation	X		The students must be very active in the lesson, they have to act in the role play and they have to reflect and comment on each other etcetera.
Resource efficient	X		At the end of the lesson , the students increased the skills to act in intercultural situations.
Culturally appropriate	X		They had a new vision on different cultures and the way to behave.
Contextually specific	X		It is very relevant in the context of the students that live and work in Rotterdam. There are 174 different nationalities in the city.
Provides the best solutions for the available resources	x		Is very relevant for the professionals in care. It really helps to make the right choices.



Tools for Intercultural Education of Nurses in Europe (IENE 3)

ROMANIA

Compassion

Title of 'good practice' tool:

VALUES OF CULTURALLY COMPASSIONATE CARE

Name and contact details of creator:

Victor Dudau, teacher of psychology and trainer (<http://dudau.wordpress.com/>)
Edunet Organization, Romania

When was the tool/ initiative developed?

The tool was developed in April 2014.

What are the aims of the tool/initiative?

The tool "Values of culturally compassionate care" is aiming to develop the culture of compassion for nurses and other healthcare professionals, in order to provide excellent health care and well-being of patients.

Where was tool/initiative implemented ?

The tool was implemented in May-June 2014.

Who were the key audience/participants involved in the implementation?

The tool was piloted with 25 student nurses from "EDUNET" Nurses School and 25 registered nurses from Romanian Nurses Association, Dolj Branch who are preparing for a European mobility.

The culturally compassion module was integrated in the curriculum or 20 hours for their cultural preparation.

On 17th June, a workshop of study case session was conducted, the tools was presented to 27 teachers from the nurses school from our region, where teachers played the role of trainees. The tool was evaluated by the participants.

What methods/techniques were used in the implementation

I. CLASSROOM ACTIVITIES

SESSION 1: Key attributes of compassion

Starting from the Papadopoulos Tilki and Taylor model presentation and information sheet, the participants had to consider the theory of compassion, examine the PTT/IENE Model of Cultural Competence and the Model for developing culturally competent compassion in healthcare professionals.

They identified the core attributes necessary in developing compassion and skills needed to deliver cultural compassionate care.

SESSION 2: The values of compassion

The participants discussed about the benefits of delivering compassionate.

A list of value for compassion (*respect, tolerance, dignity, human rights etc*) was extracted and written on the flip chart.

Values game.

Each participant writes down on the cards up to ten values, they consider most important.

Then, the trainer asks them to give him the values (cards), one by one, till remaining with only one value.

The trainer asks the students every time why they renounce this value.

The teacher asks the students what they felt when renouncing their values and draw conclusion that all the values are important.

SESSION 3: Barriers to compassionate care

Study case

Teacher presents some moments from the move "The Death of Mr Lazarescu"

The participants fill in the Work sheet: what medical behaviours, what compassionate and what uncompassionate behaviours show some medical staff to Mr. Lazarescu

The participants present their sheets and then, identify the barriers to compassionate care and consider strategies to minimising these.

II. ACTIVITIES IN PRACTICE :

Become compassionate: Roles playing of building therapeutic relationships based on the compassion values:

Working in pair, the learners role play interactions with patients, family and team members

Every moment is followed by debriefing and feedback from the other colleagues.

The participants are asked to write in the Worksheet a list of the first steps to become compassionate.

Using the Assessment sheet, the teacher/trainer assesses the sensitivity, empathy, sympathy and commitment showed in the interactions, what values of compassion were promoted and gives feedback to the trainees on their performance

Where can I access the full tool/or the full description of the initiative?

https://ienetools.files.wordpress.com/2014/06/compassion_tool-romania.pdf

Does the tool/initiative meet the following IENE3 criteria:

CRITERIA/Outcomes	YES	NO	EVIDENCE/EXAMPLES TO SUPPORT YOUR FINDINGS (use data from piloting if appropriate) ⁴
Beneficial and desired by people	X		Contained customised steps to help students progress through their learning goals (94%)
Based on research evidence and/or long term wisdom	X		Led to and connected with other tools in the process of meeting larger /higher level learning goals (84%)
Easy to understand	X		Helped students synthesize knowledge and meaning (74%)
Proven to work	X		Provided building blocks that enable students to step into and through difficult concepts or processes to reach predetermined learning goals (92%)
High quality	X		Provided pathways that led to depth and clarity in learning (100%)
Promotes change	X		At the end of the training, students become more sensitive of cultivating compassionate relationships and avoid barriers to compassionate care. ⁵
Transferable	X		The tool is useful for the training of student nurses as well as for training of the qualified nurses.
Promotes ethical practice	X		At the end of the training, the participants got new knowledge about the attributes necessary in developing compassion
Promotes participation	X		Allowed the teacher to see/hear (and intervene) when students did not understand (100%)
Resource efficient	X		At the end of the training, the participants increased skills needed to deliver cultural compassionate care, empathy and kindness in therapeutic relationships.
Culturally appropriate	X		At the end of the training, the participants had a new vision about the culture and the values of compassion in care.
Contextually specific	X		Is relevant from the training programme on intercultural education perspective (90)
Provides the best solutions for the available resources	X		Is relevant from the nurses' profession perspective (86%)

⁴ The Evaluation was made through an evaluation questionnaire administered to students (50) and teachers/trainers(27) containing a set of questions aiming to measure to what extent the learning tool meet some criteria.

⁵ Assessment of the training outputs



Tools for Intercultural Education of Nurses in Europe (IENE 3)

Courage

Title of 'good practice' tool:

MORAL COURAGE IN HEALTHCARE: ACTING ETHICALLY IN THE PRESENCE OF DISCRIMINATION

Name and contact details of creator:

Victor Dudau, teacher of psychology and trainer (<http://dudau.wordpress.com/>)
Edunet Organization, Romania

When was the tool/ initiative developed?

The tool was developed in September 2014.

What are the aims of the tool/initiative?

The tool “**Moral courage in healthcare: acting ethically in the presence of discrimination**” aims to help nurses and other health care professionals to define moral courage, recognize and develop moral courage when faced with ethical challenges.

Learning outcomes:

- To define moral courage and concepts related to moral courage;
- To understand the importance of moral courage in healthcare;
- To recognize moral courage in the workplace ;
- To demonstrate courage when faced with discrimination;

Where was tool/initiative implemented ?

The tool was implemented in February 2014.

Who were the key audience/participants involved in the implementation?

The tool was piloted with 50 student nurses from “CHRISTIANA” Nurses School from Craiova, Romania and 25 registered nurses from Romanian Nurses Association, Dolj Branch who are preparing for a European mobility.
A module about discrimination in healthcare was integrated in the curriculum of 20 hours for their cultural preparation.

What methods/techniques were used in the implementation

I. CLASSROOM ACTIVITIES

Session 1: Recognition of a moral courage situation

Activity 1.1. What is moral courage for you?

