North Carolina "is projected to see a 36% increase in the number of nurse aides needed between 2000 and 2010" (Harmuth & Goodman 2004: 101). Neither the state nor the nation has enough staff, enough training programs, or enough effective and culturally sensitive materials for caregiver education, particularly in view of the growing diversity in those who need care and those who give it. Because so much of the formal care for aging persons with dementia is given by direct care workers, our project targets direct care workers and family members who provide the informal care, with a tool chest of materials in multiple media for training about communication in dementia care that can address CLAS #3 (Putsch et al 2003; Pope 2003) and the Alzheimer's Association's Ten Steps for culturally sensitive dementia care.

Partnership for Culturally Competent Materials: Communication in Dementia Care

Ideally, culturally sensitive materials on communication in dementia care are evaluated by a minority and second language audience, preferably those who either use them for formal or informal caregiving situations, or are preparing to become caregivers. Our inter-institutional partnership opens up a way to obtain the needed ongoing development and evaluation of culturally sensitive materials while simultaneously using the materials for caregiver training at multiple levels and across multiple audiences. Our partnership includes the Western Carolina Alzheimer's Chapter (AA-WC), Charlotte AHEC, and gerontologists, nurses, and language experts at UNC Charlotte, a Research-I university, Winston Salem State (WSSU), an historically Black university, and Central Piedmont Community College (CPCC), state-mandated to deliver nurse aide training. Letters of support and participation from all partners are on file at UNCC.

We propose to create five culturally sensitive modules which infuse a person-centered approach to communication in dementia care. The modules will be designed for these contexts:

(1) a training sequence which gives second-language adults familiarity and practice with terms and concepts they will encounter when they enroll in a course for Nurse Assistants that leads to certification. The sequence will enhance and expand their ability to communicate in a culturally appropriate manner with older adults, especially those with dementia. These students, representing a number of cultures and languages, will be asked to review the materials for cultural sensitivity in terms of their own cultures.

(2) stand-alone modules inserted into courses in the undergraduate gerontology major at WSSU, culminating in WSSU student internships. Students at WSSU will be asked to review the materials for cultural sensitivity in terms of their own culture and to report on their efficacy in preparing them for supervisory roles in health care for older adults.

(3) stand-alone modules inserted into courses in gerontology and nursing at UNCC, reviewed for cultural sensitivity and for efficacy in preparing for supervisory roles

(4) stand-alone modules used for Continuing Education and Family workshops given by the Western Carolina Alzheimer's Association, reviewed for their suitability and satisfaction.

Background for Design

Pilot Phase I: In 2002-03, UNCC offered a web- and CD-delivered state-wide course in Communication in Dementia for professionals in aging and healthcare services, sponsored by the NC Gerontology Consortium. CPCC offered a special course for second-language adults to prepare them for the course leading to certification in Nursing Assistance. Both courses received high evaluations: 4.37 average on a 5 point scale for UNCC's course (Shenk, Moore & Davis 2004); high retention and pass rate for the CPCC course; requests to both for repeat offerings.

Pilot Phase II: In Summer 2004, UNCC began partnering with WSSU (a) to enhance supervisory training by infusing revised materials from the 2003 pilot across courses in the gerontology sequence on both campuses, since their postgraduate placement often includes

supervising and offering training to direct care workers and (b) to elicit review of the cultural sensitivity and usability of those materials from nursing, gerontology, and language professionals and trainees. In Fall, 2004, UNCC began a partnership with CPCC, to involve second-language adults in materials evaluation in a way that could simultaneously expand work and educational opportunities for the participants.

Procedures and Milestones

Phase 1/Yr1: *Develop instructional materials into stand-alone modules appropriate for English language learners and rich enough to support adapting to other audiences*

- WSSU/UNCC nursing/gerontology students evaluate modules 1 and 2
- AA-WC sites recruit direct care workforce & use modules in CE seminars; offer respite care funds to enable family members' attendance
- Develop preliminary website layout and test for usability at each campus
- At CPCC: recruit, screen language proficiency, and enroll Trial Cohort 1: to use and evaluate modules 1 and 2; preview drafts of remaining modules; develop program structure to pilot materials in self-access multimedia lab; develop student support services for transition from this pre-training into CNA training
- Follow-up evaluations with each group at 3-month intervals

Phase 2/Yr 2: *Sequence modules into Tool Kit for delivery by CD/DVD, tapes, and Internet*

- AA-WC sites recruit direct care workforce & use modules in CE seminars; offer respite care funds to support family members' attendance
- WSSU/UNCC students review Modules 3–5; modules institutionalized in curriculum
- At CPCC: recruit, screen and enroll Trial Cohort, to use and evaluate Modules 1-5
- Train-the-trainer seminar on selecting and using modules offered for group leaders throughout AA-WC region, and for nursing homes, day care, and assisted living sites
- Follow-up evaluations with each group at 3-month intervals
- Expand website; develop prototype for CD/DVD delivery of materials

Phase 3/Yr 3: *All modules evaluated at AA-WC sites, for caregiver and family training* (respite funds offered to support family members' attendance)

- Website, CD/DVD and all modules re-evaluated at WSSU and UNCC
- Website and CD/DVD evaluated by AA-WC, other trainers, at selected sites
- At CPCC: Trial Cohort 2 use Modules 1-5 and evaluate; course institutionalized
- Train-the-trainer seminar on selecting and using modules, offered for group leaders throughout AA-WC region, and for nursing homes, day care, and assisted living sites
- Follow-up evaluations with each group at 3-month intervals

The modules are sequential during the course and can also be used as stand-alone modules for Continuing Education, Continued Certification, and Family Caregiver groups. We will deliver in multiple media to accommodate site-specific needs and multiple learning styles. The sequence introduces second-language learners to the fundamentals of health and health care, including basic nutrition, activities of daily living, and handling emergencies. Each module includes informational content, a thematic focus for skills acquisition, and a third component, which is a language focus on features of English that foreign-born workers will learn in context.

Description of Modules

1. *Cultural* contexts for caregiver roles: qualities, definitions, and responsibilities of the caregiver. *Thematic focus* on construct of cultural background; overview of what cultures are and how they can impact family dynamics in healthcare situations; practice with cultural

differences in forms of address, greetings, conversation-starters. *Language focus*: skills in oral question-answer sequences, patient-provider scenarios, note-taking and handling forms.

2. *Cultural* aspects of assisting daily activities: content about specific areas, e.g. eating, feeding, bathing, elimination and hygiene, dressing, locomotion; overview of dementia and its impact on communication. *Thematic focus* on cultural interpretations of disease and disability; culturally-sensitive adaptations of person-centered care viewpoint for adapting the caregiving process to the needs of the individual, and how knowing the person with dementia as a person, not a condition, supports this viewpoint. *Language focus* on vocabulary about body and mind.

3. *Cultural* aspects of interacting while assisting daily activities. *Thematic focus* on culturally appropriate verbal and nonverbal communication techniques that can assist caregivers in helping a person with dementia conduct activities of daily living, and in dealing with insulting or racist language (Berdes & Eckert 2001) *Language focus* on small-talk and story-starters, with content emphasis on expanding vocabulary for techniques of assistance in eating, feeding, bathing, elimination and hygiene, dressing, locomotion.

4. *Cultural* contexts for eating and its connection to religious and spiritual traditions. *Thematic focus* on procedural knowledge, conversational collaboration and narrative co-construction (Davis in press 2005). *Language focus* on small-talk routines and story-starters keyed to vocabulary for content emphasis on features of nutrition, diet, foods, menus, and feeding/eating.

5. *Cultural* contexts for access: access to healthcare, access to the body, appropriateness of physical touch and cultural sanctions on privacy. *Thematic focus* on cultural contexts for attitudes about role of care providers, alternative health care techniques, medical emergencies. *Language focus* on expanding vocabulary for internal and external parts of the body, common illnesses, and facets of memory loss, to support content emphasis on illnesses, debilitating conditions, wounds, dementia and impairments of sight, hearing, taste, memory

Implementation of course at CPCC

The 9-week course, Preparation for Nursing Assistants for second-language adults will be implemented by nursing and language faculty at Central Piedmont Community College under the supervision of the Coordinators of Vocational and Academic ESL and of Health and Community Services in Continuing Education. The CPCC course presents 5 instructional modules and 1 capstone review. Participants will acquire basic workplace and academic language and skills including note-taking and completion of forms. Each module includes (1) a thematic focus on cultural aspects of care in dementia which is (2) correlated with the topical focus: previews of content in the Nurse Assistant certification course, (3) specific language skills needed to interpret and apply content appropriately, as well as (4) a set of assessment tools, depending on whether the appropriation of content or skills or a change in attitude is to be evaluated. (Betancourt 2003)

Evaluation Overview

We have chosen a mixed methods procedure (Betancourt 2003) on the assumption that collecting diverse types of data will support interpretive assessment of the culturally sensitive content and format for materials, some notion of preferred delivery system, and their impact in formal and informal caregiver training. We will use PRICA and PANAS for self-reported, formative assessment of impact in addition to CBAM questionnaires to elicit perceived response to innovation, coupled with direct, field-noted observations and dementia care mapping, content analysis of focus groups and supervisor interviews and surveys.

