

**Mentoring and More: Steps that Lead
Towards Greater Diversity in Nursing**

May 23, 2017

Presenters:

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Champion Nursing in America at AARP*

The gap has grown between the makeup of our nursing
workforce and an increasingly diverse consumer population.
The good news is that nurses are bridging the gap by
focusing on mentoring, coaching, and collaboration.

In this webinar, representatives from the Colorado and
Montana Action Coalitions will discuss strategies that have
improved the diversity of the nursing workforce in their states,
including their successes, weaknesses, and plans.

Webinar goals:



Winifred Quinn of the *Campaign for Action*

Across the country, there is a movement to advance the field of nursing so that all Americans have access to high quality, patient-centered care in a health care system where nurses contribute as essential partners in achieving success. This national level [Future of Nursing: Campaign for Action](#) is a result of the Institute of Medicine's landmark 2010 report on the [Future of Nursing: Leading Change, Advancing Health](#).

The *Campaign for Action's* field-based teams, the [Action Coalitions](#) (ACs), are leading this movement and are equipping themselves with knowledge gained from technical assistance provided by the Center to Champion Nursing in America (CCNA), a joint initiative of AARP, the AARP Foundation, and the Robert Wood Johnson Foundation. Such technical assistance comes in the form of webinars, face to face interactions, and other facilitated engagements with public policy leaders, content experts, consultants, and Action Coalition peers across the country.

- ❖ Hear details about diversity initiatives in Colorado and Montana, and learn how they took action in their own states.

- ❖ Discuss the value of group coaching for mentors working in minority communities or areas comprising underrepresented populations.
- ❖ Explore the importance of collaboration and relationship-building to sustain a diverse nursing workforce

If you miss a section of the webinar or would like to pass it on to a colleague, you can find the recording by going to www.campaignforaction.org/webinars



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Casey Blumenthal, DNP, MHSA, RN, CAE has been a registered nurse for over 35 years. Vice President, Montana Hospital Association



- ✓ **Amanda D. Quintana RN, DNP, FNP** is currently a Project Director for the Colorado Center for Nursing Excellence and leads the HRSA Nursing Workforce Diversity Project to increase nursing diversity in the state. She is also a Co-Active Trained Coach. She has been a registered nurse for 26 years.

Following the Road to Diversity in Montana

Casey Blumenthal:

Where We Started

- ✓ In 2011, the Montana Action Coalition (MAC) was formed along with the Montana Center to Advance Health through Nursing (MTCAHN), to implement the recommendations from the IOM's Future of Nursing report
- ✓ One of our original priorities at this time was to increase the number of BSNs in Montana; having only 2 baccalaureate entry programs in the state, most of our nurses were educated at the ADN level
- ✓ In 2012, MTCAHN applied for and received its first, 2-year APIN grant from the Robert Wood Johnson Foundation to help us with this priority

APIN 1

- ✓ Grant activities allowed the APIN team to establish relationships with all of the Montana nursing programs and many of the rural hospitals
- ✓ The team developed several videos, including Men in Nursing, Rural Nursing in Montana

Additional goals included:

- Creating an orientation course with contact hours for Nurse Preceptors, focused on community health and leadership/management for RN to BSN students
 - Designing and implementing a mentor program for BSN completion students (also with contact hours)
 - Both of these programs continue today to provide support to nurses at all levels.
- ✓ A good example of a mentor program for Native American nursing students is the Caring for Our Own Program (CO-OP) at MT State University
<http://www.montana.edu/nanurse/> Another activity we did during this time period was to hold 11 regional meetings (traveling 3500 miles!) to gather information from key stakeholders (employers of nurses, nurses, nursing students, and consumers) about (a) current and future needs for nurses in health care, (b) strengths and gaps in current nursing education, and (c) recommendations for future nursing education.
 - ✓ One of the most important ongoing conversations we had was with our Office of the Commissioner of Higher Education, particularly as related to the two-year colleges.
 - ✓ The myth at the time was that APIN was meant to eliminate two-year nursing programs, so there was a lot of initial resistance. Eventually, we were able to provide enough information for most to feel comfortable with our work, but there were a couple of laggards in the group who just plain didn't want ANY change.