Starting from the Papadopoulos Tilki and Taylor model presentation and information sheet, the participants had to consider the theory of Moral courage and its **associated concepts: moral character, moral virtue, moral integrity, ethical competence**

Analysing the definition for moral courage, the participants exemplify the moral courage in professional practice when confronted with ethical misconduct or discrimination in a clinical setting or the classroom.

Activity 1.2: What is a courageous behaviour?

Based on the study case that demonstrates moral courage in clinical practice, the students identify a courageous behaviour and explain why, in their opinions, they consider that this behaviour is courageous and what risks and consequences people accepted taking these actions.

Session 2. Discrimination in healthcare

Activity 2.1: What is discrimination?

Students read about discrimination categories and defences in the Handbook of European non-discrimination law and identify different types of discrimination by a healthcare or care provider: direct discrimination, indirect discrimination, discrimination arising from a disability, harassment, victimisation.

After they watch the movie “Italy vs Europe” by Bruno Bozzetto, <http://www.bozzetto.com>, the participants identify some stereotypes about Italian and discuss about how stereotypes can lead to stigma and then in discrimination.

Stereotypes are often used in a negative or prejudicial sense and are frequently used to justify certain discriminatory behaviours. This means that the stereotyping of individuals can often lead to stigmatisation, which in turn leads to discriminatory behaviour. Stigma becomes discrimination when thoughts, beliefs or attitudes evolve into direct action.

Activity 2.2: What is the right thing to do?

Analyzing examples of unfair treatment in health or care services, the students established what behaviours can be considered unlawful discrimination and why these unfair treatments by a healthcare or care provider is considered unlawful discrimination.

Session 3. Moral chooses according to the ethical values

Activity 3.1: What are ethical values?

Reading the Code of Ethics for Nurses about the nurses' ethical responsibility when the nurse is aware of inappropriate or questionable practice in the provision or denial of health care, the participants make a list of the ethical values.

Activity 3.2: What are the best ways to demonstrate moral courage?

Study case

"A Hospital surgery unit requires patients to provide proof of address when registering. This applies to all new patients regardless of their protected characteristic. But Gypsies and Travellers are less likely to be able to provide a proof of address and therefore they will find it more difficult to register."

Using the table of **Critical Checkpoints in using Moral Courage for Ethical Decision Making** ([Kidder, 2005](#)), the participants analyze, in groups, the situation presented in study case and explain the actions for each step and what is the best ways to demonstrate moral courage in practice.

Which action did you choose in this case?

- a) To try to solve the problem ?
- b) To discuss with the person carrying out questionable practice?
- c) To report the ethical violations to an administrator within the organization?
- d) To report to a higher authority outside the organization?

Session 4. Expression and action

Activity 4.1: What action do I need to take against discrimination?

You have made the decision to resolve the issues presented in the Study case above by discussing them with the doctor, nurses or the unit manager.

Make an **complaint**, by talking with unit manager, about this discrimination against Gypsies and Travellers in their healthcare, including the following things in your conversation:

- a) a description of the services provided;
- b) the names and job titles of the people involved;
- c) a short description of what happened;
- d) the date and time of the incident;
- e) a description of how the incident affected Gypsies and Travellers;
- f) what you want the organisation to do now - for example review a decision already taken
- g) when you expect a reply.

Activity 4.2 : How to act in response to the fear

Discuss with other colleagues about the “worst case scenario” of a risk you are ready to take and realize a plan to deal with the worst possible outcome, going through these steps:

- a) Identify the risk you want to take
- b) Identify the situational fear you experience
- c) Determine the outcome you want and what you have to do to achieve this outcome
- d) Identify resources accessible to you
- e) Take action

(Adapted from Vicki D. Lachman,(2010) - Steps to overcome your fear.)

II. ACTIVITIES IN PRACTICE :

Presentation of a courageous action in a different situations of unfair treatment or unlawful discrimination.

Each trainee is to be assessed against the provided assessment sheet, which is to be completed by the trainer / assessor.

When the assessment is completed, the trainer gives feedback to the trainees on their performance.

Where can I access the full tool/or the full description of the initiative?

<https://ienetools.wordpress.com/toolkit-2/>

<http://ieneproject.eu/tools-toolkit-2.php>

Does the tool/initiative meet the following IENE3 criteria:

CRITERIA/Outcomes	YES	NO	EVIDENCE/EXAMPLES TO SUPPORT YOUR FINDINGS (use data from piloting if appropriate) ⁶
Beneficial and desired by people	X		Help understand the importance of moral courage in healthcare
Based on research evidence and/or long term wisdom	X		Led to and connected with other tools in the process of meeting larger /higher level learning goals
Easy to understand	X		Helped students synthesize knowledge and meaning and define moral courage and concepts related to moral courage
Proven to work	X		Provided building blocks that enable students to step into and through difficult concepts or processes to reach predetermined learning goals
High quality	X		Provided pathways that led to depth and clarity in learning
Promotes change	X		At the end of the training, students become more sensitive of cultivating moral courage and able to recognize moral courage in the workplace.
Transferable	X		The tool is useful for the training of student nurses as well as for training of the qualified nurses.
Promotes ethical practice	X		At the end of the training, the participants got new knowledge about the moral courage attributes necessary to demonstrate courage when faced with discrimination
Promotes participation	X		Allowed the teacher to see/hear (and intervene) when students did not understand
Resource efficient	X		At the end of the training, the participants increased skills needed to accomplish the learning outcomes proposed.
Culturally appropriate	X		At the end of the training, the participants had a new vision about the stereotypes, stigma and discrimination.
Contextually specific	X		Is relevant from the training programme on intercultural education perspective
Provides the best solutions for the available resources	X		Is relevant from the nurses' profession perspective

⁶ The Evaluation was made through an evaluation questionnaire administrated to student nurses (19) and graduated nurses (40) containing a set of questions aiming to measure to what extent the learning tool meet some criteria.



Tools for Intercultural Education of Nurses in Europe (IENE 3)

Intercultural Communication

Title of 'good practice' tool:

Barriers And Challenges To Intercultural Communication

Name and contact details of creator:

Victor Dudau, Teacher of psychology and Trainer (<http://dudau.wordpress.com/>)
Edunet Organization, Romania

When was the tool/ initiative developed?

The tool was developed in January 2015.

What are the aims of the tool/initiative?

The tool “**Barriers and challenges to intercultural communication**” aims to help nurses and other health care professionals to define communication concepts, recognize barriers and challenges to intercultural communication with patients and families and develop intercultural communication competence.

Learning objectives

- To define intercultural communication concepts;
- To identify knowledge, attitudes and skills that indicate intercultural communication competence;
- To understand the importance of cultural sensitivity and intercultural communication
- To define own communication style and habits;
- To identify barriers and challenges to intercultural communication with patients and families;
- To describe strategies for effective intercultural communication;
- To demonstrate behaviours that indicate intercultural communication competence in care.

