# Saint Francis Medical Center College of Nursing

## Integrating Diversity into the Curricula and Across the Campus

*One community, many cultures: Celebrate our diversity*

# Diversity & Inclusion Plan 2011-2012

*"A Tradition of Excellence in Nursing Education"*


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*Peoria, Illinois 61603*
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*www.sfmccon.edu*

## Quotes

“Share our similarities, celebrate our differences.”
~ M. Scott Peck

“Diversity:  the art of thinking independently together.”
~ Malcolm Stevenson Forbes

“You must be the change you wish to see in the world.”
~ Mahatma Gandhi

“We become not a melting pot but a beautiful mosaic.  Different people, different beliefs, different yearnings, different hopes, different dreams.”
~ Jimmy Carter

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## Distribution List

- **The Saint Francis Medical Center College of Nursing Integrating Diversity Across the Campus, *Diversity & Inclusion Plan*, will be available on the College website at hhp://www.sfmccon.edu.**
- **All College personnel will receive a printed copy of the Diversity & Inclusion Plan.**
- **The Diversity & Inclusion Plan will also be posted in eCollege/Document Sharing located in the Undergraduate, Graduate, and Doctorate in Nursing Practice shells.**
- **Printed copies of the College Diversity & Inclusion Plan will be available upon request to College Administration.**
- **Copies will be available in the College Library.**

## Saint Francis Medical Center College of Nursing
## Diversity & Inclusion Plan Committee Members

- Abner, Christy, College Support Representative II
- Archer, Paulette, RN, EdD, Professor
- Crayton, Denise, Coordinator of Admissions
- Donnelly, Mary, RN, EdD, Associate Professor
- Farquharson, Jan, BS, Director of Admissions & Registrar
- Frye, Megan, RN, BSN, Graduate Assistant, Graduate Student (10')
- Hamilton, Lois, RN, PhD, Current President of the College (2010-2011)
- Hermann, Maureen, RN, BSN (Chairperson), Health Nurse/Practice Lab Assistant, Graduate Student (11')
- Ivory, Teresa, RN, BSN, Alumni Representative (09')
- Mattern, Stephen, MA, LCPC, COTA/L, Instructor/Ethics Consultant
- McLaughlin, Sally, RN, MA, LCPC, College Counselor
- Perryman, Nancy, BS, Coordinator Student Finance, Financial Assistance
- Shane-Gray, Suzie, RN, APN, EdD, Associate Professsor
- Simmons, Laura, BS, Coordinator Student Accounts and Business Services
- Smyth, Teresa, RN, MSN, Clinical Instructor, Student Learning Specialist, Academic Development Center
- Stokes, Keli, Director of Global Diversity, Caterpillar, Inc., College Board Member
- Stockert, Patricia, RN, PhD, Future President of the College (2011-2012)
- Truelove, Brian, Diversity & Inclusion Consultant, Global Diversity Office, Human Services Division, Caterpillar, Inc.
- Voltz, Ibbie, RN, BSN, Professional Nurse Recruiter

# Executive Summary

The need for a diverse nurse workforce, diversity issues present at the College, and the slow progress toward meeting the diversity goal set by College Strategic Plan, have made this project of great importance to the College now

The Plan defines the terms related to diversity and outlines the plan to accomplish the College's diversity and inclusion goals.

This collection of terms has been developed and will continue to be enhanced so as to establish a base of shared language within the College. Their intended purposes could include the following:

- Inclusion within classroom/clinical interactive learning activities and case studies.
- Establish a conceptual basis through the ongoing use of interrelated terms.
- Facilitate conversation and dialogue within the College.
- Utilize some common terms as a basis for developing an understanding of nursing theory and practice.

