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
<table>
<thead>
<tr>
<th>Exam Dates</th>
<th>Application Deadlines</th>
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</table>
| 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. |
| You must apply at least five weeks prior 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. |
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.tcn.org](http://www.tcn.org) or contact TCNS at:

Transcultural Nursing Society - Contact Information

Mailing Address:
Transcultural Nursing Society
37637 Five Mile Rd., #319
Livonia, MI  48154-1543

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 (NCTA) to facilitate distance learning. For more information regarding testing standards, please go to: [http://www.ncta-testing.org/cctc/find.php](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 religions 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 Certification Commission (TCNCC) -

Transcultural Nursing Society
37637 Five Mile Rd., #319
Livonia, MI 48154-1543

PHONE: (888)432-5470  Toll Free

Email: staff@tcns.org
Web: www.tcns.org
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
   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:  
   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  
      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  

RESPECT Model  

Bloch’s Assessment Guide for Ethnic/ Cultural Variations Model  

LIVE & LEARN Model  

ESFT Model  

GREET Model  

BELIEF Model  

CONFHER Model  

Ethnocultural Assessment Model  
RISK Model

Patient’s Explanatory Model (EM)

ETHNIC Model

TRANSLATE Model

ADHERE Model

INTERPRET Model
Medrano, M., Cominolli, 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).
*This work may not be translated or copied in whole or part, transmitted in any form by any means (electronic or mechanical), including photocopying, recording, storage in an information retrieval system or otherwise, without the written permission of the authors.

BATHE Model
G. Additional Bibliography


   Chap 16, Ethnography, by David Fetterman
   Chap 17, Focus group research: exploration & discovery, by David Stewart & Prem Shamdasani.

   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.
   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. Ethnopharmacology

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, JCAHÖ, 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

**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
Books


**Book Chapters**


Journals/Periodicals


**Journals**

American Indian Culture and Research Journal
American Journal of Health Promotion
American Journal of MultiCultural Medicine
American Journal of Public Health
Association of Black Nursing Faculty (ABNF)
British Journal of Nursing
Canadian Journal of Nursing

Edited by John Daly and Debra Jackson, entitled "Advances in Contemporary Transcultural Cultural Nursing." It is dedicated to Madeleine Leininger and discusses articles on globalization, culture and health, cardiovascular health, and mental health with a particular Australian focus.

Edited by Akram Omeri and Marilyn McFarland, entitled “Advances in Contemporary Transcultural Nursing (2nd ed.).” This issue addresses the application of Leininger’s theory to practice, education, and research.

Cultural Diversity and Ethnic Minority Psychology
Culture & Psychology
Ethnicity & Disease
Health Values
Hispanic Health Care International
Hispanic Journal of Behavioral Sciences
Holistic Nursing Practice
International Journal for Human Caring
International Journal of Intercultural Relations
Journal of Advanced Nursing
Journal of Cross-Cultural Psychology
Journal of Cultural Diversity
Journal of Ethnic & Cultural Diversity in Social Work
Journal of Gender, Culture, and Health
Journal of Health Care for the Poor and Underserved
Journal of Holistic Nursing
Journal of Immigrant Health
Journal of Multicultural Nursing & Health
Journal of the National Medical Association
Journal of the National Black Nurses’ Association (JNBMA)
Journal of Nursing Education. (2006). 45(7). Entire July issue is devoted to cultural competence in nursing education.

*Journal of Transcultural Nursing*


Medical Anthropology

Medical Anthropology and Medicine

Minority Nurse

Nursing & Health Care

Nursing and Healthcare Perspectives


Theory, Culture, and Society

Transcultural Psychiatry

Western Journal of Medicine

Western Journal of Nursing Research

Worldviews on Evidence-based Nursing

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.awesomelibrary.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.wwu.edu/~culture/

Center for Healthy Families and Cultural Diversity
http://www2.umdnj.edu/fmedweb/chfcd/INDEX.HTM

CHISPA Project Information
http://itdc.lbcc.edu/chispa/

CLAS Act

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

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

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
Transcultural Nursing Certification Application

Applying for CTN-Basic (CTN-B)

Date: 

Name: 

Credentials: 

Address Line 1: 

Address Line 2: 

City: 

State/Province: 

Zip/Postal Code: 

Country: 

Job Title & Organization: 

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: 

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 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).

   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.

5. Completed 2400 hours of transcultural nursing practice as a registered nurse 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: 

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

Name of Testing Site: 
Address:  
City:  
State:  
Zip Code:  
Country:  
Test Date:  

☐ 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. 

Payment Information

Date:  

Billing Name:  
Billing Address 1:  
Billing Address 2:  
City:  
US State:  
Country:  
Zip Code:  

Checking Enclosed  
Credit Card  

Credit Card Information  

MasterCard  or  VISA  

Credit Card Number:  
Expiration Date:  
Amount:  
Three Digit CVV Code on back of Credit Card:  
Signature:  

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. 

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:  

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