The mentor program

The mentor program became an interactive workshop and has been presented around the state to great success, both onsite and via distance technology. The preceptor course is online, on-demand, and has been used in many of our hospitals, has been adopted by our VA system, and used by nurses in Texas.

- ✓ With the help of the Mentoring Advisory Council, the *Art of Mentoring in Nursing* workshops will continue to be taught. The CO-OP was founded in 1999 to help improve the quality of health care in Native American/Alaska Native communities by increasing the number of qualified Native American /Alaska Native nurses entering the health profession.
- ✓ The Caring for Our Own Program (CO-OP) is a supplemental student support program for Native American and Alaska Native students pursuing their nursing degree

at MSU. Goals are to increase the enrollment of American Indian nursing students at MSU and build a strong pool of American Indian and Alaska Native nurses who are prepared for practice, management, and leadership to serve Indian Country.

- ✓ The CO-OP program has a long list of resources for Native nursing students, including peer mentoring, funding support, resources for child care and transportation, orientation to campus life, loan payback programs, etc. Funding is received from HRSA and IHS.
- ✓ In 2014, MTCAHN secured its 2nd, 2-year APIN grant.
- ✓ Specific to diversity, goal three was to increase the number of Native Americans that are in MT nursing education programs by 2016
- ✓ Representatives from the tribal colleges were asked to participate in the next APIN Site Visit, as were CO-OP staff
- ✓ HealthCARE Montana grant!

APIN 2

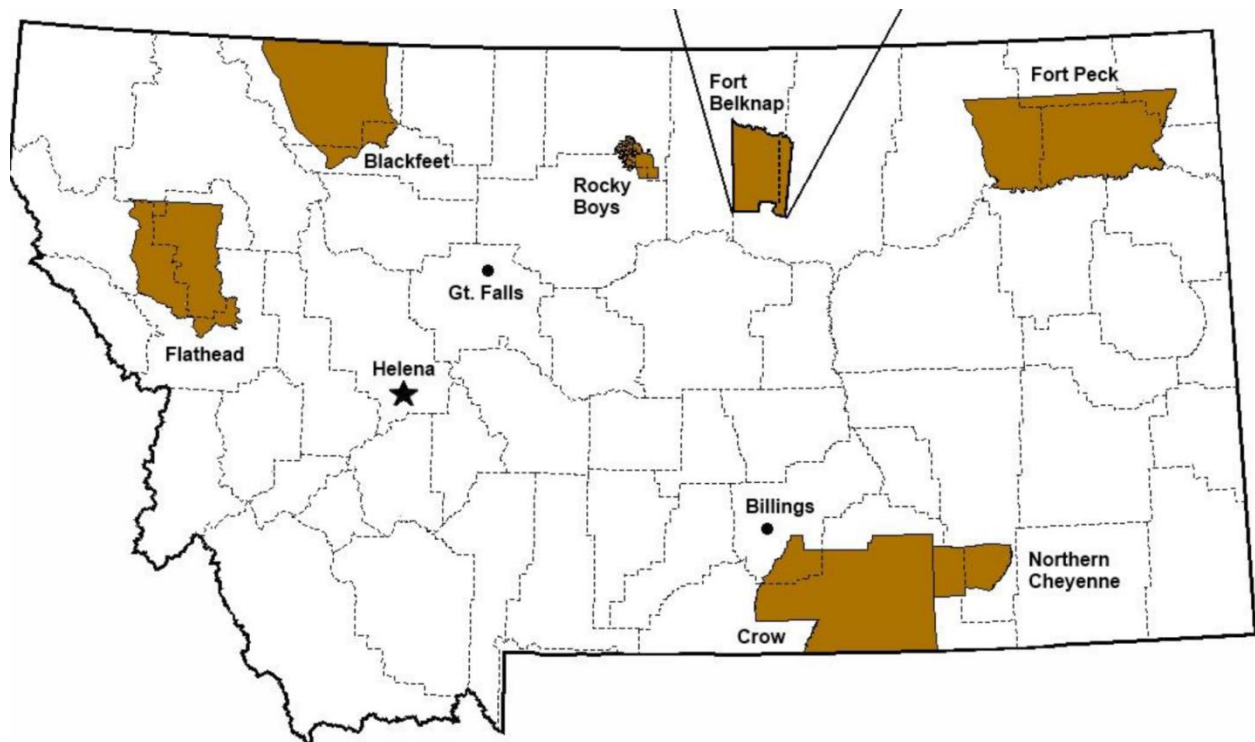
This site visit coincided with the beginning work of the Department of Labor and Industry's large Trade Adjustment Assistance Community College Career Training grant, which was renamed HealthCARE Montana. The focus of the grant was to overall strengthen the healthcare education system in the state's two-year colleges, with very specific attention to nursing. Fortunately, the groundwork laid by MTCAHN and APIN gave a leg up to the work that needed to be done for this grant on revision of nursing curriculum.

