





April Diversity/Data Learning Collaborative

Wisconsin Diversity Assessment Tool (WI-DAT)

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For live audio, you must use your phone and dial 866-513-4976; passcode: 6875187



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WISCONSIN DIVERSITY ASSESSMENT TOOL (WI-DAT)

Purpose of the WI-DAT



 Provide a strategic vision for increasing diversity and inclusion in nursing education and health care workplaces

 Offer evidence-based metrics for change that results in a sustainable and diverse nursing workforce

The Process



- Comprehensive review of research literature
- Current best practices identified in nursing education and workplaces
- Standardized measurements were generated based on that evidence
- Recommendations were developed
- Review by the Wisconsin Center for Nursing (WCN) and diversity experts
- Widespread dissemination is pending

Inclusive Excellence: Education Model



- Links quality with diversity
- Involves assessment and planning
- Intentionally integrates inclusion into day-to-day operations (top-down, bottom-up approach)
- Uses a metrics-driven approach to create measurable change and ongoing evaluation
- Championed by State University systems: Wisconsin, Oregon and California

Williams et al., 2005

Diversity Maturity Model (DMM) (Lee, 2007) FU Views diversity as a valued workplace commodity

TIMELINE: 2010

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DIVERSITY & LEVEL 5 INCLUSION D&I enhances our competitive advantage LEVEL 4 MATURITY SUSTAINABLE D&I is 'how things are MATRIX done' - It's part of business as usual and LEVEL 3 INTEGRATED embedded in day-to-day activities. D&I drives strategy. The impact on business performance LEVEL 2 is clear and D&I **UNDERSTANDING &** enhances competitive APPLICATION advantage. CULTURAL CHANGE Management recognises LEVEL 1 the business benefits AWARENESS of diversity and can demonstrate that it is implementing D&I strategies designed to Diversity is increasingly success of the operating recognised as a business benefit and BASIC create an inclusive work an inclusive culture is environment. acknowledged as key to D&I is on the agenda success. D&I initiatives for discussion but no are deployed at a local concrete plans are level and monitored in place to define or to support continuous achieve desired improvements. outcomes beyond those required by regulation. REGULATORY COMPLIANCE The operating group or businesses will put additional measures in place to respond to any problems.

Donabedian Model for Quality

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Structure Process Outcome

OUTCOME: BASIC PRACTICES



The institution/ organization meets legal and accreditation standards related to diversity and inclusion.

OUTCOME: WORKFORCE AND ENVIRONMENT



Nursing students, nurses and nursing faculty resemble the diversity of the service area.

OUTCOME: CLIMATE



Nursing students, nurses, and faculty report fair and comfortable climate in organization without offensive, hostile, intimidating, discriminatory, or exclusionary experiences.

Diversity efforts are integrated throughout all levels of organization and involve community of interest.

OUTCOME: SUSTAINABILITY

Diversity efforts are sustained within the organization.

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RECOMMENDATIONS



Develop a standardized system with agreed-upon benchmarks for tracking data on under-represented populations in nursing programs and health care systems. (IOM, 2010; WCN, 2013)

- Regional approach
- Health Workforce Centers lead the way (WCN, 2013)



Primary and secondary education for many racial and minority groups is far below average (IOM, 2004) and nursing schools should create educational pathways that provide the support needed to facilitate student success and ensure patient safety.

- Diverse students must be viewed as "assets versus liabilities"
- Shared accountability standards of care must be upheld



The history, experiences and stories of underrepresented populations must be infused into all educational curricula.

- Faculty and administrators arrive with cultural humility
- Diverse individual perspectives viewed as essential to inform change
- Content and learning strategies are inclusive and avoid stereotypic assumptions about learners

(AAMN, 2013; AACN, NLN, 2009)



Diversity initiatives should be centered on integrated and sustainable partnerships based on a shared education/workforce vision.

- Initiatives must be "woven into the organizational fabric" versus "superimposed"
- The Diversity Maturity and Inclusive Excellence Models can be used to guide educational and workplace change



Nursing—specific credentialing agencies like Magnet Recognition Program, Commission on Collegiate Nursing education (CCNE) and Commission for Nursing Education Accreditation (CNEA) should take a lead role in formulating and enforcing explicit policy standards to ensure equitable access and treatment of underrepresented groups.

Change agents versus gatekeepers



Organizational climate must be assessed on a regular and cyclical basis and identified inequities must be addressed as part of an integrated quality improvement process.

- Assess the organizational vital signs
- Diagnose needed change
- Plan for systemic climate change
- Implement identified interventions
- Evaluate on a regular cyclical basis (Continuous quality improvement)



The organization should self-regulate by implementing and enforcing a code of conduct to enhance bi-directional communication, teamwork, and collaboration.

- Bullying, lateral violence as symptoms
- From code of ethics to code of expected behaviors



The experiences of diverse groups are unique and regionally specific; therefore, interventions should be tailored to identified needs in the local area.

- Becoming competent in a unique context
- Avoiding "One size fits all" approaches
- Mirroring the composition of the service area



Develop a research agenda that is focused on creating a diverse nursing workforce pipeline that begins in elementary school and results in the retention of a diverse nursing workforce.



Best practices related to diversity need to be documented and disseminated. A sustainable diversity intervention and research repository is recommended.

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LOOKING AHEAD

Looking Ahead



- Convene stakeholders w/ potential interest in piloting WI-DAT for review, feedback & continuous process improvement.
- Pilot WI-DAT in minimum of 3 settings:
 - Health or health-related system or clinic
 - Educational setting
- Compile results of WI-DAT pilots into report for dissemination.



Press *1 on your telephone key pad to ask a question OR
Use the "chat" feature to send "everyone" a question.

You can find the recording and additional webinar resources by going to: www.campaignforaction.org/webinars.

If you would like more information about WI-DAT, please contact:

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Campaign Resources



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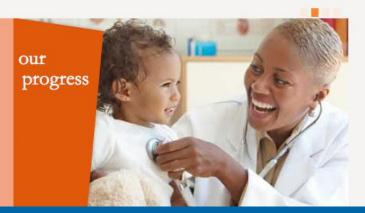
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