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Cultural Competence Objective Structured Clinical Examination for Student Nurse Anesthetists

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CULTURAL COMPETENCE OBJECTIVE STRUCTURED CLINICAL EXAMINATION FOR STUDENT NURSE ANESTHETISTS

by

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Dr. Stephanie Parks, Committee Member

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ABSTRACT

The landscape of ethnicity is growing increasingly diverse. In 2017, the U.S. Census Bureau estimated that by the time the 2020 Census is conducted, over half of the nation's children will be of a minority group (U.S. Census Bureau, 2017). With this evolution in cultural variety comes a necessity to incorporate exposure and training of cultural competency into professional health programs. Student registered nurse anesthetists (SRNAs) are a key demographic to professional growth within the realms of cultural competence as related to the field of nurse anesthesia. Along with clinical skills and advanced knowledge, cultural competence should be equally developed. The synthesis of evidence reveals a lack of formal cultural awareness training.

This doctoral project developed an objective structured clinical examination (OSCE) to assist in closing the gap in cultural competence education. An OSCE benefits learners by being both reliable and objective. Students receive feedback from the evaluator and are able to evaluate their performance. The provision of an immediate response provides an opportunity to repeat and observe potential growth within the given area.

The doctoral project investigators developed two OSCE simulation scenarios. Four volunteer SRNAs assisted with the trial of each scenario. The first scenario utilized two of the volunteers within a language barrier scenario. The next scenario incorporated the remaining two volunteers into a literacy barrier scenario. The volunteers completed post-OSCE evaluations rating the OSCE and the overall experience. An expert panel was formed from four nurse anesthesia faculty members plus one other nursing faculty

member. The panel members viewed the recorded simulations, completed evaluations, and provided constructive feedback.

A Likert-scale survey was administered to each expert panel member as well as all SRNAs involved in scenario trials. Based on volunteer Likert-scale evaluations, the experience-rated an average of 29.75 out of 30 total points. The expert panel rated each scenario separately. The language barrier scenario received an average of 29.5 out of 30 points; the literacy barrier scenario also received an average of 29.5 out of 30 points. Overall, the reactions from all volunteers and expert panel members were positive and indicated a necessity for such a learning tool within the Nurse Anesthesia Program.

ACKNOWLEDGMENTS

We would like to thank our committee chair, Dr. Michong Rayborn for her guidance and encouragement throughout this strenuous process. We would also like to thank our committee member, Dr. Stephanie Parks for her support and input on our project. Finally, we would like to thank Anthony Felipe for his technical support.

DEDICATION

Loryn

This doctoral project is dedicated to my grandparents with 4th and 8th-grade educations who had the foresight to push their children to higher learning. To my parents who continued to expect nothing but the best from their children. Parents who listened to countless frustrations offered encouraging words, and continually motivated me to achieve what they always knew I was capable of achieving even when I doubted myself. Also, to my Tougaloo College mentor, Dr. Candice Love Jackson, who cultivated my writing skills, my friends that constantly emboldened me, and God who will not let me fail. My accomplishments would not be possible without their constant sacrifice and support.

Ashley

I would like to dedicate this project to my parents, family, and friends who continually encouraged and supported me throughout this process. Without their love, support, and motivation, completing this project would have been an impossible task. They are all a part of my success and I will be forever grateful. Last, but certainly not least, I thank God for guiding me every step of the way. Without Him, none of this would have been possible.

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LIST OF ABBREVIATIONS

ASHA	American Speech-Language-Hearing Association
CRNA	Certified Registered Nurse Anesthetist
DNP	Doctor of Nursing Practice
IRB	Institutional Review Board
NAP	Nurse Anesthesia Program
OSCE	Objective Structured Clinical Examination
SRNA	Student Registered Nurse Anesthetist
USM	The University of Southern Mississippi

CHAPTER I - INTRODUCTION AND PROBLEM

The term culture is not merely limited to an individual's race or ethnicity. Culture is a "specific individual or group's beliefs, values, norms, and lifeways that can be shared, learned, and transmitted; it influences people's thinking, decisions, and behaviors in their everyday life" (Cai, 2016, p. 269). For one to be culturally competent, he or she must possess and display the ability to interact effectively with individuals from different backgrounds. Cultural competence encompasses a certain level of respect for beliefs and practices that may vary from the providers' personal beliefs (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). Despite the possibility of differing viewpoints, respect must be garnered to provide optimal care to patients and foster a trusting relationship between provider and patient.

Cultural competence can significantly affect the quality of care delivered to patients. The provider must be willing and able to offer unbiased, inclusive care to every individual. The patient cannot receive quality care if his or her basic needs or issues are an oversight.

When discussing cultural competence, it is also important to mention cultural humility. While cultural humility encompasses cultural competence, it is not seen as a trait that can be mastered; instead, cultural humility is seen as an attribute that entails a lifetime of learning. The primary difference between cultural humility and cultural competence is the attitude, rather than knowledge or skill. Cultural humility requires an open attitude and a willingness to listen, learn, collaborate, and negotiate (Fahlberg et al., 2016).

The introduction of various cultures in a controlled environment can aid in reducing the inherently high-stress levels present within the SRNA population. Exposure to different cultures in a nonintimidating environment should alleviate some of the expected stress that goes along with a new student provider role in inpatient care. The use of simulation tools allows students a safe, organized situation to practice and perfect critical thinking, clinical decision making, and psychomotor skills without the risk of harming actual patients. Harmful stress levels can cause undesirable effects on a student's health, productivity, learning ability, and coordination in complex tasks (Chipas et al., 2012). Furthermore, high stress on a student registered nurse anesthetist (SRNA) can lead to poor patient outcomes.

Background and Significance

The population healthcare workers serve is growing increasingly diverse; therefore, it is crucial that each provider receives adequate training on interactions with diverse populations. Exposure should be initiated in the training process and must be ongoing. According to the U.S. Census Bureau, the 2020 Census will likely show that more than half of the nation's children are a part of a minority ethnic group or race (U.S. Census Bureau, 2017). This trend in cultural growth points to a need for cultural competence and sensitivity training. Providers' knowledge-bases should consider the various ailments and predispositions these groups may possess to better serve the patient population. The provider should be prepared to deliver unbiased care to each individual regardless of differing lifestyles or backgrounds.