**The College defines diversity as** an all-inclusive concept, and includes differences in race, color, ethnicity, national origin, and immigration status (refugee, sojourner, immigrant, or undocumented), religion, age, gender, sexual orientation, ability/disability, political beliefs, social and economic status, education, occupation, spirituality, marital and parental status, urban versus rural residence, enclave identity, and other attributes of groups of people in society (Giger et al., 2007; Purnell & Paulanka, 2008). This term seeks often to describe not only the *fact* that persons in a particular sample, region or organization are different but more clearly communicates that *such differences are natural and are to be embraced intentionally.*

**The College believes that diversity s**ignifies ways in which human persons experience and identify *differences.* Some examples include: gender, race, ethnicity, language, cognitive styles, religious practices, world-view, generation (e.g. Baby Boomer, Generation X, and Generation Y). The College defines its partners in diversity to include: community and students, students, persons and administration, faculty, and staff.

The College developed a model to how culture competency should be integrated into the curricula and across the campus, using a professional nursing framework.

## Model Description:

Nursing, like other health care professional models, has a rich history of developing and deploying practice models, which are based on carefully researched theory. Each widely accepted theory is based upon core assumptions and beliefs about: human persons/nature, environment, health and nursing. Models actuate and utilize their theoretical bases (which are based on philosophical and theological suppositions), so that patients can be served with consistent excellence in environments which assure maximal quality and safety. Our "model" for cultural competency is likewise built upon numerous valued assumptions rooted within our philosophy and values statement as well as within the ANA Code of Ethics. It is intended to serve as a general, shared model to actuate, focus and sustain the vision already extant within the tradition of the CON but which could benefit from more specific and sustained attention in the years ahead, given the diversity on our society and within the college.

In order to more fully appreciate and understand the model, one is directed to these specific terms in the glossary/ definition pages: Dignity, Respect, Personalism, Inclusion, Diversity, Professional formation.

The Diversity Plan, as developed by the Academic Quality Improvement Project team, has six goals:

1. Education of both undergraduate and graduate students to become competent nurses
2. A model of cultural competency related to the ways we serve and relate to our students and employees that will ensure a welcoming, caring, and compassionate learning and working environment
3. Recruitment strategies to ensure students and employees at the College mirror the population of those we serve, as listed in the strategic plan
4. Retention strategies to ensure students progress through the program in an environment that promote success
5. An organization structure, process, and policies to sustain a diverse professional learning environment
6. An evaluation plan to monitor adherence to the diversity

The goal includes tactics, outcomes and is assigned to a group who is accountable for the implementation and evaluation of the assigned goal. Some of the outcomes of the Plan:

- Content related to diversity will be included in nursing courses
- Annual diversity awareness and cultural competence programs for each students and employees
- The percentage of diverse cultures represented in the College's enrollment will mirror the Peoria and surrounding areas

## Letter from President

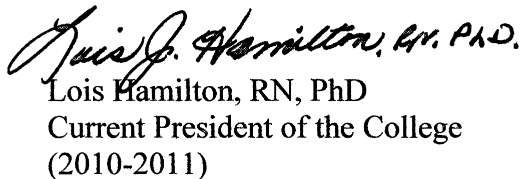
Dear Saint Francis Community,

The concept of diversity appreciates and respects each individual's differences, accepting one another for their uniqueness and eccentricity. Understanding that every person is different and exceptional allows one to move beyond tolerance, and embrace the diversity of each other. The College has developed a Diversity Plan which will lead the way in preserving and cultivating each individual in a positive, safe, and nurturing environment.

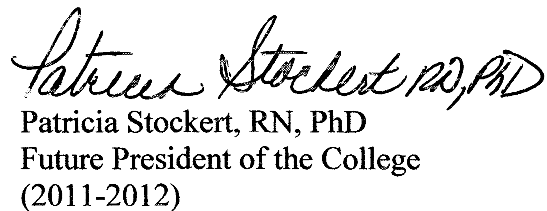
The philosophy of our College indicates that our society is a "multicultural system composed of interdependent individuals, families, groups and communities." With that statement, it is understood that as a College, we have the responsibility to provide society with a commitment of honoring individuality and diversity.

