

Cultural Competence and Cultural Safety in Nursing Education



ABORIGINAL NURSES ASSOCIATION OF CANADA



CANADIAN ASSOCIATION OF SCHOOLS OF NURSING



CANADIAN NURSES ASSOCIATION

**A Framework
for First
Nations, Inuit
and Métis
Nursing**

Cultural Competence and Cultural Safety in Nursing Education
A FRAMEWORK FOR FIRST NATIONS, INUIT AND MÉTIS NURSING

Making it Happen:
Strengthening First Nation, Inuit and Métis Health Human Resources

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INTRODUCTION

The Canadian Association of Schools of Nursing (CASN) and the Aboriginal Nurses Association of Canada (A.N.A.C.) both recognize the need to increase the presence of First Nation, Inuit, and Métis nurses within the nursing profession (Gregory and Barsky, 2007). To this end, several schools of nursing in Canada have actively engaged in efforts to increase the number of Aboriginal nursing students, particularly in undergraduate programs. These schools are demonstrating success in the recruitment of First Nations, Inuit, and Métis people into nursing education. However, as noted in *Against the Odds: An update on Aboriginal nursing in Canada*, there are areas of concern that warrant further action:

- There is a need to better understand the factors affecting the retention of First Nation, Inuit and Métis peoples who are admitted into nursing programs in Canada. Although the number of Aboriginal nursing students is increasing, the number of students who complete their programs of study remains relatively unknown;
- All registered nurses, who graduate from nursing programs in Canada, should understand the unique relationships between the First Nations, Inuit, and Métis and the Government of Canada. It is imperative that graduates from nursing programs comprehend the historical and contemporary contexts of the Aboriginal peoples;
- Best-practice nursing curricula should prepare Aboriginal and non-Aboriginal graduates who are competent to work with the First Nations, Inuit, and Métis peoples. Furthermore, such curricula should privilege and respect indigenous knowledge and expose students to these epistemological and ontological foundations; and,
- There is a need to contemporize the concept of “culture” as it is understood and taught within undergraduate nursing programs. Within the education and practice domains, culture is most often understood and practiced in its essentialist form. Culture, from a constructivist perspective, fosters awareness, sensitivity, competence, and moreover the need for *cultural safety* in the care of clients, including First Nation, Inuit, and Métis peoples.

Beyond the education sector, employers are also responsible for recruiting and retaining staff to achieve diversity in the workforce that will best meet the health needs of the populations they serve.

Constructivist Understanding of Culture

Culture is more than beliefs, practices, and values. Culture has commonly been defined as the worldview, lifestyle, learned, and shared beliefs and values, knowledge, symbols, and rules that guide behaviour and create shared meanings within a group of people (Racher and Annis, 2007). These cultural norms are passed down from generation to generation. This is culture understood from an essentialist perspective. Alternatively, and from a constructivist perspective, culture is viewed as a complex shifting relational process (Gray and Thomas, 2006). Thus, Browne and Varcoe suggest that culture is best understood as being enacted *relationally* through history,

experience, gender and social position. Gray and Thomas state that culture can also be understood as a sociopolitical construct with underlying power relationships. It is in this landscape whereby cultural safety resides.

Cultural Safety

Cultural safety takes us beyond cultural awareness and the acknowledgement of difference. It surpasses cultural sensitivity, which recognizes the importance of respecting difference. Cultural safety helps us to understand the limitations of cultural competence, which focuses on the skills, knowledge, and attitudes of practitioners. Cultural safety is predicted on understanding power differentials inherent in health service delivery and redressing these inequities through educational processes (Spence, 2001). Addressing inequities, through the lens of cultural safety, enables care providers, including nurses (Varcoe, 2004), to:

- Improve health care access for patients, aggregates, and populations;
- Acknowledge that we are all bearers of culture;
- Expose the social, political, and historical contexts of health care;
- Enable practitioners to consider difficult concepts such as racism, discrimination, and prejudice;
- Acknowledge that cultural safety is determined by those to whom nurses provide care;
- Understand the limitations of “culture” in terms of having people access and safely move through health care systems and encounters with care providers; and,
- Challenge unequal power relations.

