



STRENGTHENING THE NURSES AND HEALTH CARE PROFESSIONALS' CAPACITY TO DELIVER CULTURALLY COMPETENT AND COMPASSIONATE CARE

O5: CURRICULUM FOR HEALTHCARE LEADERS IN CULTURALLY COMPETENT AND COMPASSIONATE CARE

1. Rationale

The creation of the curriculum for healthcare leaders in culturally competent and compassionate care responds to the needs that have been identified to better prepare nursing and other caring professionals in order to respond to the healthcare sector demands. Although compassion has always been assumed to be part of nursing, we know very little about how compassion is taught in the classroom, even less on how its learning is facilitated in practice, and nothing about how this is measured [O1].

This curriculum, on the educational principles of work based learning, is designed for the development of culturally competent compassion skills for nurses and health care professionals and it is based on the analysis of their needs [O3]. The results of the needs survey, support that there is a need in promoting culturally competent and compassionate nursing.

This curriculum framework is guided by the new European model [O4] for the development of role models and will enable the nurse leaders and other health professional front line leaders, to develop their mentorship and support roles in order to promote compassionate clinical/caring environments and culture. The model provides the values, philosophy and educational principles and it is used as a conceptual map for potential content to aid health care trainers in developing curriculum and educational tools for senior health care professionals. The model is based on the four components of cultural competent and compassionate health care: a) **culturally aware**, b) **culturally knowledgeable** c) **culturally sensitive** and d) **culturally competent and compassionate health care leader**. It highlights the key principles of the leadership related to health care as well as the particular characteristics of a leader in health care, in order to provide with other health professionals, competency and compassionate health care.



The curriculum addresses the critical role of strategic and service provider healthcare leaders in setting values, expectations and behaviours which promote culturally competent and compassionate care.

2. Educational philosophy

We believe that a curriculum designed to promote culturally competent and compassionate leadership should be based on respect, equity, compassion, cultural competence, courage, , social skills, flexibility and tolerance. Such a curriculum should build on the knowledge and skills which individuals already have; it should also encourage them to be more reflexive, and more collaborative in their learning and they should lead by example through role modelling and coaching.

3. Definitions leadership/leaders

Narrative review of literature defines **leadership** as the ability to achieve exceptional results by transforming the organization and developing people to create the future (Garman et al, 2010).

According to the idea of transformational leadership an **effective leader** is a person who creates an inspiring vision of the future, motivates and inspires people to engage with that vision, manages delivery of the vision and coaches and builds a team, so that it is more effective at achieving the vision (Northouse, 2007). Leadership brings together the skills needed to do these things. Leadership is a performing art – a collection of practices and behaviors rather than a position (Dickson et al, 2003).

Leadership has been described as the behavior of an individual when directing the activities of a group toward a shared goal (Calhoun et al, 2008).

Within healthcare systems a number of leadership approaches can be adapted to the healthcare setting to optimize management in this highly complex environment (Garman et al. 2010; Greig et al, 2012).

According to the results of the O4 “culturally competent and compassionate health care leadership” is defined as: ***the process that a leader goes through in demonstrating culturally aware, knowledgeable, sensitive, competent and compassionate standards of leadership and care. S/He adopts and applies leading principles and values, leadership moral virtues, inspires others with his/her example and vision; provides quality, appropriate and equal health care; becomes a role model and acts within a culturally competent and compassionate working environment that s/he develops and guides.***



4. Aims and objectives of curriculum

This project aims to improve the quality of training for nurses and health care professionals in the delivery of compassionate and cultural competent care which responds to the healthcare sector needs. Although all humans have the capacity to be compassionate, how this is demonstrated and understood varies between individuals and between cultural groups. Compassionate leaders make the best role models for nurses and other healthcare professionals in practice, who in their turn become compassionate role models to students.

The curriculum is composed of two learning units. The **UNIT 1** is aimed at senior professionals whose roles emphasise leadership within their organisations and support for the front line staff so that they are enabled to provide culturally competent and compassionate services.

