

TRANSCULTURAL NURSING SOCIETY CERTIFICATION COMMISSION

Certified Transcultural Nurse – Basic (CTN-B)



“That the culture care needs of people in the world will be met by nurses prepared in Transcultural Nursing”

--Madeleine Leininger, Founder Transcultural Nursing Society

CTN- Basic Exam Guide

Exam Dates	Application Deadlines
<p data-bbox="321 142 782 424">Monday – Friday January – December (Excluding holidays/weekends) 9 am –4pm Eastern Time (Two Hour Testing Block Required) Saturday exam may be accommodated by special request.</p>	<p data-bbox="834 176 1307 394">You must apply at least <u>five weeks</u> <u>prior</u> to the date you wish to test. For example if you wish to test the second week of February then you would need to apply by the first week of January.</p>



Transcultural Nursing Certification Commission Introduction

Certification in Transcultural Nursing began in 1987.



A certification committee was established and developed a multiple choice examination, followed by an oral examination. The first examination was administered in 1988. Testing usually took place at the Annual Conference of The Transcultural Nursing Society (TCNS). In 2004, the Board of Trustees appointed a Certification Task Force to review current practices and make recommendations for future directions in certification. The Task Force completed its work and recommended that a Certification Commission be set up. The Transcultural Nursing Certification Commission (TCNCC) was established by the TCNS Board of Trustees in 2006. The TCNCC began its extensive work of organization and development of a new test and testing process. The basic exam was developed by an expert panel under the TCNCC in 2011. The pilot was conducted in late Fall 2011 and Winter 2012. The basic exam was fully implemented in 2012.

Certification in Transcultural Nursing demonstrates to nurse colleagues, patients, employers, and others, the knowledge, experience, and commitment to transcultural nursing.

Information about TCNS

For further information about the Transcultural Nursing Society (TCNS) please visit the website at www.tcns.org or contact TCNS at:

Transcultural Nursing Society - Global Office
36600 Schoolcraft Road
Livonia, MI 48150-1176
Toll Free Phone: 1-888-432-5470

Email: staff@tcns.org

Purpose of Certification

Certification aims to validate the ability to provide culturally competent and congruent care to clients, families, communities, and organizations. The purposes of transcultural nursing and certification are to:



1. promote and maintain safe and culturally meaningful care with the aim of protecting individuals, groups and communities
2. recognize the expertise of transcultural nurses prepared to care for clients of diverse and similar backgrounds
3. provide quality-based standards of transcultural nursing practices

Certification Administration Program

The Transcultural Nursing Certification Commission (TCNCC) was established to promote the highest level of culturally competent and culturally congruent care. The Commission develops, implements, and coordinates all aspects of certification for transcultural nursing.

The Commission is composed of appointed board members who are knowledgeable and experienced in transcultural nursing.

The Transcultural Nursing Certification Commission supports the National Collegiate Testing Service (NCTS) to offer transcultural nursing certification testing. Members of NCTS (over 240 in the United States and Canada) have a set of standards that all testing sites follow.

Eligibility Criteria

To become certified, candidates must meet all five of the eligibility criteria listed below at the time of application. Complete the application form, submit all fees, and successfully pass the certification examination with a score of 70% or higher. No persons shall be excluded from the opportunity to participate in the Certification in Transcultural Nursing program on the basis of race, color, national origin, religion, sex, age, affiliation, or disability. To be eligible to participate in the examination, all criteria listed below must be completed prior to the application being submitted. Application is located on the last page of this exam guide.

Basic Level CTN (CTN-B) Criteria

1. Hold a current, active, unrestricted RN license in a state or territory of the United States or the professional, legally recognized equivalent in another country.
2. Hold a diploma, an associate, or BSN degree from a program accredited by the Commission on the Collegiate of Nursing Education (CCNE) or the National League for Nursing Accrediting Commission (NLNAC) if school is in the US; or legally recognized equivalent in another country.
3. Currently employed in nursing, either full- or part-time, at the time of application.

4. Completed at least one course (didactic and/or clinical) in cultural diversity and promotion of cultural competence for a minimum of 3 credits (or equivalent 42 Contact Hours).
5. Completed 2400 hours of transcultural nursing practice as a registered nurse in an administrative, teaching, research, or clinical capacity, either full- or part-time **during the five years** prior to submitting your application.

Description of Practice

The CTN-B practices in diverse settings including primary care, acute care, community settings, rural/remote area nursing, and long-term care across the life span and is actively engaged in education (e.g. patient, staff, students, and colleagues), case management, clinical practice, consultation, research, and/or administration.

TEST FORMAT, LOCATIONS & DATES

TCNCC examinations are administered by a computer-based testing system at various Consortium of College Testing Centers (CCTC) approved sites across the US and two in Canada. CCTC is a **free referral service** provided by the [National College Testing Association](http://www.ncta-college-testing-association.org) (NCTA) to facilitate distance learning. For more information regarding testing standards, please go to: <http://www.ncta-testing.org/cctc/find.php>

If an NCTA testing site is not close to your location please contact us. We will be happy to help you make arrangements to take the exam at a formal testing site (University based or testing service) closer to your location.

CTN-B tests are offered on various dates during the year. Candidates must apply by the deadline for the desired test interval. Candidates may apply at any time prior to the deadline, and if eligible to test, will receive an Authorization to Test (ATT) by email. The ATT will be valid for the test date selected on the application. The candidate must sit for the exam during the approved test appointment or will forfeit the test fees.