Providers should find it vital to identify and acknowledge personal biases before interacting with patients. Patients can easily sense when a provider is being disrespectful

or insensitive to personal beliefs. This feeling experienced by the patient can quickly turn into poor satisfaction surveys that ultimately affect hospital reimbursement and the facility's bottom line. If for no other reason, finances should motivate educational institutions and health facilities to enhance cultural competence.

A part of culturally competent care includes consideration of various languages and related barriers that may exist. Readily available access to interpreters, translators, and written correspondence in various languages common to the region is of great importance. Not only should language barriers be considered, but literacy levels should be evaluated as well. Poor literacy and lack of adequate comprehension could prevent effective treatment and impede timely recovery. Laymen's terms should replace medical jargon to better foster a trusting rapport with the patient. In order for providers to administer the safest care, patients must be able to disclose pertinent medication interactions and allergies in a manner that providers can understand.

Cultural Competence

As mentioned previously, culture is a "specific individual or group's beliefs, values, norms, and lifeways that can be shared, learned, and transmitted; it influences people's thinking, decisions, and behaviors in their everyday life" (Cai, 2016, p. 269). Cultural competence encompasses a certain level of respect for beliefs and practices that may vary from the providers' personal beliefs (SAMHSA, 2014). Awareness of their own beliefs and biases allows healthcare providers to offer better care to their patients.

Expecting each provider to know each culture and subculture's particular customs and beliefs is not feasible. With attempting to learn a culture's customs and traditions, there is an inherent risk of feeding into stereotypes (Cai, 2016). Each individual, family,

community, and region have their own ways of operating, but it is reasonable for the provider to have an open mind and work with the patient as a team member. It is realistic for each provider to reflect upon his or her own beliefs, values, and preconceived notions, and be mindful of those thoughts when interacting with every patient (Fahlberg et al., 2016).

Cultural Humility

Cultural humility varies from cultural competence in that cultural humility is not seen as a trait that can be mastered. Based on the article by Fahlberg, Foronda, and Baptiste, cultural humility entails several keys. The first is to be open and inquisitive; to learn from the patient and family what is important to them. Secondly, the provider must display a certain level of self-awareness. They must examine their own beliefs in an honest assessment as to avoid imposing their values upon the patient. The provider must also be aware that others have experiences that have shaped their belief systems; those systems must be respected without judgment. The last three points are to be egoless, self-reflect, and to engage in lifelong learning (Fahlberg et al., 2016). This approach to cultural thinking and training is one that is continual throughout one's entire life.

Objective Structured Clinical Examination

Objective Structured Clinical Examination (OSCE) is a form of patient simulation that has been an effective method of directly evaluating and assessing clinical performance (Siddaram & Anil, 2018). The use of OSCEs in healthcare education has increased as a result of its' reliability and objectivity (Jindal & Khurana, 2016). OSCEs allow instructors to provide students with feedback on their performance while measuring the effectiveness of their teaching styles and modalities (Jindal & Khurana, 2016).

The use of OSCEs can help students learn to become more culturally humble providers through the introduction of diverse cultures, ethnicities, religions, values, and disabilities that they may not otherwise encounter in their formal clinical education (Aronowitz et al., 2017). There is no guarantee that every student will be exposed to diverse individuals during their clinical education. However, simulation can present complex situations that allow them to practice flexible approaches to patients from various backgrounds.

Cultural Competence Objective Structured Clinical Examination

The country's rapidly changing population dictates a change in provider training. Although the nurse anesthesia workforce is steadily diversifying, it remains a predominantly Caucasian profession. According to Diversity CRNA, there were 53,000 certified registered nurse anesthetists (CRNAs) within the United States as of 2018. Of those 53,000, a mere 11% were of ethnic backgrounds (Diversity in Nurse Anesthesia, 2019). The backgrounds included with the respective representation were as follows: African American 1.3%, Hispanic 2.5%, Asian/Pacific Islander 2.7%, Native American 0.7%, and Other/Non-Caucasian 3.8% (Diversity in Nurse Anesthesia, 2019).

According to the U.S. Census Bureau, the country's population will be more diverse than ever in the year 2020 (U.S. Census Bureau, 2017). With the ever-changing population, new challenges are presented. Keeping up with the changing population during the training of healthcare providers is a logical decision. Many people are not frequently exposed to individuals of varying cultural backgrounds. The intent of this OSCE is not to hold every student liable for knowing the ins and outs of every single

cultural tradition, but to build upon and further instill a sense of open and non-biased simulated learning.

OSCEs are ideal for developing and practicing skills that are generalizable with any culture (Aeder et al., 2007). A cultural competence OSCE allows students to navigate real clinical scenarios to better understand specific cultural issues. The goal was to teach SRNAs how to explore and manage differences in perspectives, beliefs, and values while encouraging active participation and learning (Aeder et al., 2007). Deliberate practice with immediate feedback leads to improved performance (Kiernan, 2018). Additionally, the OSCE based scenarios were intended to promote self-evaluation and reflection which will enrich the overall learning value.

Purpose Statement

Anesthesia providers have a fundamental obligation to provide safe, quality care to a broad variety of patients. The vast array of cultural backgrounds encountered should not encumber that quality or hinder the patients' well-being. The purpose of this project was to increase anesthesia students' cultural competence during the preoperative period through the implementation of a cultural competence OSCE. The OSCE provided an environment and opportunity for SRNAs to openly discuss and be exposed to interactions with individuals of varying cultures (Lejonqvist et al., 2015).

Project Model

Madeleine Leininger's Cultural Care Diversity and Universality Theory has been the footing for many works as related to culture, including this Doctor of Nursing Practice (DNP) project (Fahlberg et al., 2016). The theory explains how cultural factors influence how individuals view and experience health and illness (Fahlberg et al., 2016).

While Leininger's theory is the basis for many studies on cultural care, there has been an expansion of her ideas. The addition of cultural humility is one such extension. Cultural humility requires self-reflection and collaborative carefree of judgment (Fahlberg, et al., 2016).

One desired outcome from the implementation of this learning environment was to provide an adequate learning experience to foster more inclusive preoperative interviews and patient interactions by SRNAs. Rather than providing all the tools needed to effectively interact with patients, this OSCE was meant to facilitate lifelong learning Another outcome was for students to apply the tools and information gained from the OSCE to everyday patient interactions and to continue to evolve in the interactions of diverse populations.

Doctor of Nursing Practice Essentials

The DNP eight essentials are the foundational competencies that outline the foundational competencies that are central to all advanced nursing practice roles, (American Association of Colleges of Nursing [AACN], 2006). All eight essentials influenced this project; however, Essentials II, III, V, and VIII were most heavily relied upon. The depth and focus of these four competencies are discussed below.

