

## Report from Like Schools 2016 Spring Annual Meeting

**Group:** *Academic Health Centers (AHC)*

**Facilitator:** *Lazelle E. Benefield, PhD, Dean, College of Nursing, University of Oklahoma Health Sciences Center, Oklahoma City, OK*

**Agenda:**

- Manatt Report
- What should AACN's priorities be related to promoting Diversity and Inclusion within academic nursing?
  - What barriers exist to creating a more inclusive community?
  - What information and resources do you need to support diversity and inclusion efforts at your school?
- Budget Conditions for FY 17

**Manatt Report Discussion:**

- Dr. Juliann Sebastian gave a brief update and applauded the group for moving this agenda forward; the report will be available on the website to download; AACN is developing a communication and dissemination plan. The report is based on three sources of data: interviews, surveys, and a leadership summit. The report has three major findings and six major recommendations. In addition, the report contains recommendations for Deans of Schools of Nursing and Medicine; Health System Executives; and University Presidents, Chancellors and Vice Chancellors.
- Dr. Benefield asked for feedback.
- There were questions about: How are we going to measure success? Do we have measures for success? No metrics yet.
- One suggestion was that we need to communicate with our boards about this report; this is not about IPE; Schools of Medicine given \$100 million; nursing gets nothing. Financing is at the heart of this.
- For each recommendation, identify levers for change.
- There was a suggestion that the AACN-Manatt report be on the agendas of all major meetings? i.e., Magnet Meeting
- There was a suggestion that we move immediately to an implementation plan; rapidly get to benchmarking information; 5 or 6 data points are needed. In addition, attempt to communicate that the term is AHC and not AMC.
- For the first recommendation the question was asked: are we overly constrained? We need to consider social determinants of health; there is not enough of an emphasis on policy.

- There was a suggestion to distribute the report to the business community. It is an amazing report. AACN is in touch.
- Where are the CNOs? AACN needs to reach out to the CNOs.
- For benchmarking, emphasize the research that we do interprofessionally that impacts safety and economy.
- Be sure that AONE gets this report.
- The report will be discussed at the AACN/AONE Day of Dialogue; also will discuss the Futures Task Force Report; evaluate how to engage key constituents.
- Reality is that we must engage all four groups: Deans of Nursing; Deans of Medicine; Health System Executives; University Presidents, Chancellors, and Vice Chancellors.
- We need a liaison to AAHC from this group.

**Diversity Discussion: Questions were posed:** What should AACN's priorities be related to promoting Diversity and Inclusion within academic nursing? What barriers exist to creating a more inclusive community? What information and resources do you need to support diversity and inclusion efforts at your school?

- We referenced AACN's draft statement on Diversity and Inclusiveness. The discussion went back and forth between current/past state of affairs and recommendations to AACN Board:
- Discussion of past and current state of affairs:
  - Need to look at bias; people are unaware of unconscious bias. Micro-aggression occurs; must acknowledge that it exists; also subtle racism.
  - Pockets of meanness; e.g., older professors against younger professors. We must include words of diversity and inclusion.
  - Need to discuss lateral violence.
  - Admissions people need to be clear in their work; underrepresented groups have been shut out in the past: GPAs the same; however color of the skin (or other) is different.
  - An Office of Multicultural Affairs offers a safe space for students, professors, etc.; a nurse is leading this effort at UNC 50% of the time.
- Suggestions/Recommendations:
  - We need a safe place for discussion; a space where you do not have to worry about being politically correct. Parker Palmer's book, *A Hidden Wholeness*, was recommended. Need to create communities where people can talk to each other. If individuals don't think alike, they still need to be able to communicate.
  - We need to share resources on how to teach health professionals about social determinants of health; these need to be in accreditation standards and in teaching pedagogies.
  - Need to have faculty development related to pedagogy and teaching approaches to embrace diversity and inclusiveness.
  - It is up to leadership, nursing deans, university presidents and institutional leaders, to be champions. To make it clear that racism and other "-isms" will not be tolerated.
  - Promote inclusivity in brochures, all literature.
  - Discussed holistic admissions workshops; Entry admissions for those with differing backgrounds. Holistic admission is a start; also need to think about faculty promotion and student progression. Leadership programs: need reports

from the field on how to handle diversity; need to be mindful about interactions and language.

- Need to have champions at the highest levels, e.g., Dean, Vice Chancellor for diversity, equity and inclusion.
- Recommend a champion be designated at AACN for this important work.

**Budget Discussion:**

- Dr. Benefield asked the group: how many are expecting to have less in budget FY17 compared to FY16? 15 of 65 in attendance agreed. All expected to maintain or increase admission numbers within the reduced budget model. PA and IL have no budgets approved; no money is going to the schools of nursing.
- Often, nursing is expected to carry the university financially.
- Discussed incentive-based budget: what you make is what you keep based on an algorithm; now deans must also be business managers. Tenured faculty and others get angry if they are making money and the money flows elsewhere.
- Emphasized importance of deans' skill in good stewardship of financial resources.