‘Threading Cultural Humility in the Nurse Anesthesia Curriculum’

**Presenter:** Richard Flowers, DNP, CRNA  
Educational Innovator, Nurse Anesthesia Program  
Assistant Professor, Department of Anesthesiology

**WORKS IN PROGRESS**

Cultural competence education has long been touted as a solution to health disparities in America. In recent years the idea that one can become competent in a culture other than our own has been labeled as an arrogant approach that is unachievable. As an alternative many have embraced the concept of cultural humility which is essentially the understanding that one can never be fully knowledgeable about the culture of others. This fundamental understanding affects the way we approach and interact with our patients. Instead of approaching them with the assumption that we have learned everything we need to know to care for them, we approach them with an attitude of humility regarding our complete understanding of how cultural differences may be impeding their ability to receive the care they need at that moment. Cultural humility relies upon the recognition that cross cultural education is an ever evolving, life-long learning process.

The Council on Accreditation for Nurse Anesthesia Programs requires the inclusion of cultural competence education within the nurse anesthesia curriculum. The Wake Forest School of Medicine Nurse Anesthesia Program has traditionally met this standard through a cultural competence lecture within the Advanced Health Assessment first year course. The profession has adopted a change from Master’s degree to Doctoral degree entry to practice. In preparation for this change a curricular review and revision of all courses took place with the primary objective of ensuring doctoral education and accreditation standards were being met. The cultural education content was identified as an area where improvements could be made. To meet the objective of enhancing cultural education in the nurse anesthesia curriculum a cultural humility thread was introduced throughout the first year curriculum which consisted of a lunch and learn speaker series with concurrent reflective journaling by the students. The journaling submissions will be qualitatively reviewed as an evaluation of the curricular change. The findings have the potential to improve cross cultural care though the delivery of a unique cultural humility curriculum.