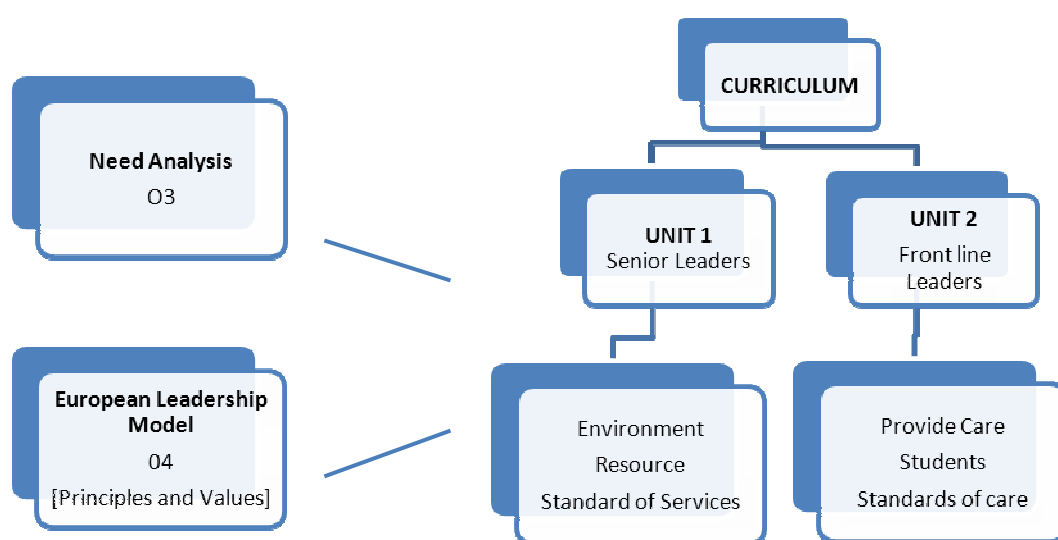
Senior leaders will be role **models**, manage resources, instill values and be responsible for the standard of services. For this unit the focus will be more centered on role modeling and less on coaching.

Higher levels of satisfaction contribute to faster more effective healing, with higher levels of compliance and lower costs.

The **UNIT 2** is aimed at qualified **front line leaders** whose roles include supervising and coaching students as well as providing and monitoring the care given to patients. A more compassionate and culturally competent care, leads to higher levels of patient/family satisfaction.

For this unit the focus will be on role modeling and coaching.

Figure 1 – The Curriculum



5. Structure of the curriculum (UNIT 1 and UNIT 2)

The curriculum structure will consist of two UNITS as described above and each UNIT is developed as follows :

- 3-5 hours of self-directed learning (all materials will be provided on-line and students go through them on their own);
- 5 hours of classroom learning (face to face learning in a classroom);
- 5 hours of role modelling in the clinical unit(s) where you work (applying and demonstrating the skills you wish to promote to your staff and colleagues);
- 3-5 hours reflection with your team(s);

	A	K	S	C
Self-directed Learning [3/5 h]	X	X		
Classroom [5 h]		X		
Role modelling [5 h]	X		X	X
Reflection [3/5 h]	X		X	X

A= AWARE, K= KNOWLEDGEABLE, S= SENSITIVE, C=COMPETENT

6. Content map

Each partner will develop one tool for Unit 1 and one tool for Unit 2 based on their chosen concepts (see the European Leadership Model at www.ieneproject.eu).

Partner	Name of the Tool	Unit 1	FOCUS	Unit 2	FOCUS
UCL	To be defined	1.2, 4.2, 3.3, 2.2	4.2	2.4, 3.3, 4.1, 1.1	4.1
MUPERTH	To be defined	1.2, 2.2, 3.3, 4.3	4.3	1.3, 2.3, 3.1, 4.2	4.2
MDX	To be defined	1.1, 1.2, 2.3, 2.2, 3.2, 3.3, 3.4, 4.2, 4.3	4.2/3	1.1, 1.2, 2.2, 2.4, 3.1, 3.3, 4.1, 4.4	4.1/4
EDUNET	To be defined	4.3, 1.4, 2.2, 3.2	4.3	4.1, 1.3, 2.4, 3.1	4.1
PRI - UVA	To be defined	4.4, 2.2, 1.4	4.4	4.1, 3.1, 1.3	4.1
CUT	To be defined	4.3, 3.2, 2.2, 1.2	4.3	4.2, 2.3, 2.4, 1.5	4.2
AOUS	To be defined	4.2, 4.3, 3.1, 3.2, 3.3, 3.4	4.2	4.3, 4.4, 4.1, 2.2	4.1/3/4