A Safe Learning Environment

Nursing curricula can assist nursing students to understand the limitations of an essentialist view of culture, and narrowly attributing and reducing behaviour to “culture,” e.g., “Aboriginal people do not practice health promotion because of their culture”. Students require assistance to develop a constructivist understanding of culture and that of cultural safety. Awareness, sensitivity, and competence provide students and faculty with a beginning place in which to develop an appreciation of the complexity of culture. Cultural safety offers further opportunities in which unequal power relations are exposed and managed. Cultural safety is action orientated and it is in alignment with the advocacy role of nurses and the nursing profession.

According to the National Aboriginal Health Organization (2008), the need for culturally safe care for First Nation, Inuit and Métis people is matched by the need for *culturally safe learning* to improve educational outcomes for Aboriginal students.

Developing culturally safe learning environments benefit students, educators, educational institutions, and education systems. Students are more likely to respond positively to the learning encounter when they feel safe, respected and able to voice their perspectives. An educator is more likely to experience more job satisfaction when attendance is better, when the quality of scholarship is good, and when the classroom is an environment of equal engagement between different ways of knowing. This comes from an educator creating a culturally safe learning environment and delivering culturally safe curriculum. High retention rates of an Aboriginal population can be interpreted as a reflection of an educational institute's commitment to such an environment, as well as their commitment to human rights and race relations. Such institutions produce more graduates, which attracts more students and thereby increases enrolment (p. 13). The Indigenous Physicians Association of Canada (IPAC) and the Association of Faculties of Medicine of Canada (AFMC) have endorsed *cultural safety* in the document, *First Nations, Inuit, Métis Health Core Competencies. A Curriculum Framework for Undergraduate Medical Education*. This document informed the work done regarding Aboriginal nursing education core competencies and a framework for Aboriginal nursing curriculum.

The document, *Cultural Competence and Cultural Safety in First Nations, Inuit and Métis Nursing Education: Integrated Review of the Literature* was developed to assist educators to foster cultural competence and cultural safety among students, particularly those students who are First Nations, Inuit and Métis. In addition, the paper is a synthesis of the literature and best practice framework. It provided the basis for identifying concepts related to core nursing education competencies. These concepts were presented at a discussion session, *Cultural Competency in Nursing Education Making It Happen: Focus on the Conceptual Framework*, attended by nursing educators, nursing students, nurses and an Elder. As result of their input and the subsequent discussion, eight concepts were articulated and a conceptual framework was developed. After presenting the conceptual framework to the Board of Directors of the Canadian Association Schools of Nursing (CASN) for their review and feedback, it served to guide the development of this document, *Cultural Competence and Cultural Safety in Nursing Education: A Framework for First Nations, Inuit and Métis Nursing*. Of the eight concepts developed, six are presented as **core competencies** and two serve as foundational structures or processes supportive of Aboriginal nursing education.

Two focus groups sessions were also held to “test” the framework for *goodness of fit*. One of these focus groups comprised nurse educators and former Inuit nursing students; the other focus group consisted of Inuit Elders. Participants from these focus groups validated the cultural framework, and two competencies were then added. One competency addresses the importance of having students receive an orientation, and both academic and technical support when becoming accustomed to using distance technologies. The second competency concerns interpreters; it has implications not only for nurses who work with First Nation, Inuit, and Métis peoples, but also individuals with hearing impairments, as well as immigrant, refugee, and new Canadians.

Core Nursing Education Competencies: A Curriculum Framework For First Nations, Inuit and Métis Nursing

Canada’s schools of nursing have both the opportunity and will to:

- Recruit and retain increased numbers of First Nation, Inuit and Métis people into nursing education.
- Enable curricula that prepare Aboriginal and non-Aboriginal nurses for entry into the profession, and have students realize and address social injustices and inequities faced by individuals, groups and society.

Employers are also responsible for recruiting and retaining staff to achieve diversity in the workforce that will best meet the health needs of the populations they serve. The core nursing education competencies, and the proposed framework, will assist Canada’s schools of nursing and employers to address the recruitment, retention, and employment of First Nation, Inuit, and Métis peoples.

The framework was developed with a primary audience of nursing education programs and nurse educators. However, in terms of employers, the framework is relevant and has applicability. Employers have a responsibility to ensure a “culturally safe” working environment for Aboriginal and non-Aboriginal nurses alike. Furthermore, “cultural safety” is relevant to the clinical context and employers should be encouraged to consider how “cultural safety” can be enacted in the workplace setting.