Essential II is the organizational and system leadership for quality improvement and systems thinking. Essential II states that DNP graduates will work towards the improvement of patient and healthcare outcomes. This doctoral project directly related to the improvement of care and outcomes. Consideration of a patient's cultural aspects plays into holistic care; thus, it can have major impacts on perceived and actual health care

rendered. The development and implementation of a cultural competency OSCE affect both current and future patient populations.

Essential III is clinical scholarship and analytical methods for evidence-based practice. This essential enables the use of research to reliably improve healthcare practice and outcomes (AACN, 2006). Research conducted by a former student of USM's Nurse Anesthesia Program (NAP), Dr. Emma To, was the inspiration for developing a cultural competence OSCE (To, 2018). Her previous findings regarding the lack of cultural competence training were the impetus for an attempt at improving the NAP.

Essential V is a healthcare policy for advocacy in health care. The creation of a cultural competence OSCE falls into this essential due to the advocacy for cultural sensitivity. Exposure to a simulated learning environment can have a powerful impact on providing safer and better-quality health care for all.

Essential VIII is advanced nursing practice. This doctoral project was meant to refine skills within the realm of culture. The OSCE will serve as a guide and support to better patient outcomes and improved delivery of care. As previously stated, all eight essentials influenced this doctoral project; however, Essentials II, III, V, and VIII were most heavily relied upon. Additional information regarding the use of each essential can be found in Appendix C.

Synthesis of Evidence

Methods of assessing nursing student's competence often vary across programs. Educators are continually researching the best approach to teaching and evaluating clinical skills. Simulation-based training is becoming increasingly popular in healthcare education. Simulations are not only able to assess clinical skills, but also judgment, and

application in ways that are not easily evaluated through traditional testing (Aronowitz et al., 2017). The growing trend in the use of simulation bridges the gap between classroom knowledge and the clinical application of skills. Simulation provides a more realistic learning environment that is highly effective in learning new skills.

The theory of cultural humility can apply as a model of care for any individual, family, group, community, or institution (Fahlberg et al., 2016). Merging simulated learning environments with cultural learning and training provides a realistic experience for the student. The student is given the opportunity to interact with varying populations and receive immediate feedback from an evaluator. The feedback can serve as a guide to improve future interactions. Feedback offers the opportunity to continue working on the lifelong mission of cultivating cultural humility. Reinforcement of diverse interactions will improve upon safe and efficient care delivery.

Search Strategy

A search of peer-reviewed literature amongst five databases was conducted for the collection of relevant information. These databases were EBSCO- host, MEDLINE, CINAHL with full text, Google Scholar, and PUBMED. The search was limited to publications published between 2015 and 2019. When the phrase “cultural competence in nurse anesthesia” was entered into two of the five databases, “no results” were found. However, the other three yielded a total of over 8,000 articles. The next searched phrase was “cultural competence in nursing,” which returned over 27,000 results. The phrase “cultural humility in nursing” produced over 14,000 results. A review of the results revealed that not all of the results were explicitly related to nurse anesthesia. They were, however, inclusive of nurse, culture, or anesthesia. “Cultural competence OSCE” was

also searched with the year limits set from 2015-2019. The search yielded 21 results, with none related to nurse anesthesia. All of the results were related to health care and diverse cultures and groups, however, not all were nurse related. There was a lack of substantial information as it related to nurse anesthesia. Upon analyzing the evidence most related to this doctoral project, five articles were evaluated using a literature matrix (see Appendix A).

Summary

Cultural competence is a vital and necessary component of any healthcare training program. To effectively and holistically treat a patient in a high-quality manner, each provider should be aware of his or her thoughts and opinions. Developing cultural humility is a lifelong challenge for all healthcare providers. The proposed cultural competence OSCE was an opportunity for controlled exposure to various clinical scenarios in which the student will be faced with a patient of a differing culture. With this simulated environment, students were provided with beneficial feedback from evaluators that can assist in future patient interactions.

CHAPTER II - METHODOLOGY

Observation and literature review indicated the need for a method of teaching cultural competence that requires the application of knowledge and skills. OSCEs have become widely used by medical schools for teaching and evaluating skills (Jindal & Khurana, 2016). Cultural competence training not only reduces provider bias but can also lead to improved healthcare outcomes. Chapter II will explain the methods used for this doctoral project.

Population and Sample

The population for this project was SNRAs at the NAP at The University of Southern Mississippi (USM), which is a 36-month, nine-semester program that results in a DNP degree. The coursework in the first 12 months of the program are strictly didactic. Students start clinical rotations after completing their first year of coursework. The sample for this project included four USM SRNAs who completed the first 12 months of the NAP program and started clinical rotations. Exclusion criteria were SRNAs who had not completed the first 12 months of the program and started clinical rotations and those SNRAs at other NAPs. A sample size of four SRNAs was chosen to test the OSCE on a small scale. The participating students were selected on a voluntary basis. Two case scenarios were developed using evidence-based research. During each simulation, one student played the role of a patient and the other student served as the anesthesia provider; both co-authors of this OSCE evaluated all participants using a rubric (see Appendices H and I).

The learning objectives for the OSCE included the following: (1) effectively communicate with a patient from a different cultural background, (2) listen to the

patient's needs and concerns, (3) understand that a patient's healthcare decisions can be shaped by their cultural beliefs, (4) demonstrate an understanding and respect for the patient's cultural beliefs, and (5) work with the patient to develop a plan that fits their needs.

Instrument

Permission was obtained from the American Speech-Language-Hearing Association (ASHA) to use the Cultural Competence Checklist: Personal Reflection (Appendix G). The permission letter to use the checklist is found in Appendix E. The self-assessment tool was developed to allow individuals to determine their cultural competency through self-evaluation. The results of this checklist could then be utilized to improve the delivery of care to culturally diverse populations. The ASHA tool was given to participants before the simulation to determine a baseline cultural competency. A post-test evaluation was administered after the simulation for the participants to rate the usefulness of the education intervention found in Appendix K.

Procedures and Educational Intervention

Development of the cultural competency OSCE at the USM NAP was inspired by a suggestion for future directions within graduate, Dr. Emma To's doctoral project. Approval to implement this training into the anesthesia program was requested and approved by the USM NAP Coordinator and designated faculty advisor. After receiving the approval of the USM Institutional Review Board (IRB) (Appendix B), an invitational email was sent to SRNAs to obtain volunteers for the cultural competency simulation (Appendix F).