DISCLAIMER

Certification granted by the Certification Commission of the Transcultural Nursing Society is a voluntary process intended solely to test for special knowledge. The Certification Commission of the Transcultural Nursing Society does not license or define the qualifications of any person to practice nursing. The significance of certification in any jurisdiction or institution is the responsibility of the candidate to determine.

Those individuals participating in the examination should be aware that the TCNCC will analyze data from the exam and that it will be aggregated and no one could/will be identified.

APPLICATION INSTRUCTIONS

The application will be considered incomplete if any of the requested information is illegible, not provided, or the appropriate fees are not paid. Applicants will be informed of appropriate measures to complete their applications prior to the application deadline only. Authorizations to test are issued only to candidates with complete applications. All candidates must apply, either by mail, online or email. The Certification Commission reserves the right to audit your application and/or verify the employment and licensure of any candidate. Please allow two (2) weeks for acknowledgement of receipt of your application.

- You must apply by mail, online or email.
- Incomplete applications at application deadline, including those without required documentation or payment, will not be accepted.
- You must provide an individual or personal email address where test related information can be sent. Do not list a group email box that is shared in the workplace.
- Provide a telephone number and email address where you may be reached if there are questions regarding your application.
- All information requested on the application form is required.
 - Indicate your full name
 - If you are a member of the TCNS, please provide your member number where indicated. If you recently joined TCNS and do not have your number, write “new member” and the TCNCC will verify your membership.
 - Indicate testing site and test site contact information
 - Indicate testing date
 - Indicate if you require Special Testing Accommodation

CONFIRMATION OF AUTHORIZATION TO TEST (ATT)

All applicants who are confirmed as eligible to test will receive an Authorization to Test (ATT) via email from the TCNCC. The ATT will provide information on how to proceed with the test and what to expect on the exam date. Applicants will receive the ATT by email **at least one week prior** to the exam date. It is important that all candidates immediately confirm the information on the ATT is correct. Call the TCNCC (888-432-5470) to correct any inaccuracies on the ATT or to report a lost ATT. Call TCNCC (888-432-5470) **if you do not receive an ATT within 1 week prior to the test.**

To select your testing site please go to the following website and search the list of approved test sites in your area: <http://www.ncta-testing.org/cctc/find.php>

COMPUTER-BASED TESTING

Test candidates will be able to test by appointment only during the testing dates. Each testing candidate must choose a testing location from the list available through the NCTA website: <http://www.ncta-testing.org/cctc/find.php> or make special arrangements with the TCNCC staff to take the test at an approved alternate location. Once the candidate has chosen a testing location they must contact the person listed and schedule a **two hour testing appointment**. The appointment date and time along with the testing center contact person must be listed on their application prior to submission.

Test Sessions: Test sessions for the CTN-B exam may last up to 2 hours and has 100 multiple choice questions.

Test Day Information:

Arrival Time: Candidates should arrive at the test center 30 minutes prior to their appointment time. Candidates who arrive late cannot be accommodated and may forfeit their test fee and may be required to reapply. All required testing fees must be paid to the testing center directly.

Identification Requirements:

Candidates will be required to show photo identification before taking the exam. The name on the photo-ID must match the name on the Authorization to Test (ATT). Candidates will not be permitted to test without proper ID. Candidates who are not permitted to test due to invalid ID will forfeit their test fee, and must reapply and pay the full test fee in order to test again. Note: A middle name, versus a middle initial, is acceptable. For other name discrepancies contact TCNCC: 888-432-5470

Acceptable forms of Identification (Must be current and valid):

- Photo ID and Signature
- Passport
- Driver's License
- Federal, State, or Local ID
- Military ID
- Citizenship Card

PROFESSIONAL EXAMINATION RULES

- No personal items, including cell phones, hand-held computers/personal digital assistants (PDA) or other electronic devices, pagers, hats, bags, coats, books, and notes are allowed in the testing room. Candidates must store all personal items in the area designated by the testing site. The TCNCC, TCNS, and testing site are not responsible for lost, stolen, or misplaced items.
- The administrator will log candidates into their assigned workstation. Candidates must remain in their seats. Eating, drinking, smoking, and making noise that creates a disturbance for others is prohibited.
- There will be no scheduled breaks during the test. Candidates who wish to take an unscheduled break should get the administrator's attention. Candidates will not be permitted to access personal items during breaks. Any time lost by a candidate who leaves the testing room will count toward the total test time.
- Candidates that experience hardware or software problems or distractions that affect their ability to take the test should notify the administrator immediately. The administrator cannot answer questions related to exam content.
- Candidates may not remove copies of the test items and answers from the test site, and may not share the items or answers seen in the testing session with other candidates or potential candidates.
- If candidates do not follow these rules, if candidates tamper with the computer, or if candidates are suspected of cheating, appropriate action will be taken. This may include invalidation of test results.

Exiting the Examination Voluntarily

Candidates who voluntarily exit the examination without notifying the administrator, at any point during the test, will be considered finished, and their test will be scored. Candidates that voluntarily exit the computer examination page before they are finished may not restart the exam or answer incomplete items. If a computer issue causes the exam to shut down, then the candidate will be allowed to restart or complete the exam.

Requesting Special Testing Accommodations

TCNCC will provide reasonable accommodations for candidates with disabilities that interfere with test taking. If you wish to make such arrangements, notify TCNCC in writing no later than six (6) weeks prior to the test date with documentation of the disability in order for special arrangements to be made.

