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Coming Up from the NLN
Dear Member Colleagues,

The new semester is just about upon us. Though the steamy weather makes fall seem very far away, we all know from experience that it’s not. At the NLN, time flying by manifests itself with our annual gear up for the NLN Education Summit and the initiatives we’re planning for the 2015-2016 academic year. See Coming Up from the NLN on page 11.

I know you are busy as well but I urge you to take the time to read the cover story on a subject dear to our hearts and minds, one of the NLN’s core values: diversity. Wide-ranging reporting describes the efforts made by nursing programs across the country. Please turn to page 3, to read “Diversity and Cultural Competence: Keystone to Nursing Education.”

This issue of the *NLN Report* also discusses the joint statement on debriefing published by the NLN and INACSL in June, the “Vision for Debriefing Across the Curriculum” (page 10). It is critical that nurse educators address the challenge of integrating debriefing techniques across nursing education.

I hope to see you in Vegas for Summit 2015 to explore “A New World of Technology and Innovation.”

Enjoy the rest of your summer.

Beverly Malone, PhD, RN, FAAN
Diversity and Cultural Competence: Keystone to Nursing Education

Kenya Beard was an associate professor of nursing at Hunter College, part of the City University of New York, when she encountered a homeless man outside her office. Responding instinctively, she was about to give him some money when she saw that instead of a beggar’s cup, he had thrust toward her his outstretched hand. Suddenly, a different instinct took over, one that recoiled from physical contact, and just as suddenly, Dr. Beard realized she was confronting a disturbing reality: If the man before her were one of her patients, she would treat him differently from someone who came in well groomed.

Dr. Beard, EdD, GNP-BC, NP-C, ACNP-BC, CNE, today associate vice president for curriculum and instruction and director of the Center for Multicultural Education and Health Disparities at Jersey College in Teterboro, has focused her scholarship on addressing that and related biases in nursing education and health care.

She is not alone, as the spotlight has widened on documented health disparities among members of marginalized and underserved sectors of the population. Health care reform to correct such inequities and make quality health care universally available has taken center stage in the national dialogue, before and since the passage of the Affordable Care Act in 2010.

“Educators haven’t been trained to talk about difficult topics like racism and unconscious biases and how they play into patient outcomes,” noted Dr. Beard.

In identifying diversity as one of its four core values, the National League for Nursing responds directly and forcefully to this critical challenge as well.

Under the direction of Virginia Adams, PhD, RN, the NLN Center for Diversity and Global Initiatives seeks collaborative partnerships with organizations in the US and abroad to support efforts to increase the recruitment and retention of a diverse nursing faculty and promote the recruitment, retention, and graduation of nursing students from underrepresented populations.

The NLN Report asked a sampling of scholars in diversity in nursing education for their perspectives on how such efforts are progressing “in the field.” These include curricular and clinical experiences available to nursing students that build cultural sensitivity and competence; and professional development designed to support and foster greater diversity among faculty and help them create welcoming environments for students from diverse backgrounds.

What we discovered is how multilayered and complex diversity is and the importance, first of all, of agreeing on foundational principles to define it before calling for action within nursing education.

“Valuing diversity is truly a first step, which translates to respecting, reflecting, and representing the populations we serve,” said Dr. Adams, who this year convened an NLN Diversity and Inclusion Strategic Action Group to investigate how people of different backgrounds get to know and respect each other’s traditions and values, “As a nation of immigrants, the landscape has historically been diverse,” she pointed out. (Dr. Beard is part of the strategic action group, which will publish an “NLN Vision for Diversity and Inclusion” in time for the NLN Education Summit in Las Vegas this fall.)

The experience this year of 10 senior nursing students at Ramapo College, part of the New Jersey state university system, provides a window into how a clash of cultures can be instructive.
The assistant dean for nursing programs, Kathleen M. Burke, and the nurse faculty in the School of Theoretical and Applied Sciences were looking for ways to broaden students’ perspectives of the role of nursing beyond acute care facilities when the director of the Gross Center for Holocaust & Genocide Studies at the college approached them with an idea: the nursing students could connect with a group of Holocaust survivors served by Jewish Family Services of Northern New Jersey.

After the war, many people repressed the memories of what they had experienced, a survivor, Sally Whitmore, told the students in an orientation session. But post-traumatic stress syndrome, while delayed, is far from uncommon. The sight of a visitor wearing Doc Marten boots, personnel in white coats, injections, lack of privacy, being forced to remain in an overcrowded hallway while awaiting a bed or admission – these are all potential triggers of unlocked wartime memories that can evoke extreme reactions that a nurse may mistake for a psychological breakdown. Even the process of reciting a medical history, with details long suppressed, can send a Holocaust survivor into PTSD.