Participation was completely voluntary. The first four students to respond to the recruitment email were chosen to complete the cultural competency OSCE. The email announcement indicated the need for at least one bilingual student. The bilingual student was placed in the language barrier scenario while the remaining three students were randomly assigned. Each student completed one simulation activity. The first scenario focused on language barriers and the second scenario centered around reading literacy. All participating students completed a consent form (Appendix M) allowing for video recording of the simulation and the results to be analyzed without their identity being disclosed. As stated before, the ASHA tool was given to each participant before starting the simulation to determine a cultural competency baseline. The participants were also given a list of learning objectives, general instructions, and a case study before beginning the simulation activity.

Analysis

Upon completing the OSCE module, the participants evaluated their experience and discussed their performance during a debriefing session. All participants completed a simulation evaluation survey and a debriefing form. These forms measured whether cultural competence improved during the OSCE. The Cultural Competence Checklist completed before the simulation aided in measuring growth between baseline and post-OSCE completion. See Appendix K for the post-evaluation survey.

The post-test evaluation survey was ranked on a 5-point Likert scale from 1 (strongly disagree), 2 (disagree), 3 (undecided), 4 (agree), and 5 (strongly agree) on whether the participant felt the OSCE would improve upon their cultural humility. Both participants' scores were averaged then totaled. A score of 24 to 30 proved a significant

growth in cultural competence, while a score of 6 to 12 represented little to no improvement. The goal was to determine whether SRNAs gained cultural awareness that they can utilize in their clinical practice.

After viewing the recorded OSCE simulations, the expert panel members completed a similar 5-point Likert scale for each of the OSCE scenarios. The scores from the expert panel members' evaluations were averaged then totaled as well. A scoring system similar to the student participant's' scoring system was used to evaluate the panel members' scores. A score of 24 to 30 represented significant approval of the usefulness of the OSCE, while a score of 6-12 represented disapproval of the OSCE's usefulness.

Summary

The cultural competence evaluation was largely a self-reflection upon the volunteers' perception of their interactions. The utilization of a Likert scale post-survey evaluation, as well as a debriefing form, served to assist the learner in ways the simulation improved their interactions as well as ways that could be improved. Feedback from the self-reflection and debriefing should serve as the foundation for the ongoing journey to cultural humility. The expert panel's evaluation provided professional feedback and future suggestions.

CHAPTER III - RESULTS

This project examined whether a cultural competency OSCE would be beneficial to improve the SRNA's ability to perform a preoperative assessment based on cultural differences. The participants were supplied with a pre-OSCE self-reflection to gauge his or her attitudes towards people of cultures different from their own. Participants were also given a post-OSCE debriefing form and review of their performance. The participants' post-OSCE evaluation produced scores based on their OSCE performance; the scores also demonstrated whether each student found the simulation to be helpful with personal growth. In addition to the participants completing surveys, a panel of experts completed similar evaluations. Tables 1 through 3 display the aforementioned results.

Overview

Four SRNAs participated in the OSCE simulations. The data represented in Table 1 were gathered from all four student participants. Two students served as patients in their respective scenarios, while the other two served as the interviewing practitioner. The post-OSCE evaluation was ranked on a 5-point Likert scale ranging from 1 (strongly disagree), 2 (disagree), 3 (undecided), 4 (agree), and 5 (strongly agree) on whether the participants found the OSCE realistic, beneficial to personal growth, and whether the OSCE followed the pre-established objectives. The average of each question was more than 4 out of 5 possible. A totaled average of survey scores of 24 to 30 proved a significant impact of the OSCE in cultural competence, while a score of 6 to 12 represented little to no bearing. The totaled average for overall scores for the sample of four participants was 29.75 out of a possible 30 points. This total average score indicates

a positive assessment of the OSCE. Participants noted how realistic the OSCE was and the benefit of having such a tool for preoperative assessment preparation.

Table 1

Participant Post OSCE Evaluation

Questions	Average (minimum 1, maximum 5)
The simulation experience will improve my performance in the clinical setting.	5
The simulation experience will help improve my critical thinking skills.	4.75
The simulation experience was realistic.	5
The simulation experience allowed me to practice my preoperative interview skills.	5
The simulation scenario supports OSCE objectives.	5
The simulation was a valuable learning experience.	5
Total average	29.75

An expert panel, composed of four nurse anesthesia faculty members and one faculty member from another nursing program, viewed the recorded simulations and subsequently completed a Likert-scale evaluation. Each panel member completed separate evaluations for the literacy barrier scenario as well as the language barrier scenario. A total averaged score of 24 to 30 indicated a significant impact of the OSCE in cultural competence, while a score a 6 to 12 represented little to no benefit. Table 2 represents the expert panel evaluation scores for the language barrier scenario while Table 3 represents the literacy barrier scenario. The average score for the language barrier scenario was 29.2, which indicates a positive response to the simulation. The average scoring for the literacy barrier was 29.4, also displaying a positive response to the model.

The majority of comments regarding improvements were related to the use of and availability of the language line interpreter. A language line provides real-time phone access to medically qualified interpreters that are available night and day ("Healthcare Interpreting Services," n.d.). In the actual clinical environment, the provider will utilize a facility approved telephone to comply with commonly understood healthcare privacy laws. Other comments indicated this scenario was both realistic and a great representation of barriers that could be encountered by the provider. Comments consistently expressed the benefit of having an OSCE related to cultural barriers.

Table 2

Expert Panel Language Barrier Evaluation

Questions	Average (minimum 1, maximum 5)
The simulation experience will improve the student's performance in the clinical setting.	5
The simulation will improve the student's critical thinking skills.	4.8
The simulation experience was realistic.	4.8
The simulation allowed students to effectively practice culturally competent preoperative interview skills.	4.6
The simulation scenario supports OSCE objectives.	5
The simulation was a valuable learning experience.	5
Total average	29.2

Table 3

Expert Panel Literacy Barrier Evaluation

Questions	Average (minimum 1, maximum 5)
The simulation experience will improve the student's performance in the clinical setting.	4.8
The simulation will improve the student's critical thinking skills.	5
The simulation experience was realistic.	4.8
The simulation allowed students to effectively practice culturally competent preoperative interview skills.	4.8
The simulation scenario supports OSCE objectives.	5
The simulation was a valuable learning experience.	5
Total average	29.4

Summary

The totaled average Likert-scale scores proved a cumulative positive reaction from all expert panel members and volunteers. The comments indicated the use of a cultural competence OSCE would not only be a welcome addition to the curriculum but would also provide a beneficial learning experience. The scores coupled with the comments provide an encouraging outlook on the possibility of incorporating this simulation into the NAP.