The information in this plan will help to direct our College community to provide appreciation for all individuals recognizing the importance of their valuable differences. The plan will specifically focus on education, recruitment and retention strategies, and evaluation of our culturally competent nursing society. As a community we are one with many cultures. It is time to celebrate our diversity.

Sincerely,



Lois Hamilton, RN, PhD
Current President of the College
(2010-2011)



Patricia Stockert, RN, PhD
Future President of the College
(2011-2012)

## Context for Diversity & Inclusion Plan of Development

The need for a diverse nurse workforce, diversity issues present at the College, and the slow progress toward meeting the diversity goal set by College Strategic Plan, have made this project of great importance to the College now.

The number of underrepresented groups in the nursing profession is low, leaving patients from those groups with fewer nurses like themselves. The American Association of Colleges of Nursing (March 2009) reported that the latest National Sample of Registered Nurses from 2004 indicated that nurses from minority background represent 10.7% of registered nurses (RN) in the workforce and represent 34% of the U.S. population. Recent trends show that the national minority enrollment is 26% of BSN enrollment. Since 2003, we have had a strategic goal to mirror the percentage of minority in our enrollment as is in the local population. We have not met this goal.

We are learning more about the educational and social needs of culturally diverse students. Issues have occurred during recent semesters relating to race, ethnicity, age, intellectual ability, language, and gender. Students, faculty and staff are ready to develop strategies that will address those issues and ensure all students, faculty, and staff respects the values, norms, beliefs, tradition, and patterns of communication of other groups who are different from themselves. Before our recruitment and retention plans will work we must have an environment that will welcome and provide the resources to help them to graduate. Research has identified that barriers experienced by minority students are feeling of loneliness, alienation, and isolation (Gardner, 2005).

According to the Sullivan Report (2004), excellence in health education profession is difficult to achieve in a culturally limited environment. We must ensure that our students and graduates are culturally competent and able to provide quality care that meets individual patient needs.

The philosophy of the College states “We believe society is a multicultural system composed of interdependent individuals, families, groups, and communities” (Saint Francis Medical Center College of Nursing Catalog, 2008-2009). Every learner is a unique individual with a diverse background. The shared life experiences and attitudes help to promote positive growth and self actualization of every employee, student, and patient. The philosophy of the College acknowledges personal commitment to provide valuable direction in competent decision making, behavior, and honoring individuality. With that goal in mind, it is the responsibility of the College to formulate a strategy or pathway leading to a model of success in understanding, appreciating, and applying cultural competency in the nursing care provided.

## Diversity & Inclusion Plan Goals

**Goal One**: Education of both undergraduate and graduate students to become culturally competent nurses.

**Goal Two**: A model of cultural competency related to the ways we serve and relate to our students and employees that will ensure a welcoming, caring, and compassionate learning and working environment.

**Goal Three**: Recruitment strategies to ensure students and employees at the College mirror the population of those we serve, as listed in the strategic plan.

**Goal Four**: Retention strategies to ensure students progress through the program in an environment that promotes success.

**Goal Five**: An organizational structure, processes, and policies to sustain a diverse professional learning environment.

**Goal Six**: An evaluation plan to monitor adherence to the diversity plan and ensure continuous improvement

# Definition of Terms

**This collection of terms has been developed and will continue to be enhanced so as to establish a base of shared language within the College. Their intended purposes could include the following:**

- **Inclusion within classroom/clinical interactive learning activities and case studies.**
- **Establish a conceptual basis through the ongoing use of interrelated terms.**
- **Facilitate conversation and dialogue within the College.**
- **Utilize some common terms as a basis for developing an understanding of nursing theory and practice.**

**Acculturation:**
Acculturation is the process of incorporating some of the cultural attributes of the larger society by diverse groups, individuals, or people. The process of acculturation is bi-directional, affecting both the host and target individual or communities in culture contact. Acculturation considers the psychological processes of culture contact between two or more cultural groups involving some degree of acculturative stress and possibly syncretism leading to new cultural variations and innovations (Chun, Organista, & Marín, 2003; Sam & Berry, 2006).