Evaluation: Attitudinal Growth or Change

Second-language pre-nursing assistant students or direct care workers taking Continuing Education Courses will be assessed using (a) roleplays of instructions or interviews, e.g. nursing supervisor—aide, 'old hand' aide—novice aide, with peer feedback keyed to identification of cultural components such as power or assertiveness; (b) PRICA, a set of 14 Likert type items for a Personal Report of Intercultural Communication Apprehension (Neuliep and McCroskey 1997). In the course, the PRICA will be administered during the first and ninth weeks, repeated in the CNA course taken for certification, and again at the jobsite, at 3 month intervals, supplemented by direct observations by researchers, personal interviews, job-satisfaction surveys, researcher-perceived communications issues, and interviews/surveys from supervisors.

We have chosen to include a measurement of communication apprehension and uncertainty (CA) keyed not only to the several decades of scholarship now available on communication apprehension and uncertainty, but also to second-language studies. Hurd reports: "22% of the EU population do not learn languages because they believe they are 'not good' at them. Cotterall…emphasizes the 'profound influence' of students' beliefs and attitudes on their learning behaviour. White…also stresses how awareness of the complexity of learner beliefs and expectations can help us to understand the realities of the early stages of self-instruction in language" (Hurd 2003). We will report on whether PRICA can be used to promote self-awareness for second language nurse aides and, since CA is claimed to be "a cross-linguistic trait," how it might be used to promote triangulation (Jung and McCroskey 2003; Corrigan et al 2003) or interact with instruments like the CNA Communication Skills Checklist (Burgio 2001).

For continuing education and family caregiver workshops, we will use PRICA when it seems culturally appropriate, and we will routinely administer PANAS, a self-reporting inventory used to good effect by Ripich et al (1998) to assess positive and negative affect of caregivers receiving training in her communications intervention program, FOCUSED, and we will follow participants at 3-month intervals for a year to determine when 'brush-ups' or reinvigoration seems most needed and most useful.

Evaluation: Growth in content mastery

Content mastery will be assessed by pre- and post-tests and multiple choice exams keyed to (a) nursing skills that will be needed, e.g. assistance with activities of daily living, and (b) new knowledge base about dementia care (format similar to the CNA exam). Students must get 80% to be admitted to the regular CNA training course. Direct-care workers and family caregivers will receive fact sheets covering the same ground, in question-answer format, for self-testing and group tests led by workshop administrators. All three groups will also receive simulation scenarios to use for small-group discussion and problem-solving activities using collaborative techniques such as Jigsaw, in which participants put together their new knowledge. Our content is repeated in different contexts and different media (print, power point, audio, video, small-group discussion, extemporaneous role play and scripted role play) to support different learning styles and different situations (classroom, family group, direct care workers, etc.: see Irvine et al 2003). In our experience with materials development and content delivery, materials which work for low-literacy or second language learners, who often prefer learning in modules and who dislike lectures, are also sufficiently lively and informative to work well with family members.

Evaluation: Acquisition of new skills

Skills will be assessed via (a) instructor-completed performance checklists and (b) peer-reviewed role plays designed to include caregiver practices around dementia, communications, and activities of daily living, in connection with related technical vocabulary, as well as vocabulary

expressing cultural awareness and insights into personal feelings in areas such as nutrition or bathing. Cumulative application of skills, content and attitudinal expression will be assessed via reviews of (web/CD-delivered) audio and video materials, obtained from second-language nurse-aide students and similar reviews by minority faculty and students at two different universities, as well as participants in workshops for direct care workers and family caregivers. In addition to eliciting comments about format and content, we will also elicit open-ended commentary about the impact of the materials as an educational innovation. We will use a 7-stage Likert-type questionnaire following the CBAM (concerns-based adoption model), where stages 1 and 2 signal awareness of new content, skills or attitudes, stages 3 and 4 suggest intake and reflection, and stages 5 and 6 suggest internalization and adaptation or transfer to new settings. During the second and third years, we will select a subset of classrooms and care facilities for direct observations, interviews with nurse aides and nurse aide supervisors and dementia care mapping.

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