TCNCC will provide reasonable accommodations for candidates with religious or cultural requirements which may affect the method used for testing. If you wish to make such arrangements, notify TCNCC in writing no later than six (6) weeks prior to the test date with supporting documentation from your religious or cultural community.

STUDY MATERIALS

Please use the reference list and content outline located at the end of this exam guide for study purposes.

FEE STRUCTURE:

Application Fees:

Current TCNS Members - \$300 USD (TCNCC will confirm current TCNS membership status for all applications)

Non - TCNS Members - \$400 USD

Recertification Fees:

Current TCNS Members: \$150 USD

Non-TCNS Members: \$250 USD

Returned Check Fee:

\$25 Fee is charged for all returned checks.

The fee structure is subject to change. The TCNCC Board of Directors reserves the right to adjust certification and recertification fees as necessary.

CANCELLATION

A **\$75.00** non-refundable administrative fee applies to all cancelled test dates. Only written cancellation requests will be accepted. Written requests may be sent by letter or e-mail. Cancellation requests will be processed as soon as possible, but may take up to 4 weeks to process. Requests must be made in writing and post-marked no later than one week prior to the exam. Candidates who do not cancel or reschedule at least one week before the appointment time will forfeit their test fee and appointment, and must submit another application and fee in order to test at a later date.

Candidates who request a refund also must cancel their test appointment with their selected test site at least 48 hours prior to the testing appointment.

NOTIFICATION OF EXAMINATION RESULTS

Candidates will be notified of an initial **Pass/Fail** when the exam is completed. **The score will be reviewed and certified within 2 to 4 weeks** after test administration. Candidates must score **70% in order to pass the exam**.

CANCELLATION OF RESULTS:

TCNCC reserves the right to cancel the score of any candidate who violates the Professional Examination Rules, or to cancel scores resulting from any testing irregularity.

CONFIDENTIALITY OF EXAMINATION AND SCORES

To ensure the security of the examination, the test materials are confidential and will not be released to any person or agency. Also, additional information about a candidate's individual test results will be released only to the candidate upon written request. Pass/Fail status will be released when submitted with a written authorization signed by the candidate.

DESIGNATION OF CERTIFICATION

Certification is awarded to those who successfully complete the certification process by meeting the eligibility criteria and by taking the written, multiple choice exams. The designated credential is: CTN-B (Certified Transcultural Nurse-Basic) This credential may be used in all correspondence or professional activities.

Certification as a CTN-B is valid for a period of five years. Recertification is available by application and evidence of meeting stated criteria, which may be subject to random audit.

Certified nurses will begin to receive recertification notices approximately one (1) year in advance of the expiration of their certification.

It is the **professional responsibility of the certified nurse to notify TCNCC of any change in name, address, phone and email**. These changes may be made by email or mail. Any changes and questions related to the certification or recertification programs should be directed to TCNCC at:

Transcultural Nursing Society Global Office
TCNCC
36600 Schoolcraft Rd.
Livonia, MI 48150-1176
Toll Free: (888) 432-5470

Email: staff@tcns.org

Web: www.tcns.org



Transcultural Nursing Society Certification Commission
Curriculum Committee
Content Outline

Domain I. Foundations for Transcultural Care Nursing Practice (15% of exam)

Competencies:

- 1. Define major concepts relevant to Transcultural Nursing practice.**
 - 2. Describe major constructs of at least three (3) Transcultural Nursing Models/Theory.**
 - 3. Apply constructs of at least one model to a practice context.**
 - 4. Describe strengths and limitations of concepts, models and theories for practice.**
- A. Theories, Models and Conceptualizations for TCN Nursing Practice
1. Leininger - Theory of Cultural Care Diversity and Universality; Sunrise Enabler
 2. Campinha-Bacote - The Process of Cultural Competence in the Delivery of Healthcare Services Model
 3. Spector - Cultural Diversity in Health & Illness Model
 4. Andrews and Boyle – Transcultural concepts in Nursing Care
 5. Giger and Davidhizar - The Giger & Davidhizar Transcultural Assessment Model
 6. Purnell: Purnell Model for Cultural Competence
 7. Hart, Hall & Henwood - The Inequalities Imagination Model
 8. Papadopoulos, Tilki & Taylor Model of Developing Cultural Competence
 9. Ramsden - Cultural Safety Model
 10. Vawter, Culhane-Pera, Babbitt, Xiong, P., & Solberg - Culturally Responsive Health Care Model
 11. Kleinman - Explanatory Model
 12. Jeffreys: Jeffreys' Cultural Competence and Confidence model
- B. General and specific culture concepts relevant to providing culturally competent and congruent care
1. Health Belief Model
 2. Social justice
 3. Cultural sensitivity, respect
 4. Cultural safety
 5. Racism & discrimination (ethnicity, sexual orientation, gender, social class, stereotyping)
 6. Cultural conflict (cultural pain, ethnoviolence/genocide)
 7. Health literacy
 8. Diversity
 9. Worldview
 10. Holding knowledge
 11. Subculture
 12. Vulnerable populations



Domain II. Culturally-Based Health, Caring, and Healing Practices (20% of exam)

Competencies:

- 1. Compare similarities and differences in values, beliefs, and practices among three cultural groups across the lifespan.**
- 2. Examine biological variations that impact health care.**
- 3. Address language, communication patterns, and health literacy factors in the provision of nursing care.**