In addition to the orientation, students attended Café Europa, a social club that gathers monthly in a local synagogue – the project dovetailed with that larger vision for instilling cultural sensitivity. “Nursing is not necessarily an intervention; it is also about championing the needs of individuals.

That can be a hard lesson to teach, especially to young college students,” said Dr. Burke.

Ramapo College’s location, in the foothills of the Ramapo Mountains, has also offered nursing students and faculty an opportunity to interact with another nearby community with a unique culture, values, and traditions. The Ramapo Nation, a Native American tribe, is famously mistrustful of the medical profession and bureaucratic authority in general, because of its exposure to contamination on its land by illegal dumping of toxic waste. Smoking, diabetes, and hypertension are rampant. Remarkably, a relationship has evolved with Ramapo’s nursing students and nurse educators, who have staffed free clinics and community health fairs up on the mountain. Graduate students conduct health assessments, while others have taught CPR.

Ramapo nursing students gain exposure to diverse in-patient populations during rotations through Beth Israel Hospital and St. Joseph’s Hospital in Newark and Paterson respectively, two cities beset by urban ills. Other clinical experiences include work with school nurses in inner city schools and schools for disabled youngsters and, for graduate students, work at the Bergen Volunteer Medical Initiative (BVMI), a clinic that provides free primary and preventive care for uninsured Bergen County residents who meet federal low-income standards. Dr. Burke serves on the BVMI advisory board.
Yet simply exposing nursing students and faculty to economically disadvantaged groups whose cultural backgrounds may differ from their own won’t necessarily lead to better health care for such patients. That’s because much more needs to be done to heighten cultural awareness before health care outcomes are to improve. It has to start with cultural change on an institutional level.

Rumay Alexander, EdD, RN, FAAN, a member of the NLN Board of Governors and director of the Office of Multicultural Affairs for the Schools of Nursing, Public Health, and Dentistry at the University of North Carolina – Chapel Hill, works to shed light on biases inherent in campus culture and effect change for nursing students, faculty, and staff. In so doing, she is building what she calls an organizational culture of “inclusive excellence.”

“A tapestry is a good image of what contributes to inclusive excellence, which requires paying attention to everything we do and are about. We treat it as a strategic priority no different than any other. Inclusive excellence is something we worked on by design, not default, and we measure what we do,” said Dr. Alexander. “Textbook selection; reading assignments from scholars who represent different cultural points of view; pictures on walls; efforts to recruit a mix of students and faculty that reflects the community our school is part of; putting in place policies to celebrate and accommodate religious differences; awards given; group projects that facilitate cross-cultural understanding. Every encounter is an opportunity.”

While less than 25 percent of UNC School of Nursing undergraduate and graduate students identify as non-white and the faculty racial-ethnic composition is even more lopsided – only about 17 percent come from the so-called ALANA populations (African American-Latino-Asian-Native American) – Dr. Alexander views diversity through a much broader lens. “My work is expanding the definition of diversity in a way that nurtures human flourishing, because there are multiple ways in which people are different,” she explained.

Two broad categories of difference, the NLN’s Dr. Adams acknowledged, were not on the radar screen as recently as half a dozen years ago: people with disabilities – itself multifaceted – and the LGBT community.

Laura C. Hein, PhD, RN, NP, FAAN, associate professor in the College of Nursing at the University of South Carolina and another member of the NLN’s Diversity and Inclusion Strategic Action Group, has devoted her career to understanding the challenges affecting gays, lesbians, bisexuals, and transgender individuals, as patients and as health care professionals. Health care disparities are rampant, she has learned, and within the nursing workforce, lesbians, in particular, are disparaged and shunned. “Gay men in nursing are viewed as nurturing,” she remarked.

Outside the university, Dr. Hein raises awareness of these key issues as vice president for external affairs at GLMA (Gay & Lesbian Medical Association), a national organization that advocates for health equality.
for those identifying as LGBT and LGBT health care professionals.

As the NLN Report was going to press, GLMA was looking forward to publishing a new assessment tool, a scale to rate the climate of sensitivity to LGBT patients and, by extension, the workplace environment for LGBT health care professionals. Explained Dr. Hein: “Part of the goal of raising awareness is to remind hospitals that there are legal requirements to support LGBT patients, based on a groundbreaking 2008 court case, Langbehn v. Jackson Memorial Hospital in Miami, and subsequent executive orders that regulate hospitals. A medical center can lose its federal funding through the Centers for Medicare & Medicaid Services if it doesn’t follow the law.”