Diversity

Regarding diversity, about 6% of our population is Native American; however, only about 3% of our nurses are Native. We wanted to increase that number so it was more reflective of our general population.

Overall, conversations about nursing education and capacity were at a much higher decibel level than in previous years.

MT Indian Reservations



Highway 2, a 2-lane road that runs across the top of the state, is dotted with tiny towns and a handful of tiny hospitals. The weather is harsh and the prairie expansive; it can be very difficult to recruit and retain nurses to these areas unless they have some kind of roots there.

- MTIn December, 2014, Aaniiih Nakoda College (on the Fort Belknap reservation) held a community meeting, where leaders voted to develop a local nursing program.
- In spring of 2015, APIN team members conducted the Diversity Needs Assessment

Site visits were made to each tribal college and the MT State University Caring for Our Own Program (CO-OP)

The meeting was able to occur because of the relationship between practice and education that was enhanced by the work of the APIN team. The local critical access hospitals were critically and consistently short of locally grown nurses, who had much better staying power than those recruited from elsewhere.

During the site visits, information was collected on what nursing education offerings existed at each college and what they would like to have.



Aaniih Nakoda College



- ❖ ANC received approval from the Board of Nursing to begin accepting students in 2016
- ❖ The curriculum uses the newly revised statewide model (created by APIN/ HealthCARE MT) but also incorporates the Medicine Wheel paradigm
- ❖ Three APIN team members invited to join the HealthCARE Nursing Diversity Committee
- ❖ We streamlined LPN education so they could enter into the workforce more quickly and revised the ASN curriculum so they would be ready to complete a BSN in 3 semesters if they chose to continue (compared to 2 full years+ previously).
- ❖ The four sections or directions - East, South, West and North – represent holistic characteristics that can be visualized and upon which the nursing curriculum will reside within the Medicine Wheel.
 - The stages of life: infancy, youth, adult, elder
 - The dimensions of the person: physical, emotional, spiritual and mental
 - The person, family, community, environment



All are holistic concepts that will be honored in the process of learning the delivery of care for the person in a culturally relevant manner. The paradigm of the Medicine Wheel and the interrelations of the four directions reflect a wellspring of indigenous knowledge that can be easily embedded within the Aaniiih Nakoda College students' contemporary nursing education.

- ❖ For our 1st conference within the APIN II grant, we included a panel of Native American nurses and a healthcare transformation specialist at one of the tribal colleges who worked with the HealthCARE MT grant
- ❖ Attendees were very interested in what the panelists had to say, and it sparked a great dialogue

Meanwhile

- ❖ We've been doing these conferences since 2012, but the focus has gradually shifted toward our work on APIN goals. This year, because of our diversity focus, we decided to bring in those from whom we could learn the most. The audience actually seemed very surprised to hear about some of the experiences of the Native nurses, and the tribal college person shed some light on the realities of Native students as they tried to make their way through school. They all brought up many things we wouldn't necessarily think about, such as the kinds of barriers they might face because of their emphasis on family relationships and how complex those can be, or the isolation of reservation life and how difficult the transition is to go to a "white" college.
- ❖ We also heard from a tribal college nursing program director about some of the innovative things she had implemented to assist her students with getting to class, being successful on tests, learning the way that was best for them, etc.