A. Influencing Factors

1. Health values, beliefs, and practices
2. Religious and spiritual care
3. Ethical and legal issues
4. Culture-bound illnesses
5. Indigenous healers
6. Folk care/professional/popular
7. Complementary and alternative therapy modalities
8. Nutritional patterns
9. Lifespan
10. Physical, biological and physiological variations of diverse populations (biological ecology)
 - a. Disease incidence and prevalence, including but not limited to:
 - a. Diabetes and Native American/Appalachian populations
 - b. Hypertension and Black population
 - b. Genetic risk factors, including but not limited to:
 - a. Sickle-cell anemia and Black population
 - b. Thalassemia and Mediterranean heritage
 - c. Skin variations
 - d. Treatment efficacy, including ethnic pharmacology

B. Language and Communication Patterns

1. Artifacts
2. Time: Past, present, and/or future-oriented
3. Family hierarchy
4. Conflict resolution
5. Literacy/Health literacy
6. Teaching-learning principles for diverse populations
7. Communication
 - a. Environmental and social contexts
 - b. Privacy and information sharing
 - c. Verbal Communication
 - i. Interpreters and translators
 - ii. Lack of English Proficiency and Limited English Proficiency (LEP)
 - iii. Lack of, or limited, proficiency in official language(s) of country of residence
 - iv. Communicating “bad news”
 - v. “Saving face”



- d. Nonverbal Communication
 - i. Eye contact
 - ii. Gestures and expression of emotion
 - iii. Use and meaning of silence and touch
 - iv. Personal space

Domain III. Assessment of Cultural Information Relevant to Health Care (10% of exam)

Competencies:

- 1. Demonstrate the use of cultural assessment tools, instruments, enablers, guidelines.**
- 2. Utilize principles of participant observation in cultural assessment.**
- 3. Synthesize assessment data to discover cultural health patterns.**

- A. Assessment tools, instruments, enablers, guidelines
- B. Guidelines for Assessment of Persons from Different Cultures (Ways to interview people, i.e. the concept of respect, birth order, gender issues, key probes, etc)
- C. Methods for Conducting Assessment (gathering data)
- D. One – One interview (although some cultures do not like to be interviewed alone and another person may be included during the process)
- E. Demonstrate use of selection of assessment tools:
 1. Giger, R. & Davidhizar, J.: Cultural assessment guide: gather data on communication, space, biological variations, environmental control, time & social organization.
 2. Spector, R.: Appendix D Heritage Assessment Tool
 3. Purnell, L. & Paulanka, B.: Model for cultural competence surveys following domains:
 - a. Macro aspects: global society, community, family, person, health domains
 - b. Overview, inhabited localities, topography
 - c. Communication
 - d. Family roles & organization
 - e. Workforce issues
 - f. Biocultural ecology
 - g. High-risk behaviors
 - h. Nutrition
 - i. Pregnancy & childbearing practices
 - j. Death rituals
 - k. Spirituality
 - l. Health-care practices
 - m. Health-care practitioners
 4. Andrews, M. & Boyle, J. (2003): Appendix A Transcultural Nursing Assessment Guide assesses the following:
 - a. Biocultural variations & cultural aspects of the incidence of disease
 - b. Communication
 - c. Cultural affiliations
 - d. Cultural sanctions & restrictions
 - e. Developmental considerations
 - f. Educational background



- g. Health-related beliefs & practices
- h. Kinship & social networks
- i. Nutrition
- j. Religious affiliation
- k. Values orientation

F. Cultural Assessment Models

LEARN Model

Berlin, E., and Fowkes, W. (1982). A teaching framework for cross-cultural health care. *The Western Journal of Medicine*, 139(6), 934-938.

RESPECT Model

Bigby J.A. (2003). *Cross-Cultural Medicine*. Philadelphia, PA: American College of Physicians.

Bloch's Assessment Guide for Ethnic/ Cultural Variations Model

Bloch, B. (1983). "Bloch's Assessment Guide for Ethnic/ Cultural Variations." In M. Orque, B. Bloch & L. Monroy (Eds.), *Ethnic Nursing Care*. St. Louis: C.V. Mosby Co.

LIVE & LEARN Model

Carballeria, N. (1996). The live and learn model for culturally competent family services. *Latin American Health Institute, AIA Resource Center, The Source*, Volume 6, No. 3.

ESFT Model

Carillo, J., Green, A., and Betancourt, J. (1999). Cross-cultural primary care: A patient-based approach. *Annals of Internal Medicine*, 130, 829-834.

GREET Model

Chong, N. (2002). *The Latino patient: A cultural guide for health care providers*. Yarmouth, ME: Intercultural Press.

BELIEF Model

Dobbie, A., Medrano, M., Tysinger, J., and Olney, C. (2003). The BELIEF instrument: A preclinical tool to elicit patient's health beliefs. *Family Medicine*, 35(5), 316-9.

CONFHER Model

Fong, C. (1985). Ethnicity and nursing practice; *Topics in Clinical Nursing*, 7(3), 1-10.

Ethnocultural Assessment Model

Jacobsen, F. (1988). "Ethnocultural Assessment." In L. Comaz-Diaz (Eds.), *Clinical Guidelines in Cross-Cultural Mental Health*. NY: Wiley & Sons.