University College Lillebaelt, DENMARK

UNIT 1	FOCUS	UNIT2	FOCUS
<p>1.2: Self-compassion a Self-compassion as a necessity for a culturally competent compassionate leadership</p> <p>4.2: Supporting staff and patients in giving and receiving culturally competent and compassionate care Supporting staff and patients in giving and receiving culturally competent and compassionate care</p> <p>3.3: Role modelling in developing therapeutic culturally sensitive and compassionate relationships</p> <p>2.2: Understanding rather than judging people's needs</p>	<p>4.2: Supporting staff and patients in giving and receiving culturally competent and compassionate care</p>	<p>2.4: Knowledge of similarities and differences within and between cultures and expression of compassion</p> <p>3.3: Role modeling in developing therapeutic culturally sensitive and compassionate relationships</p> <p>4.1: Promoting patient centered care based on needs assessment</p> <p>1.1: Self-awareness as the first step for culturally competent compassionate leadership</p>	<p>4.1: Promoting patient centered care based on needs assessment</p>

Marmara University Pendik Research and Training Hospital, TURKEY

UNIT 1	FOCUS	UNIT2	FOCUS
<p>1.2 :Self-compassion a Self-compassion as a necessity for a culturally competent compassionate leadership</p> <p>2.2: Understanding rather than judging people's needs</p> <p>3.3: Role modeling in developing therapeutic culturally sensitive and compassionate relationships</p> <p>4.3: Promoting and role modeling in ethical principles of equality, non-discriminatory practice, confidentiality and trustworthiness</p>	<p>4.3: Promoting and role modeling in ethical principles of equality, non-discriminatory practice, confidentiality and trustworthiness</p>	<p>1.3 Acknowledgement of patients' and staff's diverse needs and treating them with compassion</p> <p>2.3: Deep understanding of human rights in relation to culture and compassion</p> <p>3.1 Active listening, dealing sensitively and culturally appropriate others' feelings needs, vulnerabilities and concerns</p> <p>4.2 Supporting staff and patients in giving and receiving culturally competent and compassionate care</p>	<p>4.2 Supporting staff and patients in giving and receiving culturally competent and compassionate care</p>



Edunet, ROMANIA

UNIT 1	FOCUS	UNIT2	FOCUS
<p>4.3: Promoting and role modeling in ethical principles of equality, non-discriminatory practice, confidentiality and trustworthiness</p> <p>1.4: Cultivating and promoting moral virtues within the working environment</p> <p>2.2 Understanding rather than judging people's needs</p> <p>3.2 Culturally sensitive and compassionate action: Respecting patients' and staff's dignity</p>	<p>4.3 Promoting and role modeling in ethical principles of equality, non-discriminatory</p>	<p>4.1 Promoting patient centered care based on needs assessment</p> <p>1.3 Acknowledgement of patients' and staff's diverse needs and treating them with compassion</p> <p>2.4 Knowledge of similarities and differences within and between cultures and expression of compassion</p> <p>3.1 Active listening, dealing sensitively and culturally appropriate others' feelings needs, vulnerabilities and concerns</p>	<p>4.1 Promoting patient centered care based on needs assessment</p>

Cyprus University of Technology, CYPRUS

UNIT 1	FOCUS	UNIT2	FOCUS
<p>4.3 Promoting and role modeling in ethical principles of equality, non-discriminatory practice, confidentiality and trustworthiness</p> <p>3.2 Culturally sensitive and compassionate action: Respecting patients' and staff's dignity</p> <p>2.2 Understanding rather than judging people's needs</p> <p>1.2 Self-compassion a Self-compassion as a necessity for a culturally competent compassionate leadership</p>	<p>4.3 Promoting and role modeling in ethical principles of equality, non-discriminatory practice, confidentiality and trustworthiness</p>	<p>4.2 Supporting staff and patients in giving and receiving culturally competent and compassionate care</p> <p>2.3 Deep understanding of human rights in relation to culture and compassion</p> <p>2.4 Knowledge of similarities and differences within and between cultures and expression of compassion</p> <p>1.5 Doing the right thing for one's own sake</p>	<p>4.2 Supporting staff and patients in giving and receiving culturally competent and compassionate care</p>