CHAPTER IV – DISCUSSION

The main objective of this doctoral project was to improve cultural sensitivity and awareness among SRNAs through the use of a cultural competence OSCE. The cultural competence OSCE scenarios allowed examination and assessment of behaviors and patterns in a culture that not only related to race/ethnicity, but also language, and health literacy barriers. The SRNAs were given two scenarios that presented different cultural issues, requiring the participants to use their cultural insight and understanding to effectively navigate encounters with diverse patients. At the end of the simulation, the SRNAs stated that the OSCE experience would positively impact their anesthesia practice and future interactions with diverse patient populations, rendering the use of OSCEs as a cultural competence educational tool successful.

Limitations

For this doctoral project, SRNAs were asked to reflect upon and openly discuss their personal biases and beliefs. Most participants appeared open with their anonymous responses to the Cultural Competence Checklist: Personal Reflection; however, there is no definitive way to verify their responses were unbiased and a truthful reflection of the previous personal cultural encounters. After the simulations were completed, all participants reported satisfaction with their ability to work through the scenarios and achieve the key objectives. Some SRNAs reported that the cultural differences presented a level of unfamiliarity that deterred them from their routine, thorough interviewing process. During the debriefing process, SRNAs reported forgetting some key interview questions after focusing on the language and literacy barriers.

The expert panel gave positive reviews on both simulations. There were multiple reports of the scenarios being very realistic of actual encounters with diverse patients. However, multiple experts mentioned the limitation of the language line used during the language barrier scenario. During the simulation, the volunteer that conducted the preoperative interview simulated contact with an interpreter utilizing a personal phone. It was suggested that this was against patient privacy laws and should be corrected in future simulations.

This doctoral project focused heavily on the results of two short simulation scenarios that included four participants. Each simulation lasted approximately 15 minutes. The participants were given the scenarios minutes before completing the simulation, with no additional preparation or guidance. As stated before, all participants completed a short debriefing form and Likert scale after completing the OSCE. With such a short time frame, this project does not allow a complete assessment of the long-term impact of this educational intervention. In the future, culturally diverse scenarios can be threaded throughout the curriculum, creating complex patients that require constant awareness and open-mindedness.

Future Directions

The cultural competence OSCE can be integrated into the existing nurse anesthesia curriculum. The initial design created for this doctoral project will be provided to the NAP for further development, improvement, and implementation. The OSCE design, the pre- and post-evaluation tools, and the debriefings will all be given to the NAP. Hopefully, this OSCE will provide an avenue by which SRNAs can navigate various scenarios within a controlled environment without the added stressors of reality.

Conclusion

With the ever-changing landscape of cultural diversity in the world, cultural competency and humility are of utmost importance. The ability to acknowledge and address cultural biases is a vital skill to possess to holistically and competently care for a patient. SRNAs will soon transition into CRNAs and often be the sole anesthesia provider. Preparing for cultural diversity should be a fundamental component of the anesthesia provider's training. An OSCE is a controlled way to practice handling unknown situations with the opportunity for feedback and adjustment.

APPENDIX A - Literature Matrix

Author/Year	Level/Grade	Design	Sample/Data Collection	Findings	Recommendations
Aronowitz et al., 2017	V	Systematic reviews of descriptive and qualitative studies	3 previously conducted OSCEs	OSCEs are beneficial as both educational and examination tools. OSCEs at the end of courses can serve as a standardized evaluation of the student's progress.	Faculty should consider the use of OSCEs as clinical hours and not just for education and evaluation.
Cai, D., 2016	V	Systematic reviews of descriptive and qualitative studies	45 articles based on defining the concept of cultural competence or whether dimensions of cultural competence were discussed	Cultural competence is a difficult to define, ongoing process that is a lifelong journey.	Researchers should develop tools for cultural competence evaluation and design interventions.
Chipas et al., 2012	VI	Qualitative, cross-sectional study	1,282 SRNA participants	SRNAs in front loaded programs had a reported stress level of 7.1 versus a mean 7.9 stress level from integrated programs. Students in integrated programs are likely more stressed because of their lack of academic training and preparation.	The AANA should initiate programs and activities that promote physical and mental well-being.
Jindal & Khurana, 2016	III	Controlled trial without randomization Or Single nonexperimental study	35 anesthesia students over 2 consecutive semesters	OSCE is less stressful than other exams and can be a feasible and acceptable assessment of skills in postgraduate training in anesthesiology	The need for multicenter studies with larger sample sizes
Siddaram & Anil, 2018	III	A cross sectional comparative study	32 1st and 2nd year undergraduate nursing students	Most of the students provided positive feedback about the quality of the OSCE, but they felt that traditional teaching methods are more convenient and less stressful due to familiarity. OSCEs would be more effective with after students have been oriented to the process.	Introduce the OSCE teaching method earlier in academic training and orient students to the simulation process.

APPENDIX B - IRB Approval Letter

Office of Research Integrity

THE UNIVERSITY OF SOUTHERN MISSISSIPPI

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NOTICE OF INSTITUTIONAL REVIEW BOARD ACTION

The project below has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services regulations (45 CFR Part 46), and University Policy to ensure:

- The risks to subjects are minimized and reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered involving risks to subjects must be reported immediately. Problems should be reported to ORI via the Incident template on Cayuse IRB.
- The period of approval is twelve months. An application for renewal must be submitted for projects exceeding twelve months.