Where was tool/initiative implemented ?

The tool was implemented in March - May 2015.

Who were the key audience/participants involved in the implementation?

The tool was piloted with 25 student nurses from “CHRISTIANA” Nurses School from Craiova and 25 student nurses from “EDUNET” Nurses School from Craiova, Romania who are preparing for a European mobility.

A module about discrimination in healthcare was integrated in the curriculum of their cultural preparation.

What methods/techniques were used in the implementation

I. CLASSROOM ACTIVITIES

Activity 1: Defining culture

After reviewing some existing definitions of culture, the participants write definitions of culture on coloured papers. Then, in small groups, the participants, starting from the word “culture” say two words that they associate with the word “culture”. Those two words are taken further and four more associations are added, all the way until the web has eight words. Then the web goes down from four to two and then to one word. At the end a single word closes the web. Participants discuss how their perception of “culture” led us to another meaning of the same thing.

Activity 2: Understanding communication?

Brainstorming session on definition of communication: Each participant choose one word which comes to their mind when they hear “communication”. Trainer notes the words down on a flipchart paper.

Then, participants split into small groups and create a common definition with using the words or meaning of the words they associated. Afterwards, groups should present their definitions to others. They have to decide which definition fits best with their own definition.

Activity 3: What are some barriers & challenges to communication?

The trainer presents some barriers & challenges to communication which may arise during interaction, because perception, translation, technical language, idioms, slang, dialect, limited languages, proficiency, no linguistic equivalent, because culture shock, because ethnocentrism, negative or derogatory evaluations of anything that’s different, political, moral, religious.

The students give examples of barriers & challenges to communication with patients because language, gender roles, family structure, history of the culture, views of causes of illness, experience with medical system, understanding, acceptance of treatment, ethnocentrism, prejudice, stereotyping, nonverbal communication patterns.

Activity 4: What do we need to develop intercultural communication competence ?

The trainers presented some types of knowledge of other cultures and their understandings of illness, life and death, their communication styles etc.

The students chose which values are characteristic for a majority and for a minority culture.

Activity 5 Developing intercultural sensitivity

The students explore the Developmental Model of Intercultural Sensitivity (DMIS) , created by Milton J. Bennett and explain how the first three stages can destroy communication and collaboration, identify, in each of these stages, arenas to deal with “own ethnicity”, increase the level of intercultural sensitivity and improve the capacity for collaboration based behaviours level of intercultural sensitivity.

They also explain why the development of intercultural sensitivity to the level 4 and 5, is necessary for successful cross-cultural collaboration and communication and which behaviours or adaptations in the sixth stage can be included under the definition of “cultural competence”.

II. ACTIVITIES IN PRACTICE:

The trainees build a strategy and present actions in different intercultural communication challenging situations.

Each trainee is to be assessed against the provided assessment sheet, which is to be completed by the trainer / assessor.

Will be assessed: practical skills and capacity of building an action plan to remove barriers and the values promoted: respect, tolerance, dignity and rights of patients.

When the assessment has completed, the trainer give feedback to the trainees on their performance

Where can I access the full tool/or the full description of the initiative?

<https://ienetools.wordpress.com/toolkit-3/>

<http://ieneproject.eu/tools-toolkit-3.php>

Does the tool/initiative meet the following IENE3 criteria:

CRITERIA/Outcomes	YES	NO	EVIDENCE/EXAMPLES TO SUPPORT YOUR FINDINGS (use data from piloting if appropriate) ⁷
Beneficial and desired by people	X		The tool helps students to understand and to be able to apply values, such as honesty, integrity, fairness, respect, responsibility, empathy, compassion.
Based on research evidence and/or long term wisdom	X		Led to and connected with other tools in the process of meeting larger /higher level learning goals.
Easy to understand	X		Helps students to synthesize knowledge and meaning and define the culture and cultural communication.
Proven to work	X		The nurses became more able to communicate with clients who speak different languages and come from distinct cultural backgrounds.
High quality	X		Provided pathways that led to depth and clarity in learning
Promotes change	X		Promote understanding and tolerance of others and their cultures, the acceptance of diversity and the inclusion of others.
Transferable	X		The tool is useful for the training of student nurses as well as for training of the qualified nurses.
Promotes ethical practice	X		Encourages the understanding of personal values and the development of self awareness, for reflective communication and co-operation across cultures and social boundaries.
Promotes participation	X		Encourage the establishment of peer learning communities for support and the exchange of knowledge and experiences.
Resource efficient	X		Relate learning to the previous knowledge and experiences.

⁷ The Evaluation was made through an evaluation questionnaire administered to student nurses (72) and graduated nurses (15) containing a set of questions aiming to measure to what extent the learning tool meet some criteria.

Culturally appropriate	X		Promote the respect of the cultural background and identity.
Contextually specific	X		Is relevant from the training programme on intercultural education perspective
Provides the best solutions for the available resources	X		Is relevant from the nurses' profession perspective



Tools for Intercultural Education of Nurses in Europe (IENE 3)

TURKEY

Compassion

Title of 'good practice' tool:

COMPASSION IN PRACTICE

Name and contact details of creator/s:

Serpil Tural- Project Coordinator serpiltural@hotmail.com

When was the tool/initiative developed?

May-June 2014

What are the aims of the tool/initiative?

- To learn the necessity of compassion in health care process
- To understand why important the compassion in nursing health care
- To create self-awareness
- To serve compassionate care to patients
- To have satisfaction of compassion
- To understand a patient as a human
- To notice the needs of the patient and to act to meet of these needs.

Where was tool/initiative implemented ?

It was implemented in Marmara University Hospital, Istanbul, Turkey

Who were the key audience/participants involved in the implementation?

The participants are nurses who work in the Marmara University Hospital. The number of 20 qualified nurses and 50 trainee nurses participated in the implementation. In the first step trainee nurses participated, whilst in the second step the nurses who work in intensive care units, paediatrics, obstetric units participated.

We will also provide training of trainers in order to reach all the 480 nurses in our hospital. Periodically, during the project the trainers will train all the nurses in our hospital and share the results and tools of the IENE3 Project with them.

What methods/techniques were used in the implementation?

The learning method: Practice demonstration

- Group activities, discussion, and to do list.
- Description of tool.
- Discussion about compassion, its principles and values: We divided into groups; the groups discussed what they understand from compassion.
- Each group wrote and shared their group idea about compassion.
- Discussion about meaning of compassion through group activities also compare with empathy and sacrifice, to find similarities and differences.
- To find a definition of compassion, short and easy to remember.

Group activities:

1-To create self-awareness:

- Talk about our own experiences on compassion,
- When did you suffer last time, please express your own feelings.
- Talk about your own feelings when you give care to patients,
- Why did you decide to be a nurse?

2-Reading group:

- We selected the books related to compassion, all the members read the books and discussed the contents of the books.

3- Discussion about showing ways of compassion for the different cultures, cultural expression.