Azienda Ospedaliera Universitaria Senese, ITALY

UNIT 1	FOCUS	UNIT2	FOCUS
<p>3.1 Active listening, dealing sensitively and culturally appropriate others' feelings needs, vulnerabilities and concerns</p> <p>3.2 Culturally sensitive and compassionate action: Respecting patients' and staff's dignity</p> <p>3.3 Role modelling in developing therapeutic culturally sensitive and compassionate relationships</p> <p>4.2 Supporting staff and patients in giving and receiving culturally competent and compassionate care</p> <p>4.3 Promoting and role modeling in ethical principles of equality, non-discriminatory practice, confidentiality and trustworthiness</p> <p>3.4 Culturally sensitive and compassionate leadership working environment: Value diversity, intercultural communication and understanding</p>	<p>4.2 Supporting staff and patients in giving and receiving culturally competent and compassionate care</p>	<p>3.1 Active listening, dealing sensitively and culturally appropriate others' feelings needs, vulnerabilities and concerns</p> <p>4.3 Promoting and role modeling in ethical principles of equality, non-discriminatory practice, confidentiality and trustworthiness</p> <p>1.1 Self-awareness as the first step for culturally competent compassionate leadership</p> <p>2.2 Understanding rather than judging people's needs</p> <p>4.4 Being courageous to report cases of inhumane practice to patients or bullying of staff</p> <p>4.1 Promoting patient centered care based on needs assessment</p>	<p>4.4 Being courageous to report cases of inhumane practice to patients or bullying of staff</p> <p>4.1 Promoting patient centered care based on needs assessment</p> <p>4.3 Promoting and role modeling in ethical principles of equality, non-discriminatory practice, confidentiality and trustworthiness</p>

Polibienestar Research Institute – University of Valencia, SPAIN

UNIT 1	FOCUS	UNIT2	FOCUS
<p>4.4 Being courageous to report cases of inhumane practice to patients or bullying of staff</p> <p>3.2 Culturally sensitive and compassionate action: Respecting patients' and staff's dignity</p> <p>3.4 Culturally sensitive and compassionate leadership working environment: Value diversity, intercultural communication and understanding</p>	<p>4.4 Being courageous to report cases of inhumane practice to patients or bullying of staff</p>	<p>4.1 Promoting patient centered care based on needs assessment</p> <p>3.1 Active listening, dealing sensitively and culturally appropriate others' feelings needs, vulnerabilities and concerns</p> <p>3.2 Culturally sensitive and compassionate action: Respecting patients' and staff's dignity</p> <p>2.1 Acknowledging the</p>	<p>4.1 Promoting patient centered care based on needs assessment</p>



<p>2.2 Understanding rather than judging people's needs</p> <p>1.3 Acknowledgement of patients' and staff's diverse needs and treating them with compassion</p> <p>1.4: Cultivating and promoting moral virtues within the working environment</p>		<p>cultural aspects of suffering</p> <p>1.3 Acknowledgement of patients' and staff's diverse needs and treating them with compassion</p>	
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Middlesex University, UNITED KINGDOM