Suzanne Smeltzer, EdD, RN, FAAN, professor and director of the Center for Nursing Research at Villanova University College of Nursing outside Philadelphia, has been doing research related to disabilities for some 25 years. (A current project is a joint grant with the NLN to create ACE-D, Advancing Care Excellence for People with Disabilities, working with Dr. Elaine Tagliareni, chief program officer and director of the NLN Center for Excellence in the Care of Vulnerable Populations.)

About a decade ago, Dr. Smeltzer shifted her focus from investigating health issues prevalent among the disabled to asking, “What does the nursing profession do in terms of handling people with disabilities?” According to the latest report from the US Census Bureau, in 2010, nearly one in five Americans is classified as disabled. Dr. Smeltzer observed that people with disabilities constitute the largest minority population in the country, and, moreover, because disability will likely affect almost everyone in some way at some point in his or her life, teaching nurses how to handle disabled patients is not something the profession can afford to ignore.

As the author of a textbook in medical-surgical nursing, Dr. Smeltzer knew that the literature on how to treat people with disabilities was scant. At Villanova, she has, therefore, integrated such training
across the curriculum. One innovative approach is the use of disabled standardized patients.

“If someone is in a wheelchair the tendency is to speak to the caregiver, not the patient. If a person has a visual impairment, that needs to be taken into consideration when educating him to manage medication. What is the effect of disability on pregnancy and pregnancy on disability? Students need to learn how to ask key questions and better communicate,” said Dr. Smeltzer.

One form of communication on the UNC campus takes place in “courageous dialogues” Dr. Alexander has with staff and faculty, exploring classroom and clinical dynamics. She also fosters communication through a network she created of peer mentors. African American PhD candidate Stephanie Devane-Johnson, an NLN Foundation scholarship winner this year, is one of them. She arranges meetings, often in informal, off-campus locations, with her mentees, undergraduates and graduates in the master’s program, to offer a sympathetic ear and guidance with academic and career decisions.

In some respects, however, increasing diversity and, with it, cultural understanding in classroom and clinical does come down to a numbers game: how can more members of underrepresented groups be recruited and retained to teach, and how can more minority students be encouraged to apply, attend, and graduate from schools of nursing?

Ms. Devane-Johnson said that UNC faculty attend career fairs and visit area high schools to encourage interest in nursing.

At the College of Nursing and Health Innovation (CONHI) at the University of Texas in Arlington, boosting recruitment and graduation of RNs of Hispanic background has been a priority for 20 years, given the paucity of Hispanic nurses relative to the state’s large Hispanic population. Its many efforts are paying off. According to figures from the office of the chair of undergraduate nursing programs, enrollment of Hispanic students has more than doubled in a decade, from 2004 to 2014. They are now more than 18 percent of the undergraduate student body.

Extensive study of Hispanic graduate and undergraduate students to identify barriers to degree completion and support critical to success, such as mentoring, advising, and financial relief, led to Challenge to Leadership, a program, initiated in 1992. That evolved into a chapter of the Hispanic Student Nurses Association (HSNA) and the establishment of the Center for Hispanic Studies in Nursing and Health. These groups have been largely credited for the increase. Together they provide professional networking opportunities; cultural immersion and travel experiences; an endowed scholarship for students preparing for service in the Hispanic community; and a research award to promote study of issues related to Hispanic health.

The faculty adviser to HSNA today, Griselle B. Estrada, MSN, RN, says that HSNA and the center promote participation in volunteer service opportunities to nurture ties between students and patients with physical handicaps.
and the local Hispanic community and raise awareness of health issues, like diabetes, endemic to the Hispanic population. Step Out: Walk to Stop Diabetes, a yearly activity held in the fall by the American Diabetes Association, is one such activity. HSNA members have also participated in campus blood drives, toiletry drives to benefit local shelters, and community health fairs.

At Villanova, where Dr. Smeltzer has concentrated on educating future nurses to care for the disabled, there are few disabled students on campus and no wheelchair-bound faculty. “Our thrust has not been on reaching out to recruit,” she said, but admittedly, “if more people with disabilities were admitted and taught here, it would have a positive effect on students.” The first step would be encouraging applications from such students and faculty. Changes to Villanova’s facilities required by the Americans with Disabilities Act have made it possible to provide appropriate physical accommodations.

Regarding diversity and cultural sensitivity surrounding LGBT and other marginalized groups, from where Dr. Hein sits, it’s still an uphill battle. At the University of South Carolina, a course on cultural diversity was eliminated to make room for other priorities in the core curriculum. “Bits and pieces are now integrated into med-surg classes, our Capstone requirement, and in the simulation lab, but these will not cover as much ground [as an entire course].”