**Cultural Awareness:**
**(a.)** Cultural awareness is being knowledgeable about one's own thoughts, feelings, and sensations, as well as the ability to reflect on how these can affect one's interactions with others (Giger et al., 2007).
**(b.)** Appreciation of the external signs of diversity, such as arts, music, dress, and physical characteristics.

**Cultural Competence:**
**(a.)** Intentionally and appropriately identifying, resourcing and reflecting *with others* so as to respectfully include and connect with the beliefs, values and actions of another person. More simply put, seeing the whole person within their cultural identity, versus seeing only part of a person. While the health care professional cannot know everything about every cultural group, they can learn basic competencies from well-developed texts, media, representative persons and professional learning resources. Ultimately, cultural competency develops within the professional-patient relationship within a trust-based context which includes professional wonder, appropriate curiosity and a commitment to active listening and inquiry.
**(b.)** Cultural competence is defined for our purposes as the attitudes, knowledge, and skills necessary for providing quality care to diverse populations. "Competence is an ongoing process that involves accepting and respecting differences and not letting one's personal beliefs have an undue influence on those whose worldview is different from one's own. Cultural Competence includes having general cultural as well as cultural-specific information so the health care provider knows what questions to ask." (Giger et al., 2007).

**Cultural Sensitivity:**
**(a.)** Cultural sensitivity is experienced when neutral language–both verbal and nonverbal–is used in a way that reflects sensitivity and appreciation for the diversity of another. It is conveyed when words, phrases, categorizations, etc. are intentionally avoided, especially when referring to any individual who may interpret them as impolite or offensive (Giger et al., 2007). Cultural sensitivity is expressed through behaviors that are considered polite and respectful by the other. Such behaviors may be expressed in the choice of words, use of distance, negotiating with established cultural norms of others, etc.)
**(b.)** Personal attitudes and not saying things that might be offensive to someone from a cultural or ethnic background different from the health care provider's

**Culture:**
**(a.)** Original word root "*cult*" signifies beliefs. More generally, this term encompasses values, assumptions, beliefs, world-view, symbols and patterns of thinking and acting which are transmitted via family, social groups, religious community, region, generation or occupation/ profession. Culture is a lens through which we *filter, interpret and respond* to our experiences and may not be entirely conscious to us. Culture is learned, transmitted (patterned) and endures- though it is personalized and interpreted uniquely by each *particular* person. *See Purnell Model of Culture.*
**(b.)** Culture is a learned, patterned behavioral response acquired over time that includes implicit versus explicit beliefs, attitudes, values, customs, norms, taboos, arts, and life ways accepted by a community of individuals. Culture is primarily learned and transmitted in the family and other social organizations, is shared by the majority of the group, includes an individualized worldview, guides decision making, and facilitates self worth and self-esteem (Giger et al., 2007).

**Cultural Violence:**
Typically, resulting from a core belief in ethnocentrism with intentional harm caused when individuals or groups forcibly impose their cultural beliefs, practices, and assumptions upon those of other cultures. In such cases, neither individual persons or nor groups benefit from the *potential mutuality of exchange* possible within such an encounter and it is likely that emotional, spiritual or even physical harm could be sustained and remembered, thus presenting a barrier to future communion of persons.

**Discrimination*:***
Discrimination occurs when a person acts on prejudice and denies another person one or more of his or her fundamental rights (Spector, 2004). Direct discrimination occurs when someone is treated differently, based upon race, religion, color, national origin, gender, age, disability, sexual orientation, familial/marital status, prior arrest/conviction record, etc. Indirect discrimination occurs when someone is treated differently based on an unfair superimposed requirement that gives another group the advantage. Discrimination results in disrespect, marginalization or disