Intercultural–Global Competencies for the 21st Century and Beyond

1. It is important for nurses to develop 21st-century competencies to:
   A. Improve the option for professional advancement.
   B. Travel, live, and work internationally.
   C. Support effective and appropriate interactions in different cultural contexts.
   D. Develop skills and characteristics to be internationally employable.

2. A core value of the two models of intercultural–global competencies is:
   A. Attitude (openness).
   B. Curiosity (interest).
   C. Diversity (interest).
   D. Self-awareness.

3. Producing global citizens implies a set of values and attitudes that includes:
   A. Improving the world.
   B. Working independently.
   C. Engaging with diverse groups.
   D. Being interconnected with people and issues of the world.

4. Which change is responsible for the integration of intercultural–global competencies in health care education?
   A. Nursing degree completion requirements.
   B. Migration of health care professionals.
   C. Global citizenship development.
   D. The worldwide increase in diverse populations.

5. The reason to encourage staff nurses to prepare for intercultural–global competencies is to support:
   A. Cooperative partnerships.
   B. Cultural immersion.
   C. Collaborative learning.
   D. Community action.

6. An evidenced-based model designed to facilitate reporting and evaluating outcomes of an intercultural–global experience is:
   A. Transcultural Nursing Society’s certification program.
   B. Deardorff’s intercultural competence model.
   C. The Tool for Assessing Cultural Competence Training.
   D. International Nurse Education Services and Accreditation standards.
7. The most important reason for nurses to study abroad to develop 21st-century competencies is because:
   A. It is the only way to learn about a different culture.
   B. Twenty-first–century competencies cannot be taught from a theoretical perspective.
   C. Students have limited contact with other cultures in their own country.
   D. They will not encounter intercultural experiences with patients and professional colleagues.

8. Which of the following statements regarding the integration of 21st-century competencies is correct?
   A. The most appropriate content varies by region of the country.
   B. New competencies are less important as patient care becomes increasingly challenging.
   C. These competencies should be a requirement of university and continuing education programs.
   D. Twenty-first–century competencies can be taught in elective courses open to interested students.

9. Twenty-first–century competencies are:
   A. Only relevant for those who intend to work abroad.
   B. Necessary for teamwork and collaboration.
   C. Most relevant for business and economics students.
   D. Placed in the category of “nice to know” information.

10. Which of the following statements related to cultural competence is true?
    A. Competency development is a process and implies fluidity in the individual’s developmental progression.
    B. Individuals learn their skills and develop abilities in specific situations.
    C. Papadopoulos’ (2006) model indicates cultural awareness, knowledge, sensitivity, and competency development as linear steps toward cultural competence.
    D. Deardorff et al. (2012) and Papadopoulos (2006) posited that individuals learn from new and specific cultural situations; knowledge cannot be transferred.