No one would argue that the job of increasing diversity, in its multiple manifestations, of students and faculty or the challenge to raise the cultural sensitivity of all nursing school graduates is over. However, there does seem to be a general level of awareness of the issues and a genuine commitment to address them.

As a Josiah Macy Faculty Scholar, Dr. Beard created an interprofessional workshop to engender multicultural values and practices in all health care education settings. At schools across the country where she has run it, she keeps hearing the same response from faculty: “Thank you for tackling such a difficult topic and helping me get better at it.”
Enhancing Patient Safety Through Simulation Training: Three Students’ Perspectives

Excerpted from a presentation at Maryland Community College SUN Nursing Conference, June 3, 2015

“From my personal experience simulation is a safe and judgment-free zone. It’s a place where nursing students train to be champions of their own learning while polishing their future clinical skills in a risk-free environment. Simulation has given me the confidence to better interact with my patients, prioritize my care; and most importantly, to safely take care of my patients and myself; it has helped me with becoming a better decision-maker every time I interact with my patients and with our supporting staff…. I am able to think about Erickson’s developmental stages and Maslow’s hierarchy of needs and how these theories… pertain to my patients. This has improved my clinical critical thinking as I am transferring from simulation into practice at the bedside. It has also helped me to interact with family members of different cultural backgrounds and various personality traits as their needs are also extremely important…. Professionalism is always expected as we work alongside other health care team members to create a positive working environment where mutual respect and dignity for the welfare of our patients is a way of life.”

— Adeline Ntam

“My biggest take away from simulations is the debriefing. Debriefing is a huge benefit because you hear how other students would perform in the same scenario, all while receiving feedback on what you could do differently in the future. This takes assuring safety to another level. Debriefing offered me an in-depth knowledge of the situation and a variety of ways to intervene. I remember a simulation experience in which I played the role of the primary nurse. After receiving a report on four critically unstable patients, I prioritized them to determine the order of whom I would see first. In my mind, I prioritized them strategically and assured myself I did so correctly. However, during debriefing I realized that although my way was not incorrect, there was a better way. I took this learning experience with me to clinical and was able to more effectively prioritize my patients and meet their needs in a timely fashion…. In addition, simulations allow us to think critically and act on our feet. We are there to fend for ourselves - at that very movement. Things don’t always go as planned in simulations and often we walk in with zero knowledge of the patients we will care for (aside from the SBAR report we receive at the beginning of simulations). This makes it more realistic, because when something urgent occurs, we are forced to think critically and solve the problem.”

— Sheila Pierre-Louis, ADN

For many of us, as new nursing students, the notion of being a registered nurse is daunting, but for the most part, it is an abstract concept that remains difficult to actualize until you walk through those hospital doors for your first clinical rotation, and suddenly you are charged with the responsibility of someone else’s life. If you were fortunate enough to have a simulation lab as we do, you could feel empowered, capable, and prepared. Simulation training instills an unshakable sense of self-ability such that by the time you sanitize your hands and knock on your patient’s door, you are walking in like a boss: because you know what to do, and how to go about doing it....

Conferring with my colleagues, learning from them, and passing along this knowledge to my peers made me start thinking like a nurse. And when I thought like a nurse, I began to act like a nurse. From my deliberate pauses to my rapid responses, my thoughts and actions reflected the critical thinking skills that are expected of us as nursing students and demanded of us as professionals. When I could firmly hold my own in conference with not just nurses and physicians, but pharmacists, physical and respiratory therapists, and EMTs whose years of experience far outnumbered mine, I knew that my simulation training had taught me well.

Continued on page 10
A Vision for Debriefing Across the Curriculum

The National League for Nursing and the International Nursing Association for Clinical Simulation and Learning urge nurse educators to “learn about and implement teaching methodologies that prepare novice nurses to practice in a participatory and information-driven consumer environment…Debriefing supports that call to action.”

“We nurse educators,” said NLN president Marsha Adams, PhD, RN, CNE, FAAN, ANEF, “must be open to examining and transforming our teaching methodologies. Debriefing is an evidence-based technique that works.”

Added NLN CEO Beverly Malone, PhD, RN, FAAN: “We have much work to do in this area. As stated in “Debriefing Across the Curriculum,” a recent survey of pre-licensure nursing programs has shown that theory-based debriefing by competent debriefers is not the norm (Fey, 2014). It is critical that nurse educators address this challenge, starting with knowing debriefing’s foundational principles.”

