

**UNIVERSITY OF NEBRASKA MEDICAL CENTER**  
**2009 Cultural Competency Workshop**  
**Student Application Form**

Name: \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_ Last 4 Digits of Social Security #: XXX-XX- \_\_\_\_\_

Ethnic Background: Hispanic  yes  no

White/Caucasian  Asian  Black/African American  American Indian  Pacific Islander

Other (please specify) \_\_\_\_\_

Name of Academic Institution: \_\_\_\_\_

(For Chadron State and Wayne State Applicants) Please check your RHOP status:  RHOP student  Non RHOP

Academic Year:  Freshman  Sophomore  Junior  Senior (Dec 2009 grads only)

Major: \_\_\_\_\_

Profession Path:  Pre-Med  Pre-Nursing  Pre-Physician Assistant  Pre-Pharmacy  Other \_\_\_\_\_

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**STUDENT CONTACT INFORMATION**

Date you will be leaving school for summer break: \_\_\_ / \_\_\_ / \_\_\_\_\_

Before this date, I can be reached at:

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ E-Mail: \_\_\_\_\_

After this date, I can be reached at:

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ E-Mail: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Emergency Contact Person #1:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Emergency Contact Person #2:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

## STUDENT BACKGROUND INFORMATION

1. In what town did you spend the most time growing up? If more than one, please indicate the two in which you spent the most time and the years you spent there. Also, indicate the estimated population of the town and the state. List the towns the most recent one first followed by those in the past.

City: \_\_\_\_\_ State: \_\_\_\_\_ Years: \_\_\_\_\_ Town Est. Population: \_\_\_\_\_  
(For example 1980–2000)

City: \_\_\_\_\_ State: \_\_\_\_\_ Years: \_\_\_\_\_ Town Est. Population: \_\_\_\_\_  
(For example 1970–1999)

2. Do you speak any languages other than English?  Yes  No

If yes, which one(s)? \_\_\_\_\_

3. Computer skills: Internet and research proficiency  High  Average  Low  
 Power Point presentation capability  High  Average  Low

4. Do you have any special dietary needs or require any special accommodations?  Yes  No

If yes, please specify \_\_\_\_\_

5. Have you attended a UNMC Workshop before?  Yes  No

Which one(s): \_\_\_\_\_

6. You will be given specific directions to all locations. Please, check one of the following:

- Yes, I will have a vehicle at UNMC and I am willing to drive to UNMC activities.  
 Yes, I will have a vehicle at UNMC but I prefer to not drive to UNMC activities.  
 No, I will not have a vehicle at UNMC.

7. On a separate sheet of paper, please answer each of the following questions. Applicant's full name should appear on the top of the page(s) submitted. Each answer should be typed and **AT LEAST** 100 words in length.

- a. What are your plans after you graduate? Is there any specific area you would like to study? Why?  
 b. What kind of community would you like to work in? Why?  
 c. Why do you want to attend this workshop? What do you expect to get out of this training?

8. Sign and attach your answers to question 7 (above), the emergency treatment consent form, sign the media release statement below and return the completed application to your advisor or college representative. Colleges will be notified of accepted students by the second week in April.

*By enrolling in this program, I acknowledge and agree to give consent to the University of Nebraska Medical Center to photograph me and use my picture and name in program scrapbooks and/or in the promotion of the Rural Health Education Network / Nebraska Area Health Education Center programs in newspapers, slide shows, or other media.*

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Parent Signature (if student is under 19 years of age)

\_\_\_/\_\_\_/\_\_\_  
 Date

### TO BE COMPLETED BY COLLEGE ADVISER:

Applicant should be considered:  One of two top candidates representing our institution  An alternate

\_\_\_\_\_  
 Signature of Faculty or Staff Contact Person

\_\_\_\_\_  
 Print Name

\_\_\_/\_\_\_/\_\_\_  
 Date

(\_\_\_\_)\_\_\_\_\_  
 Office Phone

**Deadline: Applications submitted to UNMC must be postmarked by April 3.**

If you have any questions, please contact:

**Liliana Bronner, Program Coordinator**  
 Office: (402) 559-8106 Fax: (402) 559-5050  
 E-Mail: LBronner@unmc.edu

**Mail Applications to:**

Cultural Competency Workshop  
 986660 Nebraska Medical Center  
 Omaha, NE 68198-6660

# Cultural Competency Workshop CONSENT FORM

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

I / We give approval to participate in any and all activities of the University of Nebraska Medical Center Cultural Competency Workshop held in Omaha, Nebraska from Sunday, May 17, 2009 to Friday, May 22, 2009.

I / We assume all risks and hazards incidental to such participation including transportation to and from activities in Omaha and travel to and from a rural community.

I / We give permission to the Rural Health Education Network / Area Health Education Center staff to arrange for emergency treatment or admittance to the Nebraska Medical Center facilities or any other medical action deemed necessary under the circumstances.

I / We understand that I / We will be notified as soon as possible in the event of an emergency.

I / We further understand that the University of Nebraska Medical Center is not responsible for injury that may result from accidents.

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian if participant is under 19 years old

\_\_\_\_\_  
Date



# Cultural Competency Workshop

## COURSE DESCRIPTION

**WHO:** 20 Undergraduate students who are currently enrolled in any pre-health profession major and who desire to learn more about the growing diversity in our communities.

**WHAT:** A one-hour college credit course

**WHERE:** University of Nebraska Medical Center, Omaha campus

**WHEN:** May 17 - 22 (Sunday evening – Friday midday)

**WHY:** For students to learn about their values and interests in becoming a health care professional and providing health care services to a culturally diverse population

**HOW:** Return the complete application form and related registration materials to your college representative or advisor. **Deadline: College advisors need to submit all their applications in one envelope postmarked by April 3.**

### UNMC provides:

1. A weeklong program focused on issues surrounding cultural competency in health care delivery. Curriculum developed and updated annually by the Rural Health Education Network staff of the Chancellor's Office in coordination with UNMC faculty and consultant members of the Nebraska Minority Public Health Association.
2. Housing (double occupancy) at an Omaha hotel, the majority of meals, and classroom materials.
3. Professors and qualified academic credentials and curriculum.
4. Transportation logistics and coordination.
5. Student grades (A, A-, B+, B, B-, C+, C, or C-) are sent to the undergraduate institution following successful completion of course requirements.

### Undergraduate colleges and universities are responsible for:

1. Identifying and selecting top two applicants, along with up to 4 additional alternate students for enrollment in this course. Students should be from small communities with little exposure to diversity and must have a serious interest in learning about cultural competency issues.
2. Providing applications and advance course information to students interested in cultural competency.
3. Offering the course for 1-hour credit and collecting tuition from the students. Students must verify enrollment in a 1-credit course to be admitted to the program.
4. Returning the application materials for the applicants and the alternates by April 3, 2009.
5. All students must be covered under your institution's liability policy.

### Students are responsible for:

1. Completing the application and related registration forms.
2. Paying tuition to their institution for 1 hour credit.
3. Proof of 1 credit course enrollment.
4. Health insurance verification.
5. Transportation to and from Omaha.
6. Satisfactory completion of course requirements.

## **Course Objectives:**

1. Learn about the health professional's role in providing culturally competent health care.
2. Provide relevant information of epidemiological, anthropological, and historical perspectives of culturally diverse health care.
3. Complete a group project focusing on a health care risk factor among minority populations to assist in recognizing key issues in diverse cultures.
4. Gain knowledge of the importance of communication and interviewing skills through simulated patient scenarios.
5. Perform health care research by making multimedia presentations and finding information via the internet and medical library resources.

## **Proposed Activities for 2009 Cultural Competency Workshop**

### **Sunday Evening, May 17, 2009**

Check in to hotel and dinner at 6 p.m. for orientation and course overview  
Dinner provided

### **Potential lecture topics based on previous workshops**

Conceptual Overview: The Importance of Culture and Understanding Cultural Differences  
Effective Communication: Removing Language Barriers through Title VII  
CLAS Standards for Practicing Professionals  
Understanding the Asian and Pacific Islander Populations  
The Latino Political Experience in Nebraska  
Sudanese Culture and Adaptation to Life in the US after the Refugee Camp  
Native American Tribes and Important Factors to Consider – Urban and Reservation Perspectives  
Culturally Competent Care of the Lesbian Patient  
Our Differences, Our Similarities: Multicultural Panel  
Factors that Determine Health Disparities  
Confidentiality Issues and Shadowing Protocol  
Valuing People and Community Partnership

### **Additional Activities Proposed**

Library tour - What is a research presentation: using reliable sources and preparing a research project?  
Practicing the standardized patient interview  
Health professions panel discussion (Invited speakers will represent various cultures)  
UNMC admissions process: a panel of students and representatives from academic programs  
Shadowing health care professionals in underserved clinics  
Time to work on group research projects  
Short (1-2 page) paper due one month after completion of the workshop

### **Friday, May 22, 2009**

Student presentations: Groups give a 20-minute presentation on research topics

Previous Topics Include:

- Culture, Media and Stereotypes: How the media instigates stereotypes and reinforces poor health behaviors among racial and ethnic minorities.
- Health Disparities and Its Causes: Disparities in health are based on racial/ethnic background more than economics
- Tracking Race and Ethnicity: Why it is necessary to track health data by race and ethnicity to work towards the elimination of health disparities
- Biases in Health Care: The race and ethnicity of a patient determines the level of care they will receive.
- Language Access: It is the responsibility of health care providers to pay for and offer interpreter services to LEP patients
- Health Care and Poverty: Health care providers should become involved in community infrastructure to ensure healthy environments and nutritious food options for their patients.

Workshop adjourns when all presentations are completed.

***Do you want to learn more about the growing diversity in our communities and what this means for health care providers?***



**Sign up for the  
Cultural Competency Workshop  
May 17 - 22, 2009  
University of Nebraska Medical Center**

**WHO:** College students who are currently enrolled in any pre-health profession major

**WHAT:** A one-hour college credit course to learn about a health professional's role in providing culturally competent health care

**WHERE:** University of Nebraska Medical Center, Omaha

**WHEN:** May 17-22, 2009 (Sunday – Friday)

Enrollment is limited

For more information, contact \_\_\_\_\_