Cultural values and beliefs are important in relation to death and dying. Overall, over 90% of the participants at both Nathan Adelson Hospice and Creekside Hospice found the teaching intervention effective and were likely to use the information in their practice.

Project Goal/Outcome
Effective community role performance among hospice staff and volunteers related to knowledge of role competency and understanding of desired education and training.

Teaching Plan
The teaching plan was developed considering the target audience, learning needs, style, and barriers; as well as, content topics and teaching methods. Several resources were used including Campinha-Bacote’s cultural competency model (see Figure 2), Bloom’s Taxonomy, etc.

Nursing Diagnosis
Risk of ineffective community role performance among hospice staff and volunteers related to knowledge deficit and lack of education about different cultures, inadequate role competency regarding cultural competence in grief and loss, and lack of training and resources pertaining to cultural competency in grief and loss (Ackley & Ladwig, 2011).

Planning and Implementation

The SMART objectives are that by the end of the presentation, 80% of the participants will score a 4 or higher on the posttest survey items, showing that the participants:

- Will know the need for and importance of cultural competency in hospice care.
- Will be able to define the process of developing cultural competency.
- Will be able to recognize the barriers of cultural competency.
- Will be able to identify cultural variations of expressing grief and bereavement.
- Will be able to distinguish what to do/not to do when caring for an individual of a different cultural background.
- Will understand the different cultural practices and rituals about death and dying.
- Will be able to apply this information in their practice and patient interactions.

Evaluation

By the end of the presentation, 80% of the participants will:

- Know the need for and importance of cultural competency in hospice care by scoring a 4 or higher on the posttest survey questions 7a, 7b, and 8a.
- Be able to define the process of developing cultural competency by scoring a 4 or higher on the posttest survey questions 7b, 7c, and 8a.
- Be able to recognize barriers of cultural competency by scoring a 4 or higher on the posttest survey questions 7d, 7e, and 8a.
- Understand the different culture practices and rituals about death and dying by scoring a 4 or higher on the posttest survey questions 7a and 7b.
- Be able to identify the Cultural variations of expressing grief and bereavement by scoring a 4 or higher on the posttest survey question 8.
- Be able to distinguish what to do/not to do when caring for an individual of a different cultural background.
- Be able to apply this information in their practice and patient interactions by scoring a 4 or higher on the posttest survey questions 8a and 8b.

Weaknesses
- Short notice given to NAH resulted in low attendance and participation.
- Limited time spent on windshield survey resulted in weak assessment.

Strengths
- Good partnership was formed with both facilities.
- Both facilities’ education directors were satisfied with the teaching plan.
- Good partnership was formed with both facilities.

Recommendations
- Allocate sufficient time for windshield surveys, interviews, and direct observation of the community.
- Consider participants’ literacy level and expertise when presenting the teaching plan.
- Schedule trainings in various times to cater the target population’s schedules.
- Provide a conducive learning environment to facilitate effective discussion and interactions among participants.

Conclusion
Enhancement of cultural competency in health care is crucial in eliminating health disparities and increasing patient satisfaction. The identified need for cultural competency education for the Nathan Adelson and Creekside Hospice staff and volunteers was successfully implemented with the use of the community-focused nursing process. Campinha-Bacote’s cultural competence model, and many other resources. The goal of effective community role performance pertaining to cultural competency in grief and loss among target population was achieved for both facilities. Also, the teaching plan and materials have successfully equipped the staff and volunteers, as well as the nursing educators of both facilities with the necessary resources about caring for diverse patient populations.