4-Try to understand cultural differences and similarities among the patients.

- Members of the group will give examples from their experiences.

5-Demonstrate understanding of patients needs,

- Ask patients what they need, and write their needs on paper and compare with other patients' needs and desires especially notice related to cultural differences.

6- Imagine the role model of yours when you were newly graduated from nursing school.

- Think about your model's characteristics, how you can define her or his professional values. How were the relations of hers with the patients about compassionate care and safe competences?

7-Make a critical analyses of your experiences about compassionate care.

TO DO LIST

- Reading group, choose one book about compassion, the group that members are 12 will finish the book in 2 month, then talks about it.
- Join some volunteer works, visit a home for orphans or elderly people.
- Talk with your colleagues about compassion,
- Workshop about compassion in all clinics of the hospital.

Where can I access the full tool/or the full description of the initiative?

<http://ienetools.wordpress.com>

Insert here the URL:

http://greatergood.berkeley.edu/topic/compassion/definition#why_practice

www.squidoo.com/teach-kids-compassion

Does the tool/initiative meet the following IENE3 criteria:

CRITERIA/Outcomes	YES	NO	EVIDENCE/EXAMPLES TO SUPPORT YOUR FINDINGS (use data from piloting if appropriate)
Beneficial and desired by people	X		The participants' feedback were very positive, they interested in the tool.
Based on research evidence and/or long term wisdom	X		www.squidoo.com/teach-kids-compassion
Easy to understand	X		The tool is new, before participants were confused but after discussion and talking much time on the tool they understood easily.
Proven to work	X		
High quality	X		Needs to develop
Promotes change	X		
Transferable	X		
Promotes ethical practice	X		
Promotes participation	X		
Resource efficient	X		
Culturally appropriate	X		
Contextually specific	X		
Provides the best solutions for the available resources	X		



Tools for Intercultural Education of Nurses in Europe (IENE 3)

Courage

Title of 'good practice' tool:

COURAGE - TEAM WORKING - Mentoring

Name and contact details of creator/s:

Serpil Tural- Expert EU Projects/Nurse Coordinator serpiltural@hotmail.com
Marmara University Pendik Research and Training Hospital, Istanbul Turkey.

When was the tool/ initiative developed?

The tool was developed in October 2014.

What are the aims of the tool/initiative?

1. To understand the need for courage in nursing practice,
2. To recognize courage,
3. To evaluate courageous behaviour from your own experience,
4. To understand what time would necessary to show courage,
5. To understand which abilities require to have courage,
6. To understand the relationship between the confidence and courage.

Where was tool/initiative implemented ?

It was implemented in Marmara University Pendik Research and Training Hospital, Istanbul, Turkey

Who were the key audience/participants involved in the implementation?

The participants are nurses who work in the Marmara University Pendik Research and Training Hospital Istanbul Turkey.

In the first stage, the tool was piloted to 34 nurses who work as head nurses from all the clinics in the hospital. Selected volunteer nurses among head nurses who participated in the first stage became trainers.

In the second stage we reached 60 nurses who work in different clinics such as intensive care units, foreign patient clinics, and post natal clinics.

What methods/techniques were used in the implementation?

Classroom Activities:

SESSION1: Presentation of Courage Tool

Starting from Papadopoulos Tilki and Taylor presentation and information sheet, participants concentrated on the concept of courage with interesting definitions and very important research findings. They identified the need and importance of courage for nurses during their professional working life.

SESSION2: the values and principles of Courage

The participants discussed about principles and **values** of courage, two lists each values (**car**ing, dignity, justice, respect, knowledge) **and principles** (learning from each other, valuing experience, to be innovative, team working, equality, tolerance, personal development, fostering curiosity) for courage were extracted by participants and written on the flip chard.

SESSION3: Presentation of literature review and the summary of research about courage for nurses.

SESSION4: Key attributes of courage

Starting defining attribute of courage such as caring, knowledge, overcoming fears, the participants considered deeply to have courage is necessary to be nurse.

ACTIVITIES:

1-Workshop:

The key questions were asked to participants, they tried to answer them in their mind, some of them shared their answers with the group.

Questions:

1-SELF AWARENESS: What is the meaning of courage for you?

Courage as a Response to Threat or Challenge

Give an example for courageous person in your mind,
What is your courage level?

2-What is the relationship between confidence and courage?

Discussion: why people know but they don't do anything?

Courage as Requiring Confident Knowing

3-Relationship between sensitivity and courage? What is your preference to say

nothing or to say something but do nothing or to speak up and move? If your answer is third option, it requires having knowledge and good communication skills.

4- Decision making process:

- a) Define the problem,
- b) Assess the ethical situation,
- c) Evaluate the options,
- d) Search the possible results,
- e) Decide to action,
- f) Evaluate the results.

STUDY CASE:

We asked the nurses to write a story of a time when they had to act courageous, then we gave them a questioner about feelings and thoughts that they experienced before and during the act. This method seems more effective to understand which factors that lead to courageous acts.

CASE ANALYSIS:

EXPERIENTIAL LEARNING: Nurses can develop a courageous character with some training. Health care providers can learn to have moral courage through modelling and mentoring by having ethics committees, continuing of ethics education, and policy development updates (Aultman, 2007). <http://www.ukessays.com/essays/nursing/a-concept-analysis-of-courage-in-nursing-nursing-essay.php>

We selected the leader nurses who will share their stories about courage, they will present the courage tool to other nurses in the hospital. Our nurses will learn to have courage through modelling and mentoring by continuous training

At the end of study with head nurses, we selected the volunteers who will be mentor or model to other nurses to disseminate the courage tool also share his or her experiences with young nurses about courage behaviour.

Both methods facilitate the exploration of courage as a nursing skill through real nursing stories and experiences

Where can I access the full tool/or the full description of the initiative?

<http://ienetools.wordpress.com>

<http://www.ukessays.com/essays/nursing/a-concept-analysis-of-courage-in-nursing-nursing-essay.php>

Geldard, R. (2001). The spiritual teachings of Ralph Waldo Emerson. Great Barrington, MA: Lindisfarne Books.

Lakeman, R. (1999). Advanced nursing practice: Experience, education and something else. Nursing Praxis in New Zealand, 14(2), 4-12

Does the tool/initiative meet the following IENE3 criteria:

CRITERIA/Outcomes	YES	NO	EVIDENCE/EXAMPLES TO SUPPORT YOUR FINDINGS (use data from piloting if appropriate)
Beneficial and desired by people	X		Contained customised steps to help students progress through their learning goals (90%)
Based on research evidence and/or long term wisdom	X		Provided observable evidence of learning (75%)
Easy to understand	X		Clarified what students knew and did not know(90%)
Proven to work	X		Allowed the teacher to see/hear (and intervene) when students did not understand (90%)
High quality	X		Led to and connected with other tools in the process of meeting larger /higher level learning goals (85%)
Promotes change	X		Helped students synthesize knowledge and meaning(90%)
Transferable	X		Provided building blocks that enable students to step into and through difficult concepts or processes to reach predetermined learning goals (85%)
Promotes ethical practice	X		It courage the nurses to be ethic (95%)
Promotes participation	X		Provided pathways that led to depth and clarity in learning (90%)
Resource efficient	X		The participants benefit the resource efficiently (90%)
Culturally appropriate	X		It is appropriate, but sometimes there would be a problem about translation, some words don't have same meanings in our language.
Contextually specific	X		Exactly (95%)
Provides the best solutions for the available resources	X		Provided pathways that led to depth and clarity in learning (90%)



Tools for Intercultural Education of Nurses in Europe (IENE 3)

Intercultural communication

Title of 'good practice' tool:

INTERCULTURAL COMMUNICATION

Name and contact details of creator/s:

Serpil Tural- Expert EU Projects/Nurse Coordinator serpiltural@hotmail.com
Marmara University Pendik Research and Training Hospital, Istanbul Turkey.

When was the tool/ initiative developed?

The tool was developed in March 2015.

What are the aims of the tool/initiative?

The aim of this tool is to improve the cultural competence in the nursing practice. Cultural competence and respect for others becomes especially important in the nursing practice, because of the culture affects in health care services that nurses encounter. In school, most of nurses were taught to respect the rights and dignity of all patients. As the world becomes smaller and individuals and societies become more mobile, nurses are increasingly able to interact with individuals from other cultures.

Where was tool/initiative implemented?

It was implemented in Marmara University Pendik Research and Training Hospital, Istanbul, Turkey

Who were the key audience/participants involved in the implementation?

The participants were nurses who work in the Marmara University Pendik Research and Training Hospital Istanbul Turkey. We involved the head nurses of each clinic, training nurses and selected nurses who work with patients from different countries in the department of foreign patient clinic (health tourism).

Totally we implemented our tool with 75 nurses.

What methods/techniques were used in the implementation?

The learning method:

Classroom Activities:

SESSION1: Presentation of Intercultural Communication Tool

Starting from Papadopoulos, Tilki and Taylor presentation and information sheet, participants concentrated on the concept of intercultural communication with interesting definitions and very important research findings. They identified the need and importance of communication for nurses during their professional work life.

SESSION2: The values and principles of Intercultural Communication

The participants discussed about principles and values of intercultural communication. The principles and values that guided our tool include: respect, curiosity about different cultures, tolerance, dignity, acceptance, open mindedness, courage.

SESSION3: Presentation of literature review and the summary of research about culture, communication and intercultural communication.

SESSION4: Therapeutic communication, between nurse and patient – other health care workers.

Presentation following subjects for nurses to improve better inter cultural communication skills.

Why Communication in the Nursing Profession is Important.

3 Major Components for Successful Communication.

How culture affects healthcare.

Key attributes of inter cultural communication:

According to the PTT/IENE model, culturally competent care includes awareness, knowledge, attitudes, and skills that support caring for people across different languages and cultures.

ACTIVITIES: During our tool we try to improve the skills of nurses.

Activity1-Workshop:

The key question of definition of culture was asked to participants in groups, they tried to find definition of culture as a group study, and they shared their answers with the other groups, they presented their group study with flip charts.

Acivity2- Group study:

Awareness of cultural diversity, sharing different cultural aspect.

The nurses will talk about different culture characteristics. So they will highlight every person has different culture.

Activity3: Cultural Diversity:

- Avoid cultural stereotypes while talking to people from other cultures.
- Multi Cultural Communication made easy.
- Watch the following video,
<https://www.youtube.com/watch?v=XUO59Emi3eo>

Then consider the following questions:

1. Discuss why we should avoid cultural stereotypes?
2. How can we understand the people from different culture?
3. What are the main points you have learned from watching this short video and use in your own practise?

Activity, 4: Why Communication in the Nursing Profession is Important?

- Discussion in group.
- Question: Is communication important?
- Give an examples.

Activity5: Discussion

How do we show compassion in nursing care?

Encourage nurses to tell their stories about showing compassion to patients from different culture.

Think about what the barriers are to showing compassion to patients who come from different culture.

Activity 6: Discover: 5 Simple Tips to Improve Nursing Communication

The definition of a good communicator is: openly and honestly expressing your thoughts and feelings while allowing the other person to openly and honestly express their thoughts and feelings.

To be a good communicator is a skill that is developed with practice. Consider writing these five essential techniques on an index card and carrying them around for a few weeks. This will give you a chance to practice each one until you have them mastered.

In this activity nurses will apply the five techniques following in the classroom as a group study, they will discuss the effect of the techniques, then they will continue 3 weeks.

Activity 7: Having Advance Techniques for being good communicator

They will understand how important it is to speak patient's language.

Activity8: Importance of Body Language in Nursing Communication

Thinking about body language and non verbal communication through these explanation below, then they will try to understand the tips by role play.

Where can I access the full tool/or the full description of the initiative?

<http://ienetools.wordpress.com>

References

Lauring, Jakob. (2011) Intercultural Organizational Communication.

Edward B. Tylor, 1871:1

<http://www.anthrobase.com/Dic/eng/def/culture.htm>

Banks, J.A., Banks, & McGee, C. A. (1989). *Multicultural education*.

Wikipedia. Intercultural Communication.

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Wessling S,(2011).Supportingstudents in a time of core standards.

Seeleman C,(2009) Cultural competence: A conceptual framework teaching and learning.

Sheldon (2004). Psychiatric Mental Health Nursing.

Burns, D. (1999). The Feeling Good Handbook. Penguin Putnam Inc. New York.

Hall, Edward T. (1966). The Hidden Dimension. Anchor Books. ISBN 0-385-08476-5.

<https://www.youtube.com/watch?v=XUO59Emi3eo>

Does the tool/initiative meet the following IENE3 criteria:

CRITERIA/Outcomes	YES	NO	EVIDENCE/EXAMPLES TO SUPPORT YOUR FINDINGS (use data from piloting if appropriate)
Beneficial and desired by people	X		Contained customised steps to help students progress through their learning goals
Based on research evidence and/or long term wisdom	X		Provided observable evidence of learning
Easy to understand	X		Clarified what students knew and did not know
Proven to work	X		Allowed the teacher to see/hear (and intervene) when students did not understand
High quality	X		Led to and connected with other tools in the process of meeting larger /higher level learning goals
Promotes change	X		Helped students synthesize knowledge and meaning
Transferable	X		Provided building blocks that enable students to step into and through difficult concepts or processes to reach predetermined learning goals
Promotes ethical practice	X		It courage the nurses to be ethic
Promotes participation	X		Provided pathways that led to depth and clarity in learning (90%)
Resource efficient	X		The participants benefit the resource efficiently
Culturally appropriate	X		It is appropriate, but sometimes there would be a problem about translation, some words don't have same meanings in our language.
Contextually specific	X		Exactly
Provides the best solutions for the available resources	X		Provided pathways that led to depth and clarity in learning



Tools for Intercultural Education of Nurses in Europe (IENE 3)

UNITED KINGDOM

Compassion

Title of 'good practice' tool:

VALUES OF CULTURALLY COMPASSIONATE CARE

Name and contact details of creator/s:

Creators: Dr Gina Taylor and Professor Irena Papadopoulos, Middlesex University

Classroom implementation: Laura Foley

Contact person: r.papadopoulos@mdx.ac.uk

When was the tool/ initiative developed?