RISK Model

Kagawa-Singer, M., and Kassim-Lakha. (2003). A strategy to reduce cross-cultural miscommunication and increase the likelihood of improving health outcomes. *Academic Medicine*, 78: 577-587.

Patient's Explanatory Model (EM)

Kleinman, A. (1980). *Patients and Healers in the Context of Culture*. CA: University of California Press.

ETHNIC Model

Levin, S., Like, R., and Gottlieb, J. (2000). *ETHNIC: A Framework for Culturally Competent Clinical Practice*. New Brunswick, NJ: Department of Family Medicine, UMDNJ-Robert Wood Johnson Medical School.

TRANSLATE Model

Like, R. (2000). TRANSLATE: For working with medical interpreters. *Patient Care*, 34(9), 188.

ADHERE Model

Like, R. (2004). ADHERE: A Mnemonic For Improving Patient Adherence With herapeutic Regimes. From *The Providers' Guide to Quality and Culture*. [Web site] accessed 10 April 2007 from <http://erc.msh.org/quality&culture>. Published in Soto-Greene, M., Salas-Lopez, D., Sanchez, J., and Like, R.C. (2004). Antecedents to Effective Treatment of Hypertension in Hispanic Populations. *Clinical Cornerstone*, 6(3): 30-36.

INTERPRET Model

Medrano, M., Cominoli, R., Soto-Greene, M., and Debbie Salas-Lopez, D (2002). From the University of Texas Health Science Center at San Antonio and New Jersey Medical School, The University of Medicine and Dentistry of New Jersey, Hispanic Centers of Excellence (a HRSA funded Center).

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Please contact Dr. Medrano at medranom@uthscsa.edu to obtain permission. *Note: Found on page 146 in following document: Campinha-Bacote, J. et al. (2005). *Transforming the Face of Health Professions Through Cultural and Linguistic Competence Education: The Role of the HRSA Centers of Excellence*. Washington, DC: U.S. Department of Health and Human Services, Health Resources and Services Administration. <http://www.hrsa.gov/culturalcompetence/curriculumguide/>

BATHE Model

Stuart, M., and Lieberman, J. (1993). *The Fifteen Minute Hour: Applied Psychotherapy for the Primary Care Physician* (2nd ed.). New York, NY: Praeger.



G. Additional Bibliography

Tripp-Reimer, T., Brink, P., & Sanders, J. (1984). Cultural assessment: Content & process. *Nursing Outlook*, 32 (2), 78-82.

Brennan, S. & Schulze, M. (2004). Cultural immersion through ethnography: The lived experience and group process. *Journal of Nursing Education*, 43 , 6, 285-288.

Bickman, L. & Rog, D. (eds) (1998). *Handbook of applied social research methods* Thousand Oaks, CA: Sage.

Chap 16, Ethnography, by David Fetterman

Chap 17, Focus group research: exploration & discovery, by David Stewart & Prem Shamdasani.

Roper, J. & Shapira, J. (2000). *Ethnography in nursing research*. Thousand Oaks, CA: Sage.

A. Participant Observation (Participating with, reflecting with, nonverbal communication)

B. Ethnographic interviewing

1. Review secondary data, resources, etc.

2. Observe directly (see for yourself)

3. Seek those who are experts about specific issues

4. Case studies and stories

C. Groups (casual or random encounter; focus representative or structured for diversity; community, neighborhood or a specific social group; or formal).

1. Do-it-yourself activities (be a part of activities in community).

2. Mapping and modeling what you see

3. Timelines and trend and change analysis.

4. Contrast comparisons. Asking group A to analyze group B and vice versa.

D. Community meetings or gatherings

1. Analysis and Synthesizing of information gathered

a. Discovering cultural patterns / themes

b. Situated Context of care

c. Artifacts

d. Time / space

Domain IV: Culturally-Based Nursing Care (40% of exam)

Competencies:

- 1. Integrate cultural assessment data in the delivery of care to individuals, families, and communities.**
- 2. Build community partnerships and coalitions for culturally congruent care.**
- 3. Analyze health care organizations/systems for cultural competence.**
- 4. Incorporate best evidence into delivery of care.**
- 5. Analyze regulatory and professional standards/resources for culturally congruent care.**

A. Individual, Family, & Community -Consider country (contexts) of practice using culturally-based nursing interventions

1. Interpreters

a. Skills in working with interpreters



- b. Principles in selection and use of interpreters
- c. Use of relevant models (INTERPRET)
2. Translators
 - a. Differentiate translation from interpretation
 - b. Use of relevant models (TRANSLATE)
 - c. Application of principles of translation
3. Intercultural/cross cultural communication skills
 - a. Trust building
 - b. Negotiating regarding diagnosis, treatment , adherence with treatment regimen
 - c. Skills for apologizing for cross-cultural errors
 - d. Seeking clarification
 - e. Cultural brokering
4. Advocacy
 - a. Cultural brokering on behalf of clients: i.e. Negotiating with managed care
 - b. Advocating for cultural competent/congruent care by other professionals and staff
 - c. Preventing and combating bias, prejudice and stereotypes
 - d. Cultural competent/congruent care for refugees, asylum seekers, the poor, underrepresented, uninsured, minorities, etc.
 - e. Advocating for culturally competent/congruent care for dominant and non- minority groups
5. Ethno pharmacology
6. Referrals
7. Community partnerships
 - a. Partnerships with community leaders
 - b. Resource development for individuals, families and communities
- B. Health Care Systems: Consider country (contexts) of practice
 1. Knowledge of factors influencing health care systems
 - a. Broad societal and global trends
 - i. Current legal and governmental factors influencing care worldwide
 - ii. Government agencies, web sources, and guidelines used worldwide
 - iii. Demographic trends
 - b. Health disparities
 - i. Access to quality care
 - ii. Epidemiology of population health
 - iii. Political Status
 - Immigrants
 - Refugee
 - c. Health policy
 - i. Population focused care
 - ii. *Healthy People 2010* or parallel guidelines used worldwide
 - iii. Guidelines from accrediting agencies for education of health professional and health care organizations (AACN, NLN, JCAHO, Dept. of Health. DHHS, etc., and parallel or similar agencies and guidelines used worldwide)
 - d. Economics of care
 - e. Ethical and legal issues
 - f. Religion
 2. Workforce Diversity
 - a. Promoting multicultural harmony and teamwork



