American Association of Colleges of Nursing

Report from Private Colleges and Schools without Academic Health Centers Like-Schools Discussion March 25, 2018

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Given academic nursing's commitment to creating diverse and inclusive learning environments, what challenges and opportunities have you encountered in working to improve diversity in your programs? What strategies have you found to be most effective?

1. Resurrection University (Chicago) – offers a 6-week faith diversity course: students learn about diverse faith traditions to increase understanding and acceptance of other faiths. Ethnic foods are also explored and shared. This is a formal activity through student services. They also offer campus-wide sessions focused on LGBTQ.
2. Quinnipiac University (CT) – the University has a relatively low (15%) diverse population. They also recognize that faculty need to role model and build a diverse culture. There is a Chief Diversity Officer on campus. There also is the "Imagine Advisory Board" with representatives from every unit/school. The board articulates and shares ideas to achieve goals within the individual schools. For example, students on the diversity councils from Health Sciences/Nursing and Medicine have generated a number of activities, including faculty and student training on implicit bias and self-reflection, and civility. One outcome: development of a civility document that all sign and aspire to.
3. Villanova University (PA) – has a university-wide strategic plan; each college operationalized a course audit to determine alignment with achieving diversity objectives. There is a Campus Provost for Diversity, university-wide programs, seminars, engagement opportunities for discussion, and faculty training is being implemented.
4. MGH Institute (MA) – offers guest speakers, retreats. Staff in student services emphasize multiculturalism and provide support. Partner with health system and its diversity officers to share opportunities; group has had high level discussions and now working with faculty to help them learn how to handle situations. Doing retreats with simulations and trainings to create a safe environment, inclusive classroom, deal with preceptor issues, and other issues that arise on a day-to-day basis.

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5. Barry University (FL) – require faculty to address in course syllabi how learning activities and assessments/assignments relate to the university's core commitments, which includes creating an inclusive community. Science faculty had difficulty relating some sciences to diversity; examples of correlating science to diversity include: different ethnic facial structures and choosing an oxygen face mask; using beige colored band-aids on heavily pigmented skin, introducing ethno-pharmacology in pharmacology courses.
6. Malloy College (NY) - challenge is including students with varying disabilities or abilities. Now include disabilities in the broader definition of diversity. Literature suggests that there is bias on this. They recognize a need for faculty development in this area.
7. Pace University (NY) – includes staff in conversations about diversity and inclusivity. They have had a program for 7 years that recruits diverse nursing alumni and provides financial support for those who pursue a PhD and commit to teaching at PACE in a tenure track position. These doctoral students also serve as clinical faculty enrolled in the PhD program. Also offer dean's lecture series included speakers - lawyers, nursing visible and invisible disabilities, multicultural affairs director.

A new AACN publication on academic leadership has been proposed. What issues would you like to see included in this publication?

- Diversity and inclusivity
- Navigating crisis (EDS) presentation was well organized. Items discussed were timely and addressed how to develop a team, message, internally navigating the crisis, who to involve, and knowing peoples' roles. Crises such as hurricanes, floods, shootings, fires, etc. Or on crises that impact university's reputation, for example, sexual harassment issues.
- Expectations for working with media.
- Philanthropic expectations. Outreach, advancement, alumni, and development.
- Faculty crises – e.g., faculty accused of a patient death; what to do if faculty is full time or adjunct. Understanding legal issues, how and who should handle.
- Address expected competencies of an educational leader/dean; allow selection of topics. Consider that the skill set is evolving rapidly and varies from role to role (faculty—>chair—> association dean—>dean).
- Consider professional program's place in the larger world of the academy. For example, our directors/chairs, associate deans may be selected because of strong clinical and professional skills, but less developed academic skills (specifically, publications and research).
- Working in a shared governance model. Transitioning from faculty to dean.
- Managing change.

Clinical displacement issues -

Are any programs experiencing or seeing clinical displacement of ADN students in favor of BSN students?