UNIT 1	FOCUS	UNIT2	FOCUS
<p>1.1 Self-awareness as the first step for culturally competent compassionate leadership</p> <p>1.2 Self-compassion a Self-compassion as a necessity for a culturally competent compassionate leadership</p> <p>2.3 Deep understanding of human rights in relation to culture and compassion</p> <p>2.2 Understanding rather than judging people's needs</p> <p>3.2 Culturally sensitive and compassionate action: Respecting patients' and staff's dignity</p> <p>3.3 Role modelling in developing therapeutic culturally sensitive and compassionate relationships</p> <p>3.4 Culturally sensitive and compassionate leadership working environment: Value diversity, intercultural communication and understanding</p> <p>4.2 Supporting staff and patients in giving and receiving culturally competent and compassionate care</p>	<p>4.2 Supporting staff and patients in giving and receiving culturally competent and compassionate care</p> <p>4.3 Promoting and role modeling in ethical principles of equality, non-discriminatory practice, confidentiality and trustworthiness</p>	<p>1.1 Self-awareness as the first step for culturally competent compassionate leadership</p> <p>1.2 Self-compassion a Self-compassion as a necessity for a culturally competent compassionate leadership</p> <p>2.2 Understanding rather than judging people's needs</p> <p>2.4 Knowledge of similarities and differences within and between cultures and expression of compassion</p> <p>3.1 Active listening, dealing sensitively and culturally appropriate others' feelings needs, vulnerabilities and concerns</p> <p>3.3 Role modelling in developing therapeutic culturally sensitive and compassionate relationships</p> <p>4.1 Promoting patient centered care based on needs assessment</p> <p>4.4 Being courageous to report cases of inhumane practice to patients or bullying of staff</p>	<p>4.1 Promoting patient centered care based on needs assessment</p> <p>4.4 Being courageous to report cases of inhumane practice to patients or bullying of staff</p>



7. Assessment strategies (self and peer) for both UNITS

Assessment is about several things at once - It is about reporting on students' achievements and about teaching them better through expressing to them more clearly the goals of our curricula. It is about measuring student learning; it is about diagnosing misunderstandings in order to help students to learn more effectively. It concerns the quality of the teaching as well as the quality of the learning. (Ramsden, 2003, p 177).

Formative assessment (*monitor leaders learning*) has two purposes: help learners identify their strengths and weaknesses and target areas that need work and help faculty recognize where students are struggling and address problems immediately.

Summative assessment (*evaluate leaders learning*) in order to: measure what the learners have achieved and demonstrate that standards are appropriate.

Self-assessment involves observation, evaluation of behaviour, and reaction to the evaluation (including an interpretation of own performance).

Direct observation with the **peer review** provides additional information on how well the behaviour was performed.

Curriculum structure and assessment activities we may include:

a) 3-5 hours of self-directed learning (all materials will be provided on-line and students go through them on their own); Promote independent learning helping nurses to take increasing responsibilities for their own progress:

- draw a concept map to be illustrated in class to represent their understanding of a topic;

b) 5 hours of classroom learning (face to face learning in a classroom):

- Give opportunities in lessons to discuss reflect on problem solving and reasoning strategies. Comparing and evaluating approaches;
- Submit two or three sentences identifying the main point of the lectures;

c) 5 hours of role modelling in the clinical unit(s) where you work (applying and demonstrating the skills you wish to promote to your staff and colleagues):

- cooperative group work, team assignments and investigations, including the allocation of specific roles and responsibilities;
- observing leaders and front line nurses during learning activities and participation in a group activity;
- demonstrate cognitive skills, such as the ability to analyse, evaluate and synthesise information;



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d) 3-5 hours reflection with your team(s):

- Peer assessment enable members of the team to give each other valuable feedback so they can learn and support each other. The opportunity to talk, discuss, and plan to achieve beyond what they can learn unaided;
- Encourage self-reflection on their learning consistently and guide them to identify their next steps;

8. Evaluation strategies

Through evaluation we can discover whether the curriculum is fulfilling its purpose and whether senior leaders and front-line nurses are actually learning.

The evaluation is oriented to the recognition of the originality of the techniques and has to check if:

- the aims and the objectives of the curriculum are congruent with those of the project and take into consideration the needs of health care leaders with organisational and service delivery responsibility;
- the curriculum philosophy reflect the values and beliefs of health care leaders with organisational and service delivery responsibilities;
- the time is allocated in accordance with the aims and objectives;
- the teaching activities lead to the attainment of the relevant objectives;
- the instructional materials are appropriate, organised for an easy use, relevant and reflect the best current knowledge;
- the proposed content and learning activities of the two units have the potential to promote culturally competent and compassionate leadership?

A questionnaire will be administered during the pilot.

9. Reading list, on-line resources list

Each partner will provide participants with a reading list in the native language

<http://www.ieneproject.eu/>

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

Author: Azienda Ospedaliera Universitaria Senese:

Italy



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