- b. Resources for staff development
 - i. Cross cultural communication
 - ii. Client advocacy
 - iii. Leadership for cultural competency
- c. Performance evaluation incorporating cultural competent care
3. Organizational Cultural Competency
 - a. Knowledge of organizational culture
 - b. Resources: Support for culturally competent/congruent care
 - i. Interpreter services or similar services available worldwide services for refugees and asylum seekers
 - ii. Resources (e.g. Office of Minority Health, OMH, WHO, IOM and parallel or similar resources used worldwide)
 - Position Statements (Governmental and professional)
 - Community leaders
 - Resource development
 - c. Conflict resolution
 - i. Client self-advocacy
 - ii. Natural/lay helpers
 - iii. Partnership with community
 - iv. Knowledge of local communities
4. Prevention and strategies to address discrimination (racial, age, sexual orientation, gender, disabilities, social class, refugees, asylum seekers, and other types associated with diversities and vulnerabilities)
- C. Evidence-based Practice
 1. Uses best evidence in practice

Domain V: Evaluation of Care Outcomes (5% of exam)

Competencies:

- 1. Measure clinical care outcomes.**
- 2. Evaluate client feedback related to acceptance and satisfaction.**
- 3. Incorporate a plan for sustainability of care.**

- A. Client, Provider and organizational outcomes
 1. Care effective in terms of clinical outcomes
 2. Client acceptance / Satisfaction
 3. Provider satisfaction and retention
 4. Financial stability
 5. Low malpractice suits
- B. Sustainability of care intervention
 1. Evaluation of programs i.e. curriculum, such as familiarity with policy, finance, resource allocation, politics, etc.
 2. Continuity of care ->? move to Care Delivery
- C. Methods
 1. Collaborative or Participatory approach
 2. Community partnership building
 3. Reflection on client feedback



4. Quantitative methods
- D. Practice-specific outcomes
 1. Educator: Evaluation of learning outcomes
 2. Clinical staff: Evaluation of patient education learning outcomes
 3. Administrators: Organizational outcomes of cultural competent care with clients
 - a. increased revenue d/t increase use of services by satisfied clients;
 - b. decreased revenue loss d/t overuse of ER or repeated readmission of uncontrolled chronic illnesses such as DM, CHF etc,
 - c. increased consumer satisfaction
 - d. decrease or lack of malpractice suits
 - e. increased access to services by ethnic and vulnerable populations
 - f. decrease in racial and ethnic disparities in health outcomes

Domain VI: Research (5% of exam)

Competencies:

1. Utilize research findings in care.
2. Use recruitment strategies to ensure participation of under-represented populations.
3. Select culturally appropriate methods and tools for conducting research.
4. Use established guidelines for translation of research instruments.

A. Research Process

1. Problem Formation: Understanding the subject's culture, i.e. does the problem statement/hypothesis reflect the researchers' bias about a cultural group?
2. Theoretical Framework: Researchers' "ways of thinking", i. e. are they grounded in culturally sensitive "ways of thinking"?
3. Literature Review:
 - a. Appraisal/critique of research from a transcultural nursing perspective
 - b. Identifying data collection instruments, i. e. with established reliability & validity; but consider cultural relevance
4. Methodology: using methods appropriate to the research question or hypothesis
 - a. Methods commonly used for investigating questions related to culture
 - i. Ethnography & Ethnonursing
 - ii. Participant Observation
 - iii. Phenomenology
 - iv. Grounded Theory
 - v. Historical Research method
 - vi. Participatory Action Research
 - vii. Survey methods
 - viii. Focus Groups
 - ix. Critical Incident Analysis
 - x. Triangulation
 - xi. Quantitative methodologies for testing interventions
 - xii. Combining qualitative and quantitative methods
 - xiii. Others