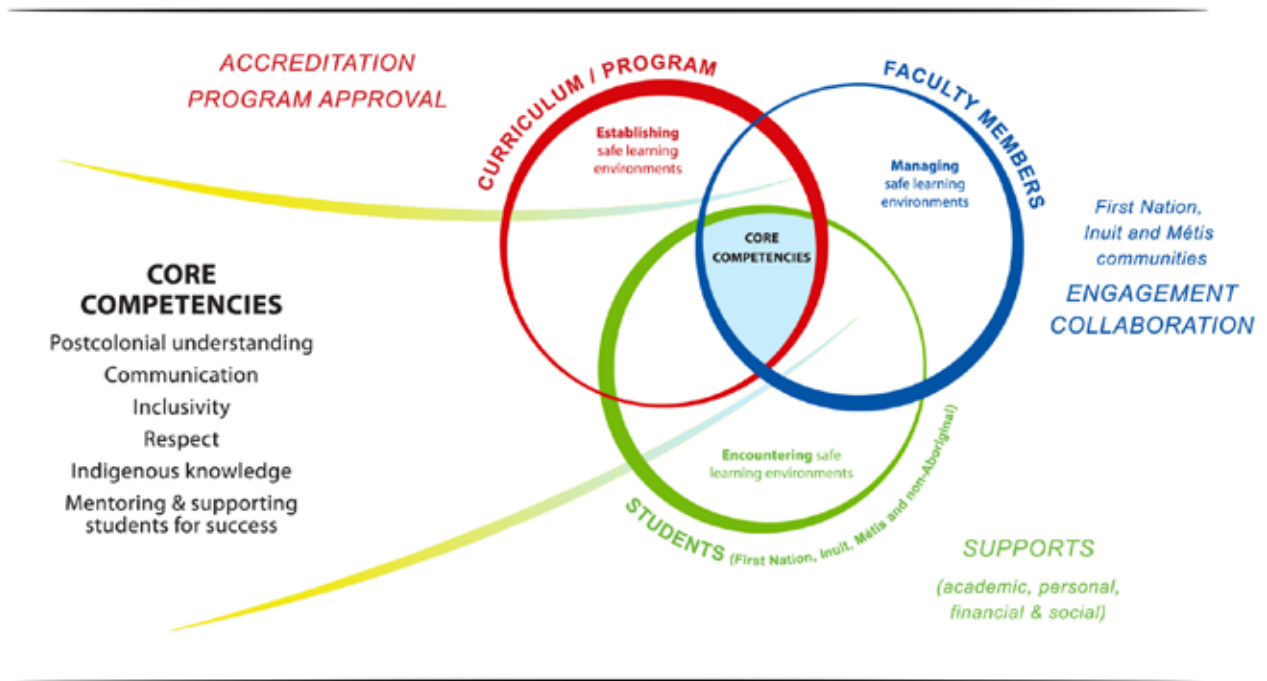
Employers are encouraged to foster nurses, physicians, other health care providers, housekeeping staff, and others are committed to and exercise the concept of cultural safety. This is relevant in terms of employee relationships as well as to the care provided to patients by these employees. Thus, the framework has implications for employers, their cultural awareness and sensitivity programs, ongoing education for employees, health employee to employee relationship and so forth.

The nursing education core competencies for Aboriginal nursing are organized into three distinct but related domains. These include: curriculum/program; faculty members; and Aboriginal and non-Aboriginal students. These domains are represented by three intersecting circles within a rectangular shape. The circles situate the following core competencies:

- Post-colonial understanding;
- Communication;
- Inclusivity;
- Respect;
- Indigenous knowledge; and,
- Mentoring and supporting students for success.

Supporting these core competencies are two foundational concepts; constructivist understanding of culture, and cultural safety. These concepts were addressed in the introduction section of this document. Their presence is vital to the successful implementation of the core competencies.

Accompanying these core competencies and concepts, and located within the rectangular shape, are **structures and processes** that influence the implementation of the framework. *Program supports* that encompass the academic, personal, financial, and social are implicated in successful Aboriginal nursing education initiatives (Malatest, 2004). *Safe learning environments* benefit students, educators, educational institutions, and education systems (National Aboriginal Health Organization, 2008). Students are more likely to respond positively to the learning encounter when they feel safe, respected and able to voice their perspectives. *Engagement and collaboration* with First Nation, Inuit and Métis communities also contribute to the presence and retention of Aboriginal students (Human Capital Strategies, 2005). Finally, *accreditation and program approval* ensure that curricula, programs, faculty members, students, and resources collectively align and foster educational excellence in the area of Aboriginal nursing. This structural alignment focuses attention on the core competencies and concepts as outlined in the document.