Subsequent Activities

- ❖ We had frequent comments on our evaluations for more perspectives from the Native Americans the following year.
- ❖ We have disseminated information about the Campaign for years and the demand for increased educational opportunities shows us that people are paying attention.
- ❖ We laid the groundwork for the large HealthCARE Montana grant that has just completed revising the nursing curricula for LPNs, RNs, and RN to BSNs.
- ❖ We've created a mentorship and a preceptor program, the latter of which has been used in other states as well as in Montana.
- ❖ We've presented on this work at a national level, even creating a short video about what they're doing in Ekalaka to promote APIN!
- ❖ The Diversity Committee for HealthCARE MT met biweekly via conference call
- ❖ A strategic action plan was developed, intending to evaluate how better to include and assist Native American students in successful acceptance, retention, graduation from LPN or RN programs and progress to BSN and higher
- ❖ The CO-OP Mentoring Adviser has presented to the Student Nurses Association to promote culturally sensitive nursing care
- ❖ MTCAHN's 2016 Nursing Practice & Education Summit also included 3 Native American nurses from different situations to discuss their perceptions and experiences

Again, you could have heard a pin drop when these nurses talked about the challenging and hurtful situations they have encountered as students and/or as nurses. It became evident that racism is alive and well in our state, something no one likes to

acknowledge—especially not a room full of nurses. It was decided that we need to continue to provide education to our nursing community about working with both Native patients AND nurses

Next steps

- ❖ 2017 Nursing Practice & Education Summit; opening presentation by Dr. Piri Ackerman-Barger, PhD.
 - Her session will be both informative and interactive, designed to stimulate dialogue and recognition
- ❖ Subsequent sessions will ALL focus on some type of diversity: generational, age, cognition, gender, etc.
- ❖ Because our previous attendees wanted more on diversity, and also because there is a nationwide push toward this issue, we thought it prudent to expand our horizons beyond what we typically think of here—i.e. mostly focusing on the Native population.
- ❖ There are so many pieces to diversity, including those we don't even realize—and then, what do we do with that? How do we truly incorporate any diversity into how we speak and act? Inclusivity is a step beyond diversity, and we clearly need a better understanding of it.
- ❖ Even now we are reading newspaper articles about racist comments at one of our schools, the same school where a Native professor is suing for discrimination. We are nowhere near where we need to be.

What else can we do

- ❖ This year, we will also feature Dr. Susan Luparell, who has done research on generational diversity, and especially, workplace civility among nurses. We'll also include a panel of non-traditional students and men, to discover how all of them view their life within nursing education and practice.
- ❖ We build in opportunity for Q&A, and interactive discussion, to each of our content pieces, so we can learn from each other. We also get excellent feedback and suggestions from participants to help us plan for next year's conference
- ❖ We will use feedback from this year's Summit to begin our planning for next year
- ❖ Encourage Native American nurses to become Clinical Resource Registered Nurses (these are kind of a 'prelude' to an official preceptor)

- ❖ Pursue our plan to develop leadership education for nurses in practice, encouraging Native American nurses to participate
- ❖ We are always looking for ways to attract more nurses to our conferences; those who attend are very enthusiastic about the experience, but a common problem in Montana is getting nurses to leave home for their education. Staffing is an ongoing challenge (i.e. when you only have a handful of nurses, it leaves a hole when one of them leaves), as are distances and expenses.
- ❖ Continue to encourage use of our Mentoring Workshop & Preceptor modules
- ❖ Revisit our AC action plan to review additional opportunities to continue the collaborative relationships with Native American education and practice
- ❖ Continue to support efforts for development and expansion of tribal college nursing programs
- ❖ Strengthen, sustain and maintain what works!
- ❖ *Our hope is that if we integrate more Native nurses into the work we do, at all levels, both they and their non-Native coworkers will become more comfortable.*
- ❖ If we are truly going to create a Culture of Health in our Montana communities, we will need the help of all our nurses, in all of our settings. Our Native Americans have a rich cultural heritage that deserves to be shared and celebrated, and all Montana citizens have a responsibility to do what they can to preserve this.