PROTOCOL NUMBER: IRB-19-572
PROJECT TITLE: The Cultural Competence Objective Structured Clinical Examination (OSCE) for Student Nurse Anesthetists
SCHOOL/PROGRAM: School of LANP, Leadership & Advanced Nursing
RESEARCHER(S): Loryn Jamison, Ashley Minor, Michong Rayborn

IRB COMMITTEE ACTION: Approved
CATEGORY: Expedited
7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

PERIOD OF APPROVAL: December 19, 2019

Donald Sacco

Donald Sacco, Ph.D.
Institutional Review Board Chairperson

APPENDIX C - Doctor of Nursing Essentials

Doctor of Nursing Essentials	How Essentials Were Met
I. Scientific Underpinnings for Practice	This DNP seeks to further incorporation of a cultural competency simulation within the program's curriculum will continue the students' growth in cultural awareness and humility.
II. Organizational and Systems Leadership for Quality Improvement and Systems Thinking	The simulation will improve patient-provider interactions leading to an enhancement in quality of care.
III. Clinical Scholarship and Analytical Methods for Evidence-Based Practice	Research was conducted on the use of OSCE within healthcare educational programs that provided evidence of positive student feedback and perceptions of learning.
IV. Information Systems/ Technology and Patient Care Technology for the Improvement and Transformation of Health Care	The use of interpreters via language lines and video assisted translators in practice as well as a simulated experience during the OSCE.
V. Health Care Policy for Advocacy in Health Care	Advocation for patient-centered care and improvement upon training for a variety of cultural backgrounds is addressed with this DNP.
VI. Interprofessional Collaboration for Improving patient and Population Health Outcomes	This project includes SRNAs and faculty working in collaboration to improve upon educational content and experiences.
VII. Clinical Prevention and Population Health for Improving the Nation's Health	The purpose of the OSCE is to provide an improved learning experience to better serve patients and improve delivery of care.
VIII. Advanced Nursing Practice	This project utilized data collected via literature reviews and an expert panel comprised of nurse anesthesia faculty to improve upon advanced nursing practice training and education.

APPENDIX D - Letter Seeking Permission for Checklist

From: Loryn Jamison <lrynjami.lj@gmail.com>
Sent: Monday, October 7, 2019 12:51 PM
To: Multicultural Website <MULTICULTURAL@asha.org>
Subject: Cultural Competence Checklist

Dear Sir/Madam:
We are Student Registered Nurse Anesthetists in progress of our Doctor of Nursing Practice degree from The University of Southern Mississippi conducting our DNP project on developing a simulated learning environment for cultural competence. We are under the direction of Dr. Michong Rayborn, who can be reached at Michong.Rayborn@usm.edu.

We would like your permission to use your Cultural Competence Checklist: Personal Reflection for student registered nurse anesthetists in our DNP project. We would like to use and print your survey under the following conditions:

- We will use the tool only for our DNP project and will not sell or use it with any compensated activities
- We will include the copyright statement on all copies of the instrument

If these are acceptable terms and conditions, please indicate so by replying through email at loryn.jamison@usm.edu or ashley.minor@usm.edu.

Sincerely,
Loryn Jamison
Ashley Minor
Attachments area

APPENDIX E - Permission Letter for Checklist

---------- Forwarded message ---------
From: **Permissions Asha** <Permissions@asha.org>
Date: Tue, Oct 8, 2019, 07:37
Subject: Re: Cultural Competence Checklist
To: lrynjami.lj@gmail.com <lrynjami.lj@gmail.com>

Dear Ms. Jamison and Ms. Minor:

Thank you for contacting ASHA. Permission is granted to reprint and use the Cultural Competence Checklist: Personal Reflection, found at https://www.asha.org/uploadedFiles/Cultural-Competence-Checklist-Personal-Reflection.pdf, in your DNP project. Please include the copyright statement on the instrument as you note below. Should your work be published at a later date, additional permission to reprint the instrument would be required at that time.

Sincerely,

Libby

Libby Bauer
Director of Operations & Product Management
Serial Publications
American Speech-Language-Hearing Association

APPENDIX F - Letter of Invitation

Letter of invitation of study

We are seeking volunteers to participate in a simulation study. Four volunteers currently enrolled in their second and/or third semester of the Nurse Anesthesia Program are needed. We are requesting that one volunteer is fluent in English and at least one other language.

The title of the study is: Cultural Competence OSCE for Student Nurse Anesthetists.

The simulation scenario will take place on Monday, January 13, 2020, at 9:30 am at the school of nursing and will take approximately 15-20 minutes with a 20-minute debriefing and evaluation to follow. All data collected will be done anonymously. This study is volunteer only.
Please do not hesitate to contact us if you have any questions.

This study has been approved by University of Southern Mississippi Institutional Review Board (IRB)

Thank you for your consideration.

Loryn Jamison (Loryn.Jamison@usm.edu)

Ashley Minor (Ashley.Minor@usm.edu)

APPENDIX G - Personal Reflection Checklist

American Speech-Language-Hearing Association

Cultural Competence Checklist: Personal Reflection

Ratings:
1 Strongly Agree
2 Agree
3 Neutral
4 Disagree
5 Strongly Disagree

This tool was developed to heighten your awareness of how you view clients/patients from culturally and linguistically diverse (CLD) populations.
***There is no answer key; however, you should review responses that you rated 5, 4, and even 3.**

___ I treat all of my clients with respect for their culture.
___ I do not impose my beliefs and value systems on my clients, their family members, or their friends.
___ I believe that it is acceptable to use a language other than English in the U.S.
___ I accept my clients' decisions as to the degree to which they choose to acculturate into the dominant culture.
___ I provide services to clients who are GLBTQ (Gay, Lesbian, Bisexual, Transgender, or Questioning).
___ I am driven to respond to others' insensitive comments or behaviors.
___ I do not participate in insensitive comments or behaviors.
___ I am aware that the roles of family members may differ within or across culture or families.
___ I recognize family members and other designees as decision makers for services and support.
___ I respect non-traditional family structures (e.g., divorced parents, same gender parents, grandparents as caretakers).
___ I understand the difference between a communication disability and a communication difference.
___ I understand that views of the aging process may influence the clients'/families' decision to seek intervention.
___ I understand that there are several American English dialects. I recognize that all English speakers use a dialect of English.

I understand that the use of a foreign accent or limited English skill is not a reflection of:
___ Reduced intellectual capacity
___ The ability to communicate clearly and effectively in a native language

I understand how culture can affect child-rearing practices such as:
___ Discipline
___ Dressing
___ Toileting
___ Feeding
___ Self-help skills
___ Expectations for the future
___ Communication

I understand the impact of culture on life activities, such as:
___ Education
___ Family roles
___ Religion/faith-based practices
___ Gender roles
___ Alternative medicine
___ Customs or superstitions
___ Employment
___ Perception of time
___ Views of wellness
___ Views of disabilities
___ The value of Western medical treatment

I understand my clients' cultural norms may influence communication in many ways, including:
___ Eye contact
___ Interpersonal space
___ Use of gestures
___ Comfort with silence
___ Turn-taking
___ Topics of conversation
___ Asking and responding to questions
___ Greetings
___ Interruptions
___ Use of humor
___ Decision-making roles

*While several sources were consulted in the development of this checklist, the following document inspired its design: Goode, T. D. (1989, revised 2002). Promoting cultural and linguistic competence self-assessment checklist for personnel Providing services and supports in early intervention and childhood settings.

