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## April Diversity/Data Learning Collaborative

**Wisconsin Diversity Assessment Tool (WI-DAT)**  
April 29, 2015

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



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# Presenters



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# WISCONSIN DIVERSITY ASSESSMENT TOOL (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

- 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

- 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)

## Views diversity as a valued workplace commodity





# Donabedian Model for Quality



## 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.

# OUTCOME: INTEGRATION

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

# OUTCOME: SUSTAINABILITY

Diversity efforts are sustained within the organization.

# RECOMMENDATIONS

# Recommendation 1

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

## Recommendation 5

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

## Recommendation 6

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

## Recommendation 8

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

## Recommendation 9

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.



## Recommendation 10

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

# 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.

## Questions or Comments?



**Press \*1 on your telephone key pad to ask a question  
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Use the “chat” feature to send “everyone” a question.**

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# Questions?

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