April 2014

Aims

When you have worked through this tool, you will be able to:

- *Articulate the need for the focus on compassion in current nursing practice;*
- *Discuss the meaning of compassion from different viewpoints: your own, patients' and their families'; colleagues' viewpoints;*
- *Reflect on your own practice in relation to the provision of compassionate care that is safe and effective for a variety of different patients;*
- *Identify strategies to nurture your own practice in this respect.*

Where was tool/initiative implemented?

It was implemented at Middlesex University London.

Who were the key audience/participants involved in the implementation?

The participants were 20 student nurses at Middlesex University. The tool was embedded in the 'complex care' module which is delivered in the 3rd year of the BSc in Nursing. We also made training available to 3 teachers.

What methods/techniques were used in the implementation?

These sessions were implemented based on interactive learning and group work. The module teaching is based on the principles of andragogy (adult centred learning) by establishing the groups baseline level of knowledge / understanding both from prior learning in the module and the group's real world experience.

- The room was organised so that students sat in small groups to facilitate discussion (as appropriate) whilst ensuring all students were able to see the lecturer
- The session was interactive and based on the prior reading and work set before hand on compassion
- Group activity was organised and the session allowed for questions and answers
- Appropriate uses of interactive resources (tool) and technology was used to facilitate discussion and learning.

1. Awareness

You must be able to care about yourself to be able to care for others. The ability to remain compassionate in practice is strengthened by the quality of support you receive. It is important to understand the experience of giving and receiving care.

Activity 1.1: Your own experiences of compassion

a). Think about a time when you were suffering in some way, maybe you were stressed about something. Was someone kind to you? Did someone convey compassion for you? How did you feel?

- Make some notes about what helped you to feel better.
- What would be your own personal definition of compassion?
- Briefly discuss your reflections within your group.

b). Reflect on your own experience in the care giving process – be aware of thoughts and feelings.

Why did you choose nursing as a career? Maybe you chose nursing because you wanted to help people, to contribute to the alleviation of suffering.

- To what extent do you feel able to uphold the values you held when you chose nursing as a career?
- Are there any barriers that are hindering your ability to provide care with compassion?
- Discuss with your group.

Activity 1.2: Other people's experiences of compassion

The Centre for Applied Research and Evaluation International Foundation (CAREIF) is an international mental health charity based at the Centre for Psychiatry, Barts and The London School of Medicine and Dentistry, Queen Mary University of London. The document '*In Conversation with Compassion and Care*' (CAREIF, 2013) contains a selection of narratives relating to thoughts on compassion and care from people from a range of backgrounds.

Read this document prior to coming to class in order to get some idea of the scope of the concept:

<http://www.careif.org/downloads/Events/careif%20Compassion%20and%20Care%20PDF.pdf>

2. Knowledge

Activity 2.1: Understanding the concept of compassion

Self-directed reading and reflecting.

Read the following article in order to enhance your knowledge and understanding of compassion:

Staughair, C. (2012) Exploring compassion; implications for contemporary nursing. Part 1. *British Journal of Nursing*, 21(3): 160-164

As a general rule, cultures vary in their outward displays of emotion.

Kim and Flaskerud (2007) discuss similarities and differences in cultural expression of compassion. However, you must always be alert to individual differences. You also need to be alert to gender roles in the giving and receiving of compassion. In many cultures, compassion may be considered a feminine trait and be confined women's roles.

While being alert to differences, it is important to focus on the commonalities and '*... meet people across borders as fellow human beings ...*' (CAREIF, 2013)

Activity 2.2: Similarities and differences in giving and receiving compassion

Self-directed learning

Seek out opportunities to gain experience with different patients and in different settings and situations. Record your experiences in your reflective diary. As time goes by, you will be able to reflect on these experiences in order to build up your repertoire of responses to patients in a range of situations.

Remember Cummings and Bennett's (2013) definition:

'Compassion means care given through relationships based on empathy, kindness, trust, respect and dignity, regardless of the circumstances and seeing the person behind the condition' (p10).

While nurses must be compassionate towards all their patients, we know that vulnerable and powerless people are most at risk of receiving care that is not compassionate. Does your experience suggest any cultural differences? Any gender differences? Any differences in relation to age? Any differences in relation to socio-economic status?

While it is important to note differences and similarities, do not try to categorise your patients too much – an older person will have a gender, a culture and could possibly have a learning disability or mental illness.

3. Sensitivity

We know that compassion involves interpersonal skills.

Compassionate communication includes respect for, and interest in, patient experience (Price, 2013). This means being sensitive to the patient experience. It will also entail making adjustments to meet the needs of your individual patients.

Activity 3.1: What matters to patients

Ask patients what they found helpful. Record your findings in your reflective diary. What are the similarities and differences in your individual patients' responses? Make two lists – one of the similarities and one of the differences.

- How will you adjust your practice as a result of what your patients are telling you?

4. Competence

Activity4.1: compassionate care that is also safe and effective

In your groups, identify a role model – a nurse about whom you can say 'That is the sort of nurse I want to become'.

- What is it about this nurse's practice that you admire?
- What does he or she do that has inspired you?
- How does he or she relate to patients, convey compassion, ensure care is safe and effective?
- How would you describe his or her professional values?

Activity4.2: Doing good and justice

Being compassionate also means being able to advocate on behalf of your patients. This requires courage and commitment.

Make your individual notes on the following:

- Are you developing the skills and confidence to take on this role?
- What help might you need?
- Think about the help you might need to develop and maintain resilience in order to overcome these difficulties and to maintain your professional status.

Now share your notes with your group.

Identify the common elements and propose a plan of action for all students.

All groups report on the proposed plans of action.

Student feedback on the whole session

- Useful readings.
- Opened discussion about what compassion meant
- This tool was needed and it reflect contemporary discussion in British Nursing
- Students felt that the tool enabled them to think about compassion in current nursing practice.
- It allowed for shared reflection and learning regarding compassionate practice

Where can I access the full tool/or the full description of the initiative?

<https://ienetools.wordpress.com/>

<http://ieneproject.eu/>

Does the tool/initiative meet the following IENE3 criteria:

CRITERIA/Outcomes	YES	NO	EVIDENCE/EXAMPLES TO SUPPORT YOUR FINDINGS
Beneficial and desired by people	X		The participants' feedback were very positive, they were interested in the tool. The tool contained relevant steps to achieve learning outcomes.
Based on research evidence and/or long term wisdom	X		This is not an area of learning included in the curriculum, but is much needed. Tool was discussed with curriculum developers in order to try and implement it into the Higher Education curriculum.
Easy to understand	X		Yes, they found it easy. It helped them to consolidate knowledge and learning.
Proven to work	X		
High quality	X		Promotes patient safety and dignity. Promoted high quality relevant issues.
Promotes change	X		If students are encouraged to be compassionate, healthcare will be improved
Transferable	X		Relevant to all health care clinicians such as unregistered staff, pre-registered nurses and qualified nurses
Promotes ethical practice	X		Students' discussions were obviously underpinned by ethics.
Promotes participation	X		Active participation was 100% .
Resource efficient	X		The tool allows for self-learning and transferable knowledge
Culturally appropriate	X		The tool is culturally relevant.
Contextually specific	X		
Provides the best solutions for the available resources	X		



Tools for Intercultural Education of Nurses in Europe (IENE 3)

Courage

Title of 'good practice' tool:

COURAGE IN HEALTHCARE PRACTICE: AN INTRODUCTORY TOOL

Name and contact details of creator/s:

Creators: Irena Papadopoulou and Gina Taylor, Middlesex University, London, UK

Contact person: Professor Irena Papadopoulou- r.papadopoulou@mdx.ac.uk

When was the tool/ initiative developed?

The tool was developed in April 2014.
It was implemented shortly after.

Aims

- Articulate the need for the focus on courage in current nursing practice;
- Discuss the theoretical underpinnings of courage, and the meaning of courage from different viewpoints;
- Reflect on your own practice in relation to the ability to display courage;
- Reflect, in a reasoned manner, on when it might be desirable to be courageous;
- Identify strategies to nurture confidence and courage in your practice.

Where was tool/initiative implemented ?

It was implemented in Middlesex University London, UK.

Who were the key audience/participants involved in the implementation?

The participants were student nurses at Middlesex University. Twenty three (23) student nurses participated in the implementation. This was part of the **complex care module** in 3rd year.

Training was also available to a small group of teachers.

What methods/techniques were used in the implementation?

This session was based on interactive learning and group work. There was a short teaching session followed by group work. The module teaching was based on the principles of andragogy (adult centred learning) by establishing the groups' baseline level of knowledge / understanding both from prior learning in the module and the groups' real world experience.

- The room was organised so that students sat in small groups to facilitate discussion (as appropriate) whilst ensuring all students were able to see the lecturer
- The session was interactive and based around prior learning and experience, and reading of the courage tool which was sent to the students prior to the session
- Group activity was organised and the session allowed for questions and answers
- Appropriate use of interactive resources (tool) and technology was used to facilitate discussion and learning.

1. Cultural Awareness and Courage

Having looked at some of the literature relating to courage, it is important that you explore your own thoughts and feelings, and experiences of courage.

Activity 1.1: What does courage mean to you?

- Can you think of anyone who you would describe as displaying courage?
- What did this person do or say? What were the circumstances in which courage was manifested?
- Why do you think this person was courageous?
- You might have thought of someone famous like Nelson Mandela; Stephen Sutton, the teenager who died from bowel cancer and faced his illness so bravely and engaged in fund-raising; William Pooley, the nurse who worked in Sierra Leone and contracted, and recovered from, the Ebola virus; or maybe you thought of a nurse who refused to bow to organisational pressure and stood up for what is right for her/his patients.

Activity 1.2: Other people's views of courage

Talk to your family, friends and colleagues about courage – are their thoughts on courage similar to yours or different?

Activity 1.3: Your own degree of courage

- Do you feel that you are a courageous person?
- Do you stand up for what you believe is right?
- Do you want to stand up for what you believe is right, but do not feel confident to do so?
- How do you respond to peer pressure? Remember, this could be pressure to conform to high standards of care, or pressure to make short cuts and thus put patients at risk.
- Courage can be developed over time, and in nursing practice the development of courage requires knowledge, experience and confidence, as well as compassion.
- Where do you feel you are at now in relation to courage?
- What activities and support do you feel you need in order to develop your courage?

Activity 1.4: Developing moral courage muscles

In this brief article, Thompson (2014) likens developing courage to strengthening muscles.

Read through the article:

Thompson, R. (2014) Developing moral courage muscles: patient's lives depend on it!
<http://www.nursetogether.com/developing-moral-courage-muscles-patients>

At the very least, you should come away with the notion of the 'mother' question. 'Would I want my mother to be treated like this?'

Thompson writes about making decisions based on ethical and moral values – we will come to this later.

2. Cultural Knowledge and Courage

Activity 2.1: Enhancing your knowledge and understanding of courage

In order to enhance your knowledge and understanding read the following article:

Curtis, K. (2014) Learning the requirements for compassionate practice: student vulnerability and courage. *Nursing Ethics*, 21(2): 210-223

Curtis provides some valuable insights into the demands on student nurses and how they cope with these demands.

Activity 2.2: 'If people know what they should do, why don't they do it?'

Gallagher, A. (2011) Moral distress and moral courage in everyday nursing practice. *Online Journal of Issues in Nursing*, 16(2):1 <http://dx.doi.org/10.3912/OJIN.Vol16No02PPT03>

In this article, Gallagher asks the question 'If people know what they should do, why don't they do it?' You should reflect on the possible answers to this question.

3. Cultural Sensitivity and Courage

The development and display of courage involves interpersonal skills and teamwork.

Thompson (2014) states:

When faced with a moral dilemma we have 3 choices:

1. say nothing
2. speak up but not handle it well
3. speak up and handle it well

Speaking up and handling it well requires nurses to develop their assertive communication skills.

However, as well as developing interpersonal skills, addressing a moral dilemma requires the development of reasoned arguments. You might like to think about using a framework to help you work through moral dilemmas that require a decision to be made.

Activity 3.1: Ethical decision-making: the DECIDE framework

Consider the decision-making framework developed by Thompson et al (2006):

Define the problem: clarify the problem; what is causing concern?

Ethical review: use the ethical principles of respect for autonomy, beneficence, non-maleficence and justice to aid the clarification of the problem.

Consider options: what can be done? Is there evidence to support your concern (for example, evidence in relation to effective or non-effective care or treatment)?

Investigate outcomes: what are the likely outcomes of the various options?

Decide on action: make a decision based on the above process.

Evaluate results: and learn from the experience.

(Thompson et al, 2006, p322-4)

By using this framework to articulate your concern, you should be able to convey your concerns to your colleagues in a manner that demonstrates that you have given serious consideration to the problem.

Nurses can experience 'moral distress' when they find themselves in situations where they feel unable to do the right thing (Gallagher, 2011). This implies that they know what should be done but feel inhibited, possibly by organisational constraints. As Gallagher points out, it is not necessarily the case that sufficient moral courage will allow a nurse to speak up and challenge unacceptable practices. Organisations are not always supportive.