Comprising a wealth of background and information about debriefing both in simulation and across the curriculum, the NLN/INACSL vision statement concludes with a call to action and recommendations for heads of nursing programs, nurse faculty, and the NLN. Examples include:

- Asking deans, directors, and chairs to ensure enough faculty with expertise in theory-based debriefing
- Encouraging faculty to integrate debriefing across the curriculum
- Challenging the NLN to provide professional development in debriefing for all faculty

In summation, INACSL president Carol Fowler Durham, EdD, RN, FAAN, ANEF, said: “Health care educators are challenged to prepare reflective practitioners who will be curious about what is happening with their patients and families. In order to improve patient safety and the quality of care, learners need to know how to ask questions and explore what is happening, consider assumptions, and include the patient and family’s perspective. Quality debriefing techniques foster critical reflection. An educator skilled in debriefing engages the learner to co-create meaningful learning experiences and develop the inquiry skills necessary to improve patient care.”

Read the complete text of “Debriefing Across the Curriculum”; click on NLN Vision Statements in the Newsroom section of the website (www.nln.org/newsroom/nln-position-documents).

Enhancing Patient Safety Through Simulation Training

Continued from page 9

And this, ladies and gentlemen, was my epiphany…. My experiences here at Montgomery College’s simulation lab have fueled my interests in gerontology…. I strongly believe that my simulation experiences have laid that foundation upon which I will confidently set off on my career to minister to those deserving of final peace, comfort, and thanks to my simulation training, a reassuring and able hand to hold.

— Jacqueline Sergon, BA, ADN, RN

For more on simulation and technology at the NLN, visit www.nln.org and follow the links to the Center for Innovation in Simulation and Technology.
### Coming Up from the NLN

#### Conferences

**September 30 - October 2**  
NLN Summit 2015  
Bridging Practice & Education: A New World of Innovation & Technology  
Caesars Palace, Las Vegas

**October 22 - 24**  
2015 NLN/Elsevier Technology Conference  
Embassy Suites / Downtown Convention Center  
Tampa, FL

**November 10**  
IBX/NLN Paradigms in Nursing Leadership Conference  
Pennsylvania Convention Center  
Philadelphia

**February 4-6**  
2016 Leadership Conference  
Interprofessional Practice: Co-creating Transformative Environments  
Emory Conference Center Hotel  
Atlanta, GA

**April 7-9**  
2016 Nursing Education Research Conference  
Research as a Catalyst for Transformative Practice  
Washington, DC  
*In partnership with Sigma Theta Tau International and the Chamberlain College of Nursing*

**April 22-23**  
2016 NLN/Boise State University Biennial Simulation Conference  
Current and Future Trends in Simulation

#### Workshops

**September 18, 2015**  
CNE Prep  
Rogers State University  
Claremore, OK

**October 2, 2015**  
CNE Prep  
Laramie County Community College  
Cheyenne, WY

**November 13-15, 2015**  
NLN Scholarly Writing Retreat  
Dallas, TX

**ONGOING**

**Indiana University School of Nursing/NLN Online Courses**  
Teaching in Nursing Certificate Program  
(3 courses)

Clinical Faculty: A New Practice Role (1 course)

#### The NLN on the Road

**October 28 - 30, 2015**  
Texas Vocational Nurse Educator Conference  
Austin, TX

**November 7-11, 2015**  
Sigma Theta Tau International (STTI)  
Las Vegas, NV

**November 11-13, 2015**  
Organization of Associate Degree Nursing (OADN)  
Jacksonville, FL

#### Important Dates/Deadlines

**August 31, 2015**  
Summit Registration Early Bird Rates

**September 30, 2015**  
NLN Leadership Institute Application Deadline

**October 7, 2015**  
Nursing Education Research Conference Abstracts Due

**October 15, 2015**  
Center of Excellence Initial Applications due

**February 15, 2016**  
Academy of Nursing Education Fellowship Applications due

Watch for details of upcoming webinars and workshops on the NLN website, social media, and via email.

Updated, detailed information on all faculty development programs can be found at [www.nln.org](http://www.nln.org).

Be sure to browse the calendar at [www.nln.org/membership/constituent-leagues](http://www.nln.org/membership/constituent-leagues) for events sponsored by the NLN Affiliated Constituent Leagues.
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Washington, DC 20037

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The Face of Excellence

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for ORGANIZATIONS that have set high standards and are committed to the achievement of excellence

Applications Due: October 15

Academy of Nursing Education

for INDIVIDUALS who have made enduring and substantial contributions to nursing education

Applications Due: February 15

For details about these NLN's Recognition Programs visit www.nln.org/recognitionprograms.