Reference this material as: American Speech-Language-Hearing Association. (2010). *Cultural Competence Checklist: Personal Reflection.* Available from http://www.asha.org/uploadedFiles/Cultural-Competence-Checklist-Personal-Reflection.pdf.

APPENDIX H - Literacy Barrier Scenario

ANESTHESIA OBJECTIVE STRUCTURED CLINICAL EXAM

Literacy Barrier

LEARNER OUTCOMES: (What are the students going to take away from this OSCE?)

1. Gain exposure to a patient portrayed by an actor and conduct a preoperative interview with respect to any differing cultural beliefs or behaviors
2. Be able to conduct a thorough preoperative interview that displays cultural humility
3. Recognize deficits within his or her interactions as related to culture and realize patients' healthcare decisions can be shaped by their cultural beliefs
4. Take experience and debriefing information with him or her to utilize within the daily interactions

DOMAINS: (Select up to 3)

Assessment – Pre/intra/post op	Evaluation of teaching
Consent	Formative evaluation - feedback
Communication	Interprofessional collaboration
Clinical skill	Performance assessment
Critical thinking	Progression evaluation
Didactic knowledge	Summative evaluation

Clinical Skill, Knowledge Development, Performance Assessment, Critical Thinking,

PURPOSE: Cultural Competence Training

LEARNER OBJECTIVES: (These are based on knowledge required to meet the outcomes) Using Bloom's Taxonomy

1. Identify patients' needs and concerns
2. Demonstrate cultural humility and respect for differing opinions
3. Appropriately develop plan of care that addresses the patient's individual needs

INDIVIDUAL OR GROUP OSCE: Individual

REQUIRED READING and ASSOCIATED LECTURES:

1. Case scenarios

REQUIRED PARTICIPANTS: Student examinee, patient, evaluator

VENUE: Lab examination room

STUDENT LEVEL OF OSCE: 2nd and 3rd year students

TIME ALLOTED: 10- 15 minutes

RECOMMENDED PRACTICE PRIOR TO EXAMINATION: cultural humility is not a skill that can be mastered, thus, one time through with a following debriefing will be recommended. The time allotted for preop assessment will be 10-15 min, with the proceeding debriefing taking another 10-15 minutes. The total time allocation should be no longer than 30 minutes.

CONTENT OUTLINE

CONTEXT: (Background/story)
You are assigned to a patient in their late 70s from a small, rural town in MS with a third-grade reading level. They have a history of recently diagnosed hypertension and pre-existing anxiety. Their physician provided them with reading material regarding their medication as well as a written set of instructions on how to manage the conditions and related medications. They are currently prescribed amlodipine but have not taken the medication in a week. They are scheduled to have a laparoscopic cholecystectomy performed today in which they will receive general anesthesia. The recorded vital signs this morning were: BP- 189/98, HR- 89, RR- 18, SPO2- 100% on room air. All lab results and radiology were within normal limits.

EQUIPMENT& SUPPLIES:
Preop paperwork, pen, patient chart, and stethoscope.

TASK STATEMENT:
The learner will display effective communication with a patient from a different cultural background. He or she will perform a through preoperative interview and adequately explain the anesthesia plan to the patient. The plan will consider the patient's desires and concerns to allow for a holistic care experience.

PROCESS
1. Review patient's chart prior to entering the room
2. Enter room and introduce self to patient; determine whether this is the correct patient and what procedure is being performed.
3. Conduct a preoperative interview
4. Record any findings
5. Develop and discuss plan with patient
6. Obtain consent
7. Proceed to debriefing

DEBRIEFING FORM:

What do you feel were the biggest obstacles to conducting your preop interview?
How can your interview process with culturally diverse patients improve?
How will this help your future interactions with patients?

ASSESSMENT

RUBRIC FOR CULTURAL COMPETENCE

QUESTION & DEMONSTRATION STATION:

	TASKS	PASS	FAIL	COMMENTS
	1. Review patient history and labs before meeting the patient			
	2. Enters room, identifies patient and introduces self			
	3. Establishes a rapport			
	4. Performs assessment			
*	5. Identify any patient concerns and/or requests			
*	6. Develop and discuss anesthetic plan observing the patient's preferences			
*	7. Confirm patient's understanding of the anesthetic plan			
	8. Address any new areas of concern			
	9. Obtain informed consent			

Steps with * Must be properly completed. All steps must be completed/passed to receive a passing grade.

The OSCE by the student demonstrates foundational knowledge and correct use culturally competent care: (Circle one) **PASS FAIL**

Does the student need to repeat this OSCE at a later date to satisfy learning requirements? (Circle one) **YES NO Date to return for evaluation:** _____

EXAMINER: _____ DATE: _____

APPENDIX I - Language Barrier Scenario

ANESTHESIA OBJECTIVE STRUCTURED CLINICAL EXAM

Language Barrier

LEARNER OUTCOMES: (What are the students going to take away from this OSCE?)

1. Gain exposure to a patient portrayed by an actor and conduct a preoperative interview with respect to any differing cultural beliefs or behaviors
2. Be able to conduct a thorough preoperative interview that displays cultural humility
3. Recognize deficits within his or her interactions as related to culture and realize patients' healthcare decisions can be shaped by their cultural beliefs
4. Take experience and debriefing information with him or her to utilize within the daily interactions

DOMAINS: (Select up to 3)

Assessment – Pre/intra/post op	Evaluation of teaching
Consent	Formative evaluation - feedback
Communication	Interprofessional collaboration
Clinical skill	Performance assessment
Critical thinking	Progression evaluation
Didactic knowledge	Summative evaluation

Clinical Skill, Knowledge Development, Performance Assessment, Critical Thinking,

PURPOSE: Cultural Competence Training

LEARNER OBJECTIVES: (These are based on knowledge required to meet the outcomes) Using Bloom's Taxonomy

1. Identify patients' needs and concerns
2. Demonstrate cultural humility and respect for differing opinions
3. Appropriately develop plan of care that addresses the patient's individual needs

INDIVIDUAL OR GROUP OSCE: Individual

REQUIRED READING and ASSOCIATED LECTURES:

1. Case scenarios

REQUIRED PARTICIPANTS: Student examinee, patient, evaluator

VENUE: Lab examination room

STUDENT LEVEL OF OSCE: 2nd and 3rd year students

TIME ALLOTED: 10- 15 minutes

RECOMMENDED PRACTICE PRIOR TO EXAMINATION: cultural humility is not a skill that can be mastered, thus, one time through with a following debriefing will be recommended. The time allotted for preop assessment will be 10-15 min, with the proceeding debriefing taking another 10-15 minutes. The total time allocation should be no longer than 30 minutes.