Curriculum Framework for First Nations, Inuit and Metis Nursing

These circles can open and close depending on where programs are “at” in relation to cultural awareness, sensitivity, competency and safety. They interact with each other and, as such, the circles are dynamic. The structures and processes within the rectangle can be at various stages of development and implementation. This diagram offers guidance to faculty members and Schools of Nursing in order to “make it happen and strengthen First Nation, Inuit, and Métis human resources.”

*Representation of the Colours:
Green represents Mother Earth
Gold represents Father Sky
Blue and Red represent two of
the four directions according to
some First Nation teachings.*

AN OVERVIEW OF THE CORE COMPETENCIES

1. **Postcolonial understanding**

Postcolonial theory accounts for health disparities and health inequities among First Nations, Inuit and Métis. It is the examination of colonization and its affect on the lives of Aboriginal peoples, and includes examining the relationship between residential schools and historic trauma transmission.

2. **Communication**

This concept entails effective and culturally safe communication among students and faculty within the teaching/learning contexts; it also applies to nursing interactions with the First Nation, Inuit, and Métis peoples.

3. **Inclusivity**

This concept evokes action where increased awareness and insights are required as part of the engagement process and relationship building with First Nation, Inuit and Métis peoples.

4. **Respect**

Respect for First Nation, Inuit and Métis cultural integrity is one of the guiding principles originating from the perspectives of Aboriginal communities. Respect is the show of consideration for First Nation, Inuit and Métis students, their families, and communities for who they are, their uniqueness, and diversity. This concept entails effective communication and collaboration with both Aboriginal and non-Aboriginal health care professionals, traditional / medicine peoples / healers in providing effective health care for First Nation, Inuit, and Métis clients, families, and communities. It also includes working with First Nation, Inuit and Métis groups and communities when conducting research to improve the health of the Aboriginal population.

5. **Indigenous knowledge**

This concept is the acknowledgement of traditional knowledge, oral knowledge, and Indigenous knowledge as having a place in higher learning along with literate knowledge. It also includes understanding First Nations, Inuit and Métis ontology, epistemology, and explanatory models related to health and healing; and, First Nations, Inuit and Métis cosmologies (spirituality, range of religious beliefs, etc).

6. **Mentoring and supporting students for success**

Students are presented with the opportunity to articulate how their mentor(s) assisted them in becoming registered nurses. They also have the opportunity to describe the supportive processes and structures, including role models, which foster their success in obtaining their degrees.

CORE COMPETENCIES

1. *Postcolonial understanding*

1.1 COMPETENCY

The graduating student will demonstrate compassionate, culturally safe, relationship-centred care with First Nation, Inuit, and Métis clients, their families or communities.

Students are able to:

- 1.1.1 Describe the connection between historical and current government practices towards First Nation, Inuit, and Métis peoples including, but not limited to the following:
- Colonization and its historical impact, including historical treatment of First Nation, Inuit and Métis peoples;
 - How the contemporary lives of the First Nation, Inuit, and Métis peoples have been duly affected by colonialism;
 - Residential schools;
 - The suffering inflicted on First Nation, Inuit, and Métis peoples as a consequence of Canadian laws; and,
 - How the treaties and land claims signed between the First Nation, Inuit, Métis peoples and the Government of Canada have established a unique “place” for First Nation, Inuit and Métis peoples within the ethno-cultural and political landscape in Canada.

1.2 COMPETENCY

The graduating student will be able to identify the determinants of health of Aboriginal populations and use this knowledge to promote the health of First Nation, Inuit, and Métis clients, families, and communities.

Students are able to:

- 1.2.1 Describe the resultant intergenerational health outcomes, and determinants of health that impact First Nation, Inuit, and Métis clients, families, and communities.
- The effect of Historic Trauma Transmission (HTT) on the health and well-being of First Nation, Inuit and Métis peoples;
 - Understand that First Nation, Inuit and Métis peoples have individual and collective, historical and contemporary, strengths to counter the impact of HTT.