Gallagher (2011) demonstrates how problems can arise at different levels:

- Individual nurse (micro level)
- Organisation (meso level)
- Political (macro level)

Activity 3.2: Analysis of challenging healthcare situations

Re-visit Gallagher's article to explore examples of challenging healthcare situations, and the consideration of these from different viewpoints.

Gallagher, A. (2011) Moral distress and moral courage in everyday nursing practice. *Online Journal of Issues in Nursing*, 16(2):1 <http://dx.doi.org/10.3912/OJIN.Vol16No02PPT03>

STUDENT FEEDBACK

- **Useful readings .**
- **Opened discussion**
- **Not something we usually talk about in nurse teaching**
- **One student quoted Maya Angelou's quote about courage seems most appropriate for nursing, "*One isn't necessarily born with courage, but one is born with potential. Without courage, we cannot practice any other virtue with consistency. We can't be kind, true, merciful, generous, or honest.*"**
- **One spoke about how Florence Nightingale stood up against the British military leaders so that the soldiers in the Crimea could have better treatment in the military hospitals.**
- **Students reported that they had encountered regarding moral integrity in nursing and felt that the university needed to do more to to promote nursing students' moral integrity and moral courage.**

Does the tool/initiative meet the following IENE3 criteria:

CRITERIA/Outcomes	YES	NO	EVIDENCE/EXAMPLES TO SUPPORT YOUR FINDINGS (use data from piloting if appropriate)
Beneficial and desired by people	X		The participants' feedback were very positive, they were interested in the tool. Keen
Based on research evidence and/or long term wisdom	X		This is not an area of learning included in the curriculum, but is very needed
Easy to understand	X		Yes , they found it easy
Proven to work	X		Students felt that they should speak out and do 'that which is right'
High quality	X		Promotes patient safety and dignity
Promotes change	X		If students are encouraged to be courageous, healthcare will be improved
Transferable	X		
Promotes ethical practice	X		
Promotes participation	X		
Resource efficient	X		
Culturally appropriate	X		
Contextually specific	X		
Provides the best solutions for the available resources	X		



Tools for Intercultural Education of Nurses in Europe (IENE 3)

Intercultural communication

Title of 'good practice' tool/initiative:

Intercultural communication skills for nurse and healthcare professionals

Name and contact details of creator/s:

Alfonso Pezzella

a.pezzella@mdx.ac.uk

Laura Foley

l.foley@mdx.ac.uk

Sandra Connell

s.connell@mdx.ac.uk

Irena Papadopoulos

r.papadopoulos@mdx.ac.uk

When was the tool/ initiative developed?

The tool was developed in January 2015.

What are the aims of the tool/initiative?

The aim of this tool is to develop your understanding of culture, and the need for awareness in intercultural communication. You will be engaged in learning through reflection, knowledge acquisition and practical activities.

Where was tool/initiative implemented ?

The tool was implemented and piloted in the United Kingdom at Middlesex University.

Who were the key audience/participants involved in the implementation?

The tool was piloted with 50 participants, of which 43 were Mental Health nursing students and 7 were teachers.

What methods/techniques were used in the implementation

Cultural awareness

Activity 1: Chinese Whispers

One student will be given the phrase “*Nurses dispense comfort, compassion, and caring without even a prescription*” as said by Val Saitsbury. They will then whisper it to another student, and so on until the message has been relayed to everyone in the group. The last person to receive the message will be asked to say it aloud, to see whether the message has remained the same, or if it has been altered. By the end of the activity, the students may realise that the original message has been changed along the way. This will highlight the potential for messages being misconstrued if not clearly communicated.

Consider the following questions after completing the activity:

- Discuss why this might happen in an intercultural team.
- Consider if you have ever experienced this within your team as a result of intercultural misunderstanding?
- What steps can be taken to reduce the probability of misunderstanding?

Cultural Knowledge and Understanding

Activity 2: Navigating intercultural communication

Watch the following video:

https://www.youtube.com/watch?v=PSt_op3fQck

Then consider the following questions:

- Discuss your understanding of intercultural communication.
- What, if any, intercultural experiences (interacting with people of different cultures) have you had?
- How anxious are you when you have to talk to someone from a different cultural background from you? Why?
- How confident do you feel when you have to talk to someone from a different culture? What is it that gives you this confidence?
- What are the main points you have learned from watching this short video and use in your own practice?

Cultural sensitivity

Activity 3: Working together

Consider the following scenario and discuss the issues that arise. An English student nurse reported that she felt isolated and ‘left out’ whilst on placement. This was because the majority of staff and students were of African descent. She said that they often spoke in their own language, and when she approached the office where they were, she felt that she was not welcomed as they either continued talking or laughed and ignored her. As she could not understand she assumed this was about her. They would also often share their food and not include her. She felt sad and hurt by this, and wanted to be a part of the team, but did not know how.

Discuss in your group the following questions:

- What are the main factors causing the student to feel isolated?
- If you were this student, how might you address this problem with the team?
- What actions can the team make to ensure they include all members of the team regardless of culture?

Cultural Competence

Activity 4: Tools for practice.

Thinking about what you have learnt today, in small groups come up with 10 Top Tips for communicating competently at intercultural levels.

Following the group's final decision on 10 Top Tips, spend some time reflecting on the process:

- Did you agree with the final 10 top tips?
- Was there any disagreement within the group about what should be in the final list?
- Why was this?
- How did the group overcome this?

Where can I access the full tool/or the full description of the initiative?

Insert here the URL:

https://ienetools.files.wordpress.com/2013/11/tool-3_uk.pdf

Does the tool/initiative meet the following IENE3 criteria:

CRITERIA/Outcomes	YES	NO	EVIDENCE/EXAMPLES TO SUPPORT YOUR FINDINGS (use data from piloting if appropriate)
Beneficial and desired by people	X		Contained customised steps to help students progress through their learning goals (100%)
Based on research evidence and/or long term wisdom	X		Provided observable evidence of learning (98%)
Easy to understand	X		Clarified what students knew and did not know (99%)
Proven to work	X		Allowed the teacher to see/hear (and intervene) when students did not understand (100%)
High quality	X		Led to and connected with other tools in the process of meeting larger /higher level learning goals (100%)
Promotes change	X		Students reported that they would be more mindful of patients and colleagues' culture while on placements
Transferable	X		Provided building blocks that enable students to step into and through difficult concepts or processes to reach predetermined learning goals (96%)
Promotes ethical practice	X		Provided pathways that led to depth and clarity in learning (97%)
Promotes participation	X		Adds to the meaning-making in the classroom (96%)
Resource efficient	X		
Culturally appropriate	X		
Contextually specific	X		
Provides the best solutions for the available resources	X		Helped students synthesize knowledge and meaning (100%)