CONTENT OUTLINE

CONTEXT: (Background/story)
A woman in her 20s has come in for an excision of a cyst on her back. She has no pre-existing conditions and no surgical history. She speaks limited English and understands only common phrases that she is familiar with. Her recorded vital signs this morning were: BP- 103/78, HR- 89, RR- 18, SPO2- 100% on room air. All lab results and radiology were within normal limits. Pregnancy test is positive.

EQUIPMENT& SUPPLIES:
Preop paperwork, pen, patient chart, and stethoscope.

TASK STATEMENT:
The learner will display effective communication with a patient from a different cultural background. He or she will perform a through preoperative interview and adequately explain the anesthesia plan to the patient. The plan will consider the patient's desires and concerns to allow for a holistic care experience.

PROCESS

1. Review patient's chart prior to entering the room
2. Enter room and introduce self to patient; determine whether this is the correct patient and what procedure is being performed.
3. Conduct a preoperative interview
4. Record any findings
5. Develop and discuss plan with patient
6. Obtain consent
7. Proceed to debriefing

DEBRIEFING FORM:

What do you feel were the biggest obstacles to conducting your preop interview?
How can your interview process with culturally diverse patients improve?
How will this help your future interactions with patients?

ASSESSMENT

RUBRIC FOR CULTURAL COMPETENCE

QUESTION & DEMONSTRATION STATION:

	TASKS	PASS	FAIL	COMMENTS
	1. Review patient history and labs before meeting the patient			
	2. Enters room, identifies patient and introduces self			
*	3. Call translator			
	4. Performs assessment			
*	5. Identify any patient concerns and/or requests			
*	6. Develop and discuss anesthetic plan observing the patient's preferences			
*	7. Confirm patient's understanding of the anesthetic plan			
	8. Address any new areas of concern			
	9. Obtain informed consent			

Steps with * Must be properly completed. All steps must be completed/passed to receive a passing grade.

The OSCE by the student demonstrates foundational knowledge and correct use culturally competent care: (Circle one) **PASS FAIL**

Does the student need to repeat this OSCE at a later date to satisfy learning requirements? (Circle one) **YES NO Date to return for evaluation:** _____

EXAMINER: _____ DATE: _____

APPENDIX J - Debriefing Form

Debriefing Model

1. Do you want to consent this study?
2. Describe the objectives you were able to achieve.
3. Which objectives were you unable to achieve (If any)?
4. Did you have the knowledge and skill to meet objectives?
5. Were you satisfied with your ability to work through the simulation?
6. What were the key assessments and interventions?
7. If you were able to do this again, how could you have handled the situation differently?

National League for Nursing (NLN). Adapted from Child, Sepples, Chambers (2007). Designing simulations for nursing education. In P.R. Jeffries (Ed.) Simulation in nursing education: From conceptualization to evaluation (p 42-58). Washington, DC: National League for Nursing.

THE UNIVERSITY OF SOUTHERN MISSISSIPPI

Cultural Competence OSCE for Student Registered Nurse Anesthetists

Do you consent to this study? **Yes** **No**

Circle the number that best reflects your opinion of each statement below. Circle N/A if the statement is not applicable to your simulation experience.

	Disagree				Agree		Comments
The simulation experience will improve my performance in the clinical setting.	N/A	1	2	3	4	5	
The simulation experience will help improve my critical thinking skills.	N/A	1	2	3	4	5	
The simulation experience was realistic.	N/A	1	2	3	4	5	
The simulation experience allowed me to practice my preoperative interview skills.	N/A	1	2	3	4	5	
The simulation scenario supports the OSCE objectives.	N/A	1	2	3	4	5	
This simulation was a valuable learning experience.	N/A	1	2	3	4	5	

THE UNIVERSITY OF SOUTHERN MISSISSIPPI

Cultural Competence OSCE for Student Registered Nurse Anesthetists

Do you consent to this study? **Yes** **No**

Circle the number that best reflects your opinion of each statement below.

	Disagree				**Agree**	**Comments**
The simulation will improve the student's performance in the clinical setting.	1	2	3	4	5	
The simulation will improve the student's critical thinking skills.	1	2	3	4	5	
The simulation was realistic.	1	2	3	4	5	
The simulation allowed students to effectively practice culturally competent preoperative interview skills.	1	2	3	4	5	
The simulation scenarios support the OSCE objectives.	1	2	3	4	5	
This simulation was a valuable learning experience.	1	2	3	4	5	

Photographs and Video Consent, Waiver, Indemnity, and Release

Photographs, Videos and Recordings
I hereby grant permission to The University of Southern Mississippi and its representatives to take photographs or videos of me and to make recordings of my voice at the event or location(s) noted below.

First and Last Name (Printed)

Email | Phone

Parent/Guardian Name (if under age 18)

Event/Location | Date

I further grant to The University of Southern Mississippi and its representatives the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of these images and recordings in any media now known or later developed as well as my name for any lawful purpose including promoting and publicizing The University of Southern Mississippi and
its activities and for administrative, educational or research purposes. I acknowledge that The University of Southern Mississippi owns all rights to the images and recordings.

Waiver, Indemnity and Release
I hereby waive any right to inspect or approve the use of the images or recordings or of any written copy. I further waive all moral rights. I also waive any right to royalties or other compensation arising from or related to the use of the images, recordings or materials.

I hereby release, defend, indemnify and hold harmless The University of Southern Mississippi, its officers, employees or agents from and against any claims, damages or liability arising from or related to the use of the images, recordings or materials, including copyright infringement, or any misuse, distortion, blurring, alteration, optical illusion or use in composite form that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

I am 18 years of age or older and I am competent to contract in my own name. I have read this document before signing below, and fully understand the contents, meaning and impact of this consent, waiver, indemnity and release. This consent, waiver, indemnity and release is binding on me, my heirs, executors, administrators and assigns.

Signature (if age 18 or older) | Date

Signature of Parent/Guardian (if under age 18) | Date

Signature of Witness | Date

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