- Recognize socio-cultural and political factors that are health-protective, as well as those factors which undermine the health of First Nations, Inuit, and Métis peoples and place them at risk for increased morbidity and mortality;
- Discern the barriers faced by First Nation, Inuit, and Métis peoples that contribute to health inequities;
- Articulate how post-colonial theory explicates health disparities and health inequities among First Nation, Inuit and Métis peoples;
- Recognize how contemporary health inequities for First Nations, Inuit and Métis peoples have been precipitated by colonialism; and,
- Identify how basic human rights (adequate housing, employment) are “out of reach” for many if not most First Nation, Inuit and Métis peoples.

1.2.2 Outline the concept of inequity of access to health care / health information for First Nation, Inuit, and Métis peoples, and the factors that contribute to it.¹

1.2.3 Identify ways of redressing inequity of access to health care / health information with First Nation, Inuit, and Métis clients, families, and communities.

1.2.4 Articulate how the emotional, physical, social and spiritual determinants of health and well being for First Nation, Inuit, and Métis peoples impact their health.²

2. *Communication*

2.1 COMPETENCY

The graduating student will demonstrate effective and culturally safe communication with First Nation, Inuit, and Métis clients, their families and peers.

Students are able to:

- 2.1.1 Identify the centrality of communication in the provision of culturally safe care, and engage in culturally safe communication with First Nation, Inuit, and Métis clients, families, and communities.
- 2.1.2 Demonstrate the ability to establish a positive therapeutic relationship with First Nation, Inuit, and Métis clients and their families, characterized by understanding, trust, respect, honesty, and empathy.

¹ Teachings include, but not limited to, understanding the potential power of self-governance and determination, and the real impact of these political forces on improving the health of First Nation, Inuit and Métis peoples.

² Indigenous knowledge is different and at the same time, it is equal to Western knowledge. By learning about Indigenous ways of knowing and practices, nursing students will have the opportunity to acknowledge and respect this truth.

- 2.1.3 Identify specific populations³ that will likely require the support of trained interpreters; and demonstrate the ability to utilize these services when providing care to individuals, families and communities.

3. *Inclusivity*

3.1 COMPETENCY

The graduating student will demonstrate a commitment to engage in dialogue and relationship building with First Nation, Inuit, and Métis peoples, cultures, and health practices.

Students are able to:

- 3.1.1 Identify, acknowledge and analyze one's considered emotional response to the many histories and contemporary environment of First Nation, Inuit, and Métis peoples and offer opinions respectfully.⁴
- 3.1.2 Acknowledge and analyse the limitations of one's knowledge and perspectives, and incorporate new ways of seeing, valuing, and understanding the health and health practices of First Nation, Inuit, and Métis peoples.
- 3.1.3 Describe examples of ways to respectfully engage with, and contribute to First Nation, Inuit, and Métis communities as a prospective care provider.⁵
- 3.1.4 Demonstrate authentic, supportive, and inclusive behaviour in all exchanges with First Nation, Inuit and Métis individuals, health care workers, and communities.⁶

³ This competency is also relevant to others such as the hearing impaired, immigrant, refugee, and new Canadians.

⁴ This competency opens up potential reflective space, both personal and professional, to consider the difficult concepts of prejudice, discrimination, and racism, and furthermore, understand how these concepts affect care and caring relationships with First Nation, Inuit and Métis clients, families and communities.

⁵ This competency reflects the importance of reciprocity and exchange with First Nation, Inuit and Métis communities as being foundational to relationship building.

⁶ The emphasis is on the demonstration of ethical behaviour as defined by First Nations, Inuit and Métis culture.

4. Respect

4.1 COMPETENCY

The graduating student will identify health care approaches that places First Nation, Inuit, and Métis clients, families, and communities at risk for cultural harm, and describe measures to rectify these approaches.

Students are able to:

- 4.1.1 Understand that unique histories, cultures, languages, and social circumstances are manifested in the diversity of First Nation, Inuit, and Métis peoples.
- 4.1.2 Understand that First Nation, Inuit, and Métis peoples will not access a health care system (and its practitioners) when they do not feel safe doing so and where encountering the health care system places them at risk for cultural harm.

4.2 COMPETENCY

The graduating student will demonstrate the skills of effective collaboration with both Aboriginal and non-Aboriginal health care professionals, traditional / medicine peoples / healers in the provision of effective health care for First Nation, Inuit, and Métis clients, families, and communities.

Students are able to:

- 4.2.1 Identify key principles in developing collaborative and ethical relationships.
- 4.2.2 Describe types of Aboriginal healers/traditional medicine people and health care professionals working in local First Nation, Inuit, and/or Métis communities, and how they are viewed in the community.
- 4.2.3 Demonstrate how to appropriately enquire whether First Nation, Inuit, or Métis clients are taking traditional herbs or medicines to treat their ailment and how to integrate that knowledge into their care.

4.3 COMPETENCY

The graduating student will be able to describe approaches to optimize First Nation, Inuit, and Métis health through a just allocation of health care resources, balancing effectiveness, efficiency and access, employing evidence based and Indigenous best practices.

Students are able to:

- 4.3.1 Discern the concepts of community development, ownership, consultation, empowerment, capacity-building, reciprocity and respect in relation to health care delivery in and by First Nation, Inuit and Métis communities.
- 4.3.2 Identify key First Nation, Inuit, and Métis community contacts and support structures in the provision of effective health care.
- 4.3.3 Describe successful approaches that have been implemented to improve the health of First Nation, Inuit, and Métis peoples, either locally, regionally, or nationally.

4.4 COMPETENCY

The graduating student will be able to contribute to the development, critical assessment of knowledge/practices, and their dissemination to improve the health of First Nation, Inuit, and Métis in Canada.

Students are able to:

- 4.4.1 Describe appropriate strategies to work with First Nations, Inuit, and Métis populations to identify health issues and needs.⁷
- 4.4.2 Engage in effective strategies to share and promote health information with First Nation, Inuit and Métis clients, families and communities.⁷
- 4.4.3 Describe various ways of respectfully acquiring information, in a transparent manner, about First Nation, Inuit, and Métis populations which involves communities as partners.⁷

⁷ Teachings include, but not limited to, the importance of partnership, ownership, consultation, and participatory action in developing successful health surveillance, research, and dissemination strategies with First Nations, Inuit and Métis communities. There is sensitivity around research issues in some communities based on past experiences with universities that have come into the community, conducted research, and never returned to report the findings, analyses, or recommendations.

- 4.4.4 Critically appraise the strengths and limitations of available data used as key indicators of Canadian Aboriginal Health.⁷

5. Indigenous knowledge

5.1 COMPETENCY

The graduating student will describe First Nation, Inuit and Métis ontology, epistemology, and explanatory models as they relate to health and healing; and the graduating student will describe First Nation, Inuit and Métis cosmologies.¹

Students are able to:

- 5.1.1 Demonstrate ways to acknowledge and value Indigenous knowledge with respect to the health and wellness of First Nation, Inuit and Métis clients, families, and communities.⁸
- 5.1.2 Recognize the diversity, as a care provider, of Indigenous health knowledge and practices among First Nation, Inuit, and/or Métis clients, families, or communities.
- 5.1.3 Identify and describe the range of healing and wellness practices, traditional and non-traditional present in local First Nation, Inuit and Métis communities.

6. Mentoring and supporting students for success

6.1 COMPETENCY

The graduating student will have experienced teaching learning environments where she/he felt safe to freely express ideas, perspectives, and critical thoughts.

Students are able to:

- 6.1.1 Describe how they would answer the question: What does their nursing education program have to offer First Nation, Inuit and Métis students regarding the development of cultural competence and cultural safety?

⁸ Indigenous ways of knowing are of equal value to western scholarship values.

- 6.1.2 Describe how their orientation helped to introduce technology in distance education, and the academic support they received which facilitated cultural competence and cultural safety.

6.2 COMPETENCY

Graduating students will have had experienced a supportive nursing program as they journey towards degree completion and their “place” as registered nurses within the profession.

Students are able to:

- 6.2.1 Identify First Nation, Inuit and Métis nurses who have changed the nursing profession in the areas of practice, education, and administration in relation to the health of the Aboriginal peoples.
- 6.2.2 Describe the innovative and creative teaching-learning projects that addressed First Nation, Inuit and Métis health priorities.
- 6.2.3 Reflect on how academic, housing, child care, funding, access to computers and the Internet, and cultural safety contributed to their success in obtaining their degree.
- 6.2.4 Describe how the nursing faculty encouraged them to pursue further studies.

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