Contact info

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Montana Center to Advance Health through Nursing <http://mtcahn.org>

<http://www.facebook.com/MTCAHN>

***Mentoring and More: Steps that Lead Toward Greater Diversity in Nursing
A Colorado Perspective***

Amanda Quintana DNP, RN, FNP, Project Director; Coach-CTI

Overview of NWD Project

4 Core Components to Project

Mentoring Program

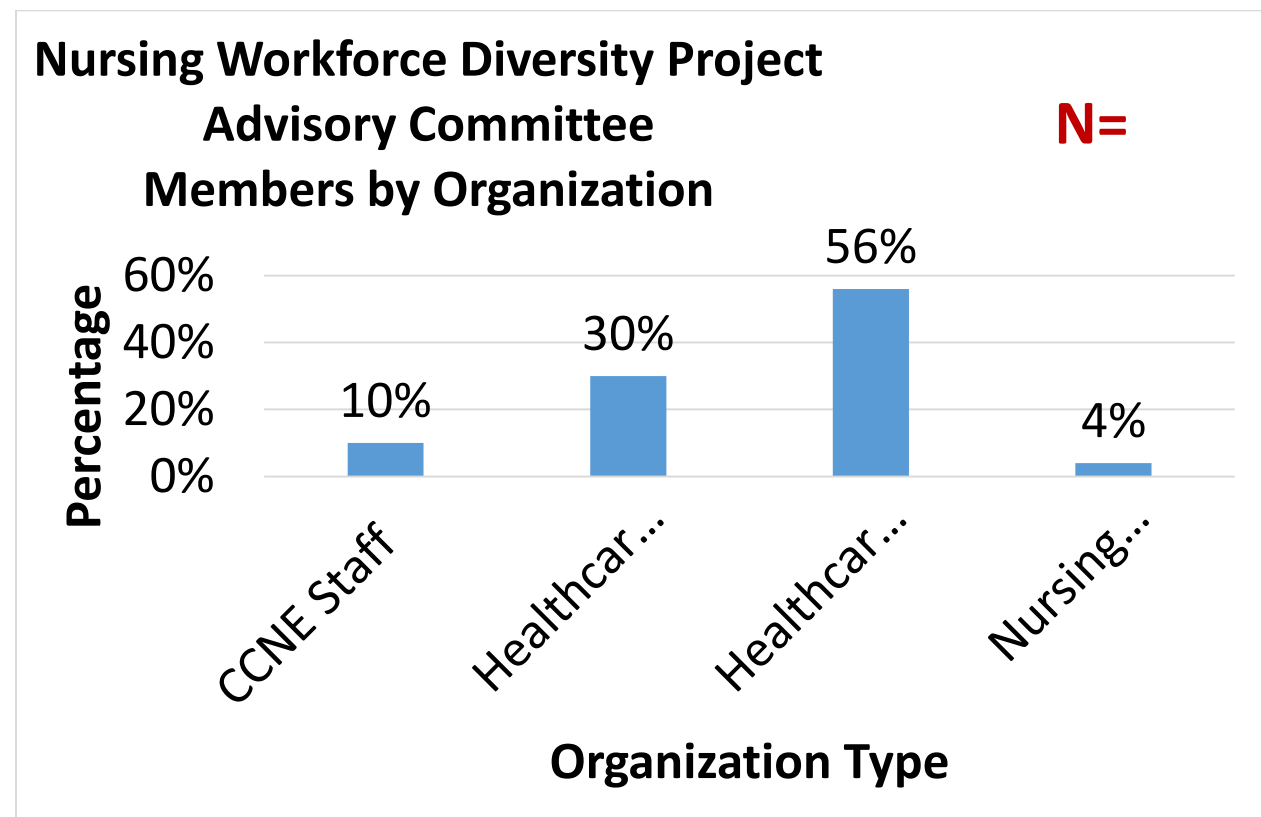
Emerging Nursing Faculty Support

Family Support Partnership

Transition to Practice

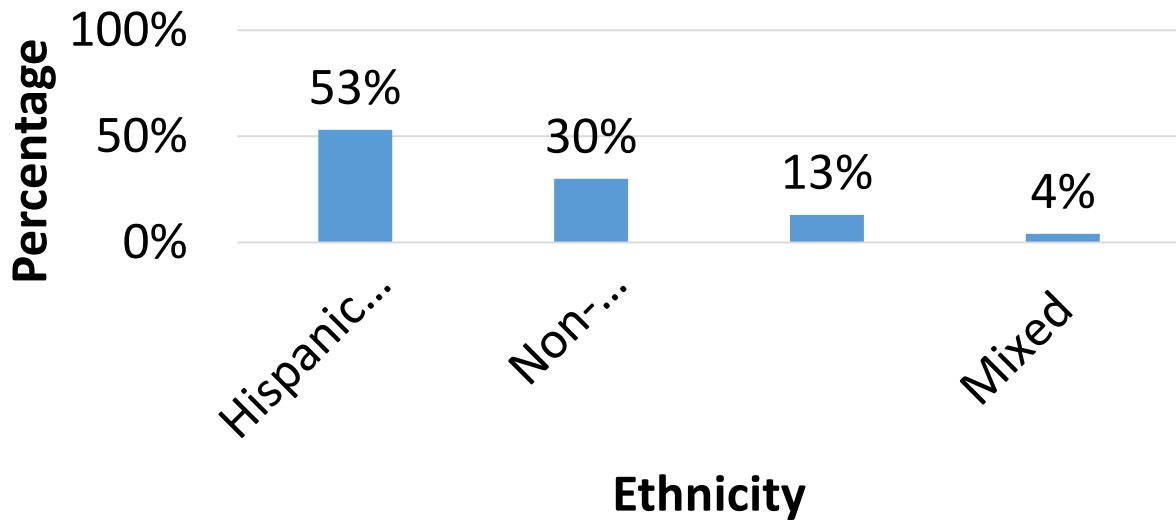
- Building relationships
- Established Diversity Advisory Committee
- Reached out to Deans and Directors of nursing programs
- Reached out to clinical practice CNO's
- Researched and attended conferences and events delivered by those with similar interests
- Offered and invited stakeholders to Diversity Summit

Visibility, Passion, Network, Influence



Nursing Workforce Diversity Advisory Committee Ethnicity

N=3



Establishing a Mentor Training Institute

- 2 day workshop
- Curriculum specific to learning how to be a mentor
- Diversity concepts integrated throughout
- Application process for matching
- 1 year commitment
- Monthly mentoring with biweekly check-ins
- 8 group coaching sessions post workshop