B. Ethical issues

1. Human subjects approval
2. Special considerations with vulnerable populations



3. Informed consent issues for participants with limited proficiency in the language of the researcher
- C. Methodological Issues
1. Strategies for ensuring qualitative rigor
 - a. Internal validity
 - b. External validity/generalizability
 2. Instruments
 - a. Procedures for Translation of Instruments (back-translation); linguistic analysis
 - b. Selection of appropriate instruments
 - c. Development and use of culturally sensitive measures
 - d. Development and evaluation of quantitative instruments using psychometrically sound methods and rationale
 - e. Evaluate instrument reliability and validity with each study sample (since reliability and validity are not inherent properties of the instrument)
 3. Recruitment and retention of research participants
 - a. Address the history of mistrust of research
 - b. Address challenges of conducting research for diverse populations
 4. Sampling methods to include sufficient representation
 5. Adherence to inclusion & exclusion criteria of subject population in order to justify conclusions & generalizability of findings.
 6. Data collection procedures
 7. Conflicts involved with research interviewing procedures
 8. Use of appropriate consultants with expertise in specific content, domain and instrument used.
- D. Interpretation of the Data/Data Analysis
1. Content Analysis
 2. Criteria for interpreting validity in qualitative research
 3. Verification procedures
 4. Computer software programs for qualitative data analysis
 5. Acculturation as a mitigating factor on outcomes
- E. Findings: If cultural bias has been built into the research, results will reflect these biases; overgeneralization to ethnic groups
- F. Application: Studies that are inherently biased may result in application that is costly and wasteful such as Bushy and Rohr's (1990) study of apnea monitors
- G. Dissemination of Findings
- H. Evidence-Based Practice
1. Evidence-based practice in nursing & healthcare: a guide to best practice / Bernadette Mazurek Melnyk, Ellen Fineout-Overholt.

Domain VII. Professionalism (5% of exam)

Competencies:

- 1. Demonstrate cultural sensitivity and respect in care.**
- 2. Exemplify self-awareness and reflection in practice.**
- 3. Advocate for equity and social justice in health care.**
- 4. Promote cultural competence development in colleagues and organizations.**



A. Professional Attributes of the Transcultural Nurse

1. Cultural Sensitivity
 - a. Empathy
 - b. Desire/motivation
 - c. Commitment
 - d. Compassion
2. Reflection, vision
3. Respect, mutually trusting and respectful relationships
4. Self-awareness (Understanding own biases, cultural values and beliefs)
 - a. Strategies for reducing bias and prejudice
 - b. Acceptance
5. Cultural Humility
 - a. Honesty
 - b. Re-addressing the power imbalances in the patient-healthcare care professional relationship
 - c. Life-long commitment to self-evaluation and self-critique
 - d. Developing mutually beneficial partnerships with communities on behalf of individuals and defined populations.
6. Apologizing when making mistakes: Admission of mistakes, prevention, remediation or correction

B. Leadership

1. Mentoring
2. Role Modeling
3. Collaboration
4. Promoting scholarship

C. Continuing Education

1. Formal
2. Informal



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Journal of Advanced Nursing

Journal of Cross-Cultural Psychology

Journal of Cultural Diversity

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Journal of Gender, Culture, and Health

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Theory, Culture, and Society

Transcultural Psychiatry

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Websites

ADDM Resource Guide

http://www.amsa.org/addm/ADDM_ResourceGuide.doc

ADHERE: A mnemonic for improving patient adherence with therapeutic regimes

<http://erc.msh.org/mainpage.cfm?file=4.4d.htm&language=english&module=provider>

Agency for Healthcare Research and Quality (AHRQ)

<http://www.ahrq.gov/>

Anti-Racism Resources

<http://andromeda.rutgers.edu/~lcrew/antiracism.html>

Awesome Library - Multicultural Site

http://www.awesomeibrary.org/Classroom/Social_Studies/Multicultural/Multicultural.html

Baylor College of Medicine (BCM) Multicultural Patient Care

<http://www.bcm.edu/mpc/home.html>

Center For Cross-Cultural Research

<http://www.ac.wvu.edu/~culture/>

Center for Healthy Families and Cultural Diversity

<http://www2.umdj.edu/fmedweb/chfcd/INDEX.HTm>

CHISPA Project Information

<http://itdc.lbcc.edu/chispa/>

CLAS Act

<http://www.vdh.virginia.gov/ohpp/clasact.asp>

Commonwealth Fund (Underserved populations & patient-centered care)

<http://www.cmwf.org/index.htm>

Cross Cultural Health Care Program (CCHCP)

<http://www.xculture.org/>

Cultural Clues

<http://depts.washington.edu/pfes/CultureClues.htm>

Cultural Competence Resources

<http://ublib.buffalo.edu/libraries/units/hsl/resources/guides/culturalcompetence.html>

Cultural Competency Program (CCP)

<http://www.med.umich.edu/multicultural/ccp/index.htm>

Culturally & Linguistically Appropriate Services National Standards

<http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=15>

Cultural Medicine

<http://www.geocities.com/SoHo/Study/8276/CulturalMed.html>

Cultured Med

<https://culturedmed.sunyit.edu/>

Diversity in Medicine

<http://www.amsa.org/div>

Ethnomed

<http://ethnomed.org/>

Evidenced Based Culturally Competent Care

<http://www.usc.edu/hsc/ebnet/Cc/EBCCC.htm>

Eastern State University's Office of Cultural Affairs

<http://www.etsu.edu/oca/resources.aspx>

Dr. Madeleine Leininger's web page

<http://www.madeleine-leininger.com/>

Health Research & Educational Trust (HRET)

<http://www.hretdisparities.org/Tool-4205.php>

HRSA

<http://www.hrsa.gov/culturalcompetence>

International Cancer Council (ICC)

<http://iccnetwork.org/cancerfacts>

Kaiser Family Foundation - Minority Health

<http://www.kff.org/minorityhealth/index.cfm>

MEDLINEplus Health Information

<http://www.nlm.nih.gov/medlineplus/populationgroups.html>

Multilingual Glossary of Medical Terms

<http://allserv.rug.ac.be/~rvdstich/eugloss/welcome.html>

National Center For Cultural Competence (NCCC)

<http://www11.georgetown.edu/research/gucchd/nccc/research/index.html>

National Council on Interpreting in Health Care

<http://www.ncihc.org/>

National Multicultural Institute (NMCI)

<http://www.nmci.org>

Office of Minority Health Resource Center

<http://www.omhrc.gov/templates/browse.aspx?lvl=1&lvlID=8>

Resources for Cross-Cultural Health Care

<http://www.diversityrx.org/>

Program For Multicultural Health Cultural Competency Division

<http://www.med.umich.edu/multicultural/ccp/index.htm>

The Access Project

<http://www.accessproject.org/>

The Center for Cross-Cultural Health

<http://www.crosshealth.com/>

The Hmong Health Information Project (Hmong HIP)

<http://www.hmonghealth.org>

The Provider's Guide to Quality and Culture

<http://erc.msh.org/mainpage.cfm?file=1.0.htm&module=provider&language=English>

The Robert Wood Johnson Foundation

<http://www.rwjf.org/index.jsp>

Think Cultural Health

<http://thinkculturalhealth.org/>

Transcultural Nursing Society (TCNS)

<http://www.tcns.org>

Transcultural C.A.R.E. Associates

www.transculturalcare.net

Walking the Walk: Links to Diversity

<http://www.fpg.unc.edu/~walkingthewalk/pages/links.cfm>

Transcultural Nursing Certification Application



Transcultural Nursing Society
36600 Schoolcraft Rd.
Livonia, MI
USA
48150-1176
Phone: 888-432-5470
Email: Staff@tcns.org
www.tcns.org

Date: Applying for CTN-Basic(CTN-B)

Name: Credentials:

Address Line 1:

Address Line 2:

City: State/Province:

Zip/Postal Code: Country:

Job Title & Organization:

All materials should be submitted using the contact information listed above.

Email: *Email is our primary form of contact. You must supply a valid email address.*

Primary Phone:

Date of Birth:

Last Four Digits of your Social Security Number:

Transcultural Nursing Society Member

Member Number:

I am not a Transcultural Nursing Society Member

EDUCATION:

Please indicate highest level of nursing education completed.

Diploma
 Associates Degree
 BSN

Other Please List:

I. BASIC ELIGIBILITY CRITERIA

Applicant must meet **all five** of the criteria listed below. Check each criteria to indicate you have met that requirement prior to applying for certification.

1. Hold a current, active, unrestricted RN license in a state or territory of the United States or the professional, legally recognized equivalent in another country

State:

Country:

License Number:

2. Hold a diploma, an associate, or BSN degree from a program accredited by the Commission on the Collegiate of Nursing Education (CCNE) or the National League for Nursing Accrediting Commission (NLNAC) if school is in the US; or legally recognized equivalent in another country.

3. Currently employed or self-employed in nursing, either full or part time, at the time of application

4. Completed at least one course (didactic and/or clinical) in cultural diversity and promotion of cultural competence with a minimum of 3 credits (or equivalent 42 Continuing Education Hours/Units)

5. Completed 2400 hours of transcultural nursing practice as a registered nursing in administrative, teaching, research, or clinical capacity, either full or part time within the previous five years. Description of practice: The CTN applicant may practice in diverse settings including primary care, community settings/rural/remote area nursing, and long-term care across the life span and is actively engaged in education (e.g. patient, staff, students, and colleagues), case management, clinical practice, consultation, research, and/or administration.

Certification in Transcultural Nursing is achieved by nurses who pass an examination based on the accompanying Content Outline and Reference List, and attest that they will submit a portfolio (if required by random audit) of evidence that meets the criteria. My signature below indicates that I have documented evidence and will submit to any random audit required. I am also that the TCNCC will analyze all data received from the exam and that it will be aggregated and so that no individual can be identified.

Signature:

Testing Site Information

* If you would like to test at a University, or testing location closer to your home, please email Lisa Dobson: ldobson@tcns.org for more information on how to make special testing arrangements.

Name of Testing Site:

Address

City State Zip Code

Country Test Date:

Contact Name:

Phone Number Email:

Test site chosen is a member of the National College Testing Association. www.ncta-testing.org/cctc/find.php *

I agree to follow all testing site guidelines and exam guidelines as listed in TCNCC testing guide.

Check here to indicate that you will require a special accommodation to be made for your testing.

Please attach information documenting your needs. See exam guide for more information.

Payment Information

We can only accept checks from US Banks for US funds. Credit cards can be used from any country. We only accept VISA and MasterCard.

Date: Check Enclosed Credit Card

Billing Name:

Billing Address 1:

Billing Address 2:

City: US State:

Zip Code: Country:

Credit Card Information MasterCard or VISA

Credit Card Number: Expiration Date:

Amount: Three Digit CVV Code on back of Credit Card:

Signature:

FEE STRUCTURE : TCNS Members: \$300 Non - TCNS Members: \$400

Returned Check Fee: \$25.00 Fee is charged for all returned checks.

CANCELLATION: \$75.00 non-refundable administrative fee applies to all cancelled test dates.

Application should be submitted by email or postal mail to:

Transcultural Nursing Society, 36600 Schoolcraft Rd., Livonia, MI, 48150-1176, USA or Email: Staff@tcns.org

For Office Use Only:

Non-TCNS Member Number Assigned:

Date Received:

CC Processed By:

Amount:

Authorization Number:

Declined/ Reason: