

# Cultural Humility in Simulation Education: A State of the Science

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## Introduction

The National League for Nursing, a voice for nursing education, has identified diversity as a core value. Leading organizations including the Institute of Medicine and American Association of Colleges of Nursing have indicated a need for cultural competency education. To prepare nursing students to aptly care for a multicultural population, education regarding cultural humility is necessary.

Studies have indicated that students of minority backgrounds appreciate integration of race and culture in simulation. However, current international simulation standards lack an emphasis on diversity and cultural humility; thus, simulation curricula may be missing this essential component.

## Purpose

The aim of this poster is to provide the state of the science on the presence of **cultural humility in simulation education** to provide direction for simulation education, research, and policy development.

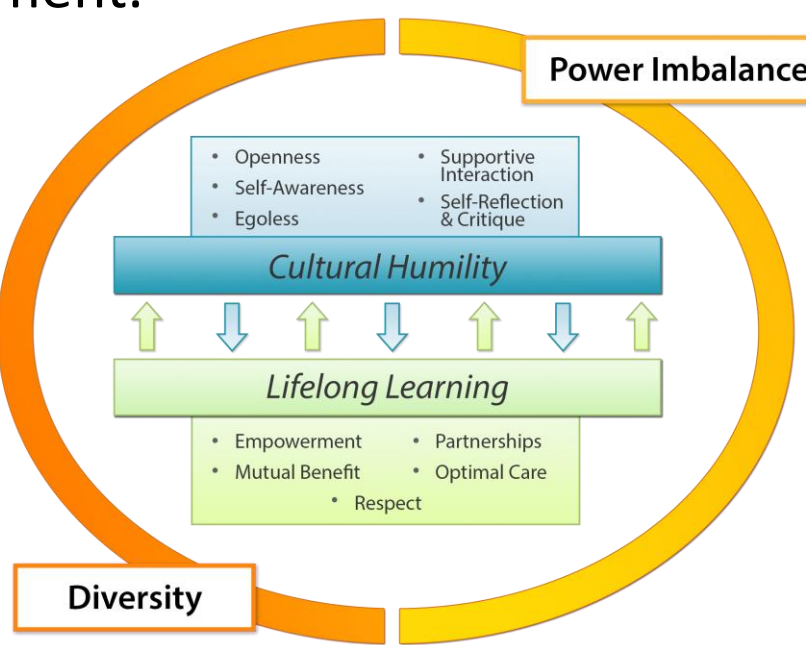


Figure 1. A concept analysis of cultural humility (Foronda, Baptiste, Reinholdt, & Ousman, 2016).

## Methods

We searched the databases of PubMed, CINAHL, EMBASE, and ERIC for articles describing cultural competence or cultural humility in simulation with the assistance of a library scientist (Figure 1). Search terms included cultural competence, cultural, culturally, humble, humility, competence, competent, and simulation. **Twenty studies** were included in this review.

## Results

Research regarding culture in simulation was performed with the following learners:

- Med Students
- Nursing students
- Pharmacy Students
- Global Health Students
- Child Welfare Professionals
- Nurses
- Physicians



## Four themes emerged:

- Cultural Sensitivity and Cultural Competence
- Communication
- Comfort and Confidence
- Insight and Understanding

Simulated patient populations included: Latino families, Arab American Muslim patients, diverse older adults, geriatric patients, individuals who live in rural areas, native English speakers, individuals and communities who live in poverty, colorectal cancer screening patients, and obstetric patients.

## Results

### Gaps

Simulations addressing

- Ethnic diversity
- Religious diversity
- LGBT
- Obese
- Disabled
- Interprofessional diversity
- Racial diversity



## Recommendations

### Education Reform

- Train simulation facilitators in cultural humility.
- Interpret diversity in the broadest sense – including individual differences.
- Integrate diversity throughout the simulation curriculum.
- Assure mannequins of color are present.
- Evaluate the simulation curriculum for the presence of diversity and cultural humility.

### Future Research

- Evaluate student learning outcomes related to integration of culture in simulation.
- Assess the presence of cultural humility in simulation centers and curricula internationally.

### Policy Change

- With supportive data, we plan to recommend that cultural humility be added to the International Nursing Association for Clinical Simulation and Learning (INACSL) Standards of best practice: Simulation<sup>SM</sup> to influence simulation centers globally.

## Conclusion

Cultural humility must transcend the confines of the classroom and extend to the simulation center to improve student learning, retention, and improve patient care.

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