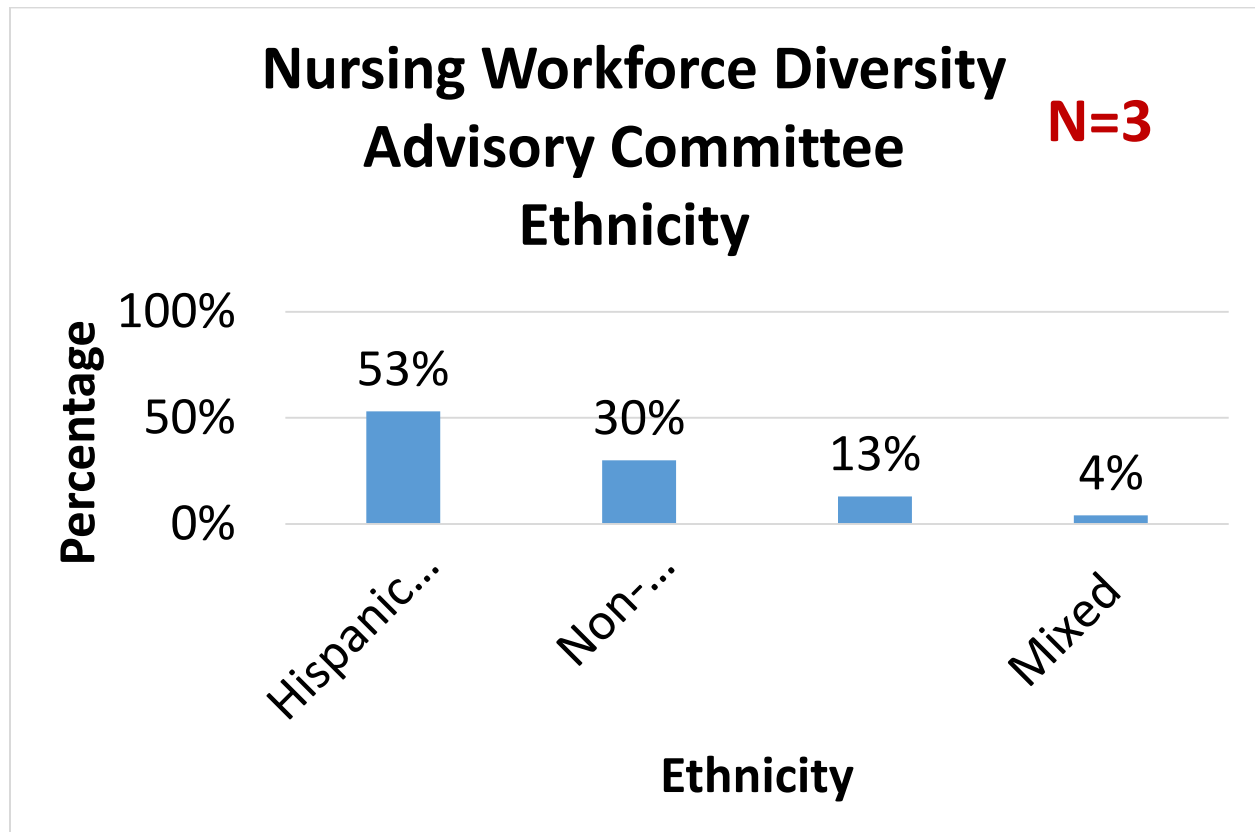
Mentoring Program Evaluation Process

- Survey
 - Students (2x/yr – mid & post)
 - Mentors (3x/yr – pre-mid-post)
- Tracking Forms
 - Group Coaching
 - Mentor/mentee visits
- Graduation rates
- NCLEX Pass rates
- Attrition rates
- Exit Interviews

Overall Survey Outcomes

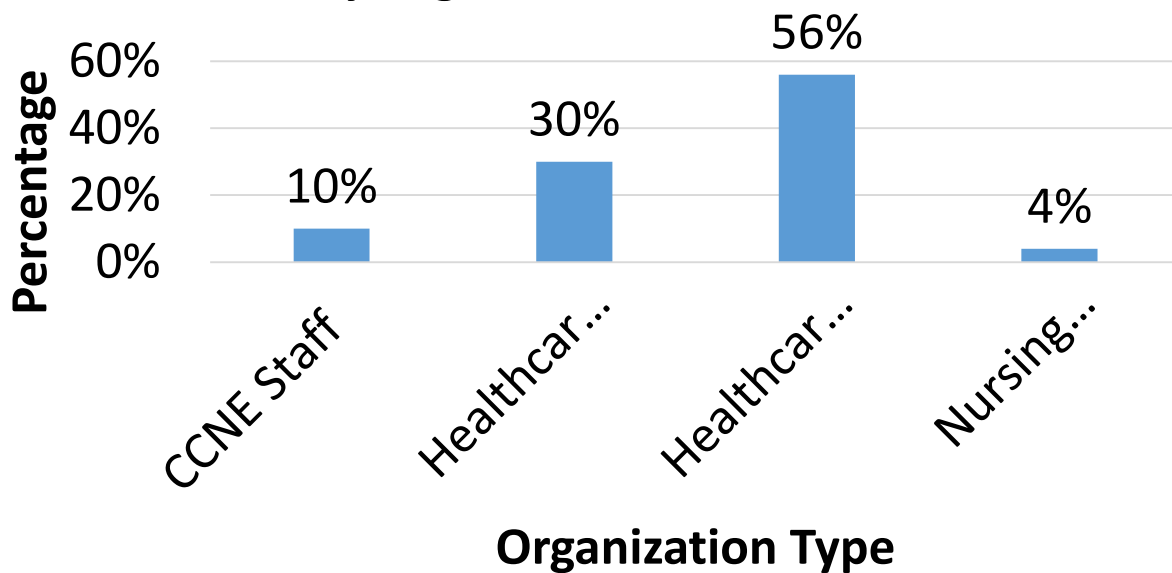
- Cohort 2 Survey Sample:

- mentors (n=27)
- Mentees (n=27)
- 87% Mentors rated MTI effective to very effective which indicated increase self-confidence and mentoring ability.
- Mentees scored 4.42 on a (1-5) scale suggesting moderate to extremely supportive Mentors



Nursing Workforce Diversity Project **Advisory Committee** **Members by Organization**

N=30



Mentors Cohort 2: (N=27)

Gender (n)	Age Range	Hispanic or Latino N=16 59%	Non-Hispanic or Non-Latino N=11 41%	High Level
Female (26)	20-30 (5)	White (13)	White (4)	Ass
Male (1)	31-40 (5)	Black or African American (1)	Black or African American (3)	Bac
	41-50 (6)	More than One Race (1)	Asian (3)	Mas

51-60 (10)	Native Hawaiian (1)	More than One Race (1)	Doc
61-70 (1)			

Mentees Cohort 2: (N=27)

Gender (n)	Age Range (n)	Ethnicity/Race (n)	Veteran Status	Nurs
Female (24)	20-30 (16)	Hispanic or Latino (13) African American (3) Asian (6)	Veterans (2)	ADN
Male (3)	31-40 (11)	More than 1 race (4) White (1)	Non-Veterans (25)	BSN BSN

Success Rates

- To date 41% graduated
- 59% are still in school
- Cohort 2 has a mix of Junior and Senior students and various programs begin and end at different times
- 100% of those who have taken the NCLEX have passed
- Attrition

N (12)	Reason for Leaving Program (per exit interview)
1	Student failed a course, mentor tried to keep mentee engaged but student did not keep in contact
2	Dropped due to family issues
1	Student changed major and dropped from this program
1	Student no longer in school
1	Student stated no longer interested
1	Student moved from Colorado
5	Students stopped participating – no reason given

Accomplishments

To everyone who made this program possible, my deepest gratitude goes to you. My mentor is that support I never even knew I needed.

“I have had a positive experience. I would recommend every student nurse go along with a program like this. I have grown to be more professional and have higher self-esteem. My mentor has encouraged me to stay in school and be successful – this has helped me stay on track. Having someone to talk to when I need to, affects me positively mentally, academically, and spiritually.”

“Nursing school has been tough, especially with a special needs child. I am grateful for support from my mentor.”

National Presentations

- The National Forum of State Nursing Workforce Centers
- Nurse Educators Conference in the Rockies

- The National Association of Hispanic Nurses National Conference
- Western Institute of Nursing Conference

- ***Outreach to other states***

- ***Publication***

<https://campaignforaction.org/newsletter-sign-up>Amanda Quintana DNP, RN, FNP

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Upcoming webinars

Mentoring Minority Nursing Students: A Pillar for Successful Leadership

June 22 3 to 4 p.m. ET

Unconscious Bias

July 26, 2 to 3 p.m ET

The IOM's recommendations include: the need for more advanced education of registered nurses; nurses leading innovations in health care and being appointed to decision making bodies; all nurses practicing to the full extent of their education and training; a more diverse nursing workforce and faculty; and more interprofessional collaboration among nurses, physicians, and other members of the health care team in the educational and clinical environments.

For more information from the Center to Champion Nursing in America about this webinar, technical assistance or other questions related to the Future of Nursing, Campaign for Action contact Madeline O'Brien at mobrien@aarp.org

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