- Some ADN programs have been moved out by some agencies to favor BSN programs.
- In CA, CAN-sponsored legislation that would require employers to hire equal percentages of both ADNs and BSNs with equal compensation/pay. Legislation, however, did not pass.
- Robert Morris (PA) - 18-20 programs in area, all working to accommodate varying needs for clinical experience rotations.
- In GA, clinical agencies were only accepting students in ADN programs who had declared selecting a program for their RN->BSN completion.
- In CO, legislation passed that allowed community colleges to offer BSN degrees. This is posing challenges for four year colleges that previously partnered with the community colleges for the RN to BSN programs.
- Some CNO's have decided they do not want ADN students placed in hospital. Interested in BSN nurses because looking at HCAPs and Magnet.

Issues with meeting pre-clinical requirements for regulations, drug and background checks?

- Some health care systems are only accepting information from one specific vendor. Happening in CA, GA, FL, and Chicago. This is imposing additional costs on the program and ultimately the students if they have to rotate to more than one facility during their tenure in the program. Also concerning that the hospital is dictating the choice of vendor to the university.
- Atlanta, GA – The mandating of background check vendors is impacting program budget. Also a concern regarding the length of time that a drug screen is acceptable (range from 6 months to 14 days before rotation begins). Vendor now has all information on students but won't take responsibility if a data breach occurs.

Issues with Paying for Preceptors/clinical sites?

- Became aware that one school was paying, invited leaders from all programs to discuss implications and reached an agreement that no one would pay unless notified others and no one would increase amount without notifying others. Ultimately, some schools are now paying.
- PA program has been paying so now in competition with NP program.
- In Hawaii, individual NPs and MDs are asking varying amounts to precept. ($200 - 1000). Dean is paying with her school purchasing credit card to keep relationship with site/individual since payments were not being made in a timely manner.
- In NY, no one is paying, but pushing legislation, in the form of a tax credit for preceptors for a set amount of precepting hours; requires student to be from that state in a state university.
- Offer tuition credit for preceptors and invite to pharmacology conference. Can't offer adjunct status because of faculty union rules.

- School asked to pay a small fee to off-set administrative costs experienced by sites. Passed them on to students. Also, students and/or sites must be included on the school's liability policy, this resulted in increased costs.
- One question posed: Have programs (faculty) abandoned their responsibility to oversee APRN students' in clinical experiences and evaluate preceptors effectiveness? Has too much work been pushed on to the preceptor without program providing support? Need more communication with them to ensure quality and to evaluate student competency.
- Villanova University in PA - with 8 other schools in GNE demonstration project, now ending after 6 years unknown what will happen.
- Jefferson College in Roanoke, VA - Have a partnership with a system, faculty work with students to see patients x days and hours per week to see patients in clinic space (at no cost for space). Working to expand this.

Test reviews for teacher prepared exams - Does your school have a process for review of teacher-made exams by students (university counsel considers exams to be part of the students' academic record and should be able to review exams per FERPA)?

- Teacher made exams - students want to review test and then questions ends up on internet. This resulted in no longer allowing students to review exams. But university counsel, citing FERPA, opined that students have the right to see the test. No one else in room expressed same problem.

Other Items

Marijuana use (remains in system for 6 weeks) and states with legalization. In CA, if receiving Title IV financial aid unable to use marijuana even if prescribed. In other states, several schools allow students to re-test particularly if level was low initially.

What do you do if student misses clinical time, how do they make it up?

- Pay preceptor, designate make-up days at end of semester, and faculty get paid to oversee. Also use simulation if excused absences. If unexcused do they flunk the course? Some say yes.
- Students who are required to pay additional fees for missed clinical: have to pay through registrars' office. Narrowly define what excused versus unexcused absences are in order to be consistent.
- If don't show up for an exam or clinical experience students have to pay $25 fee to take make up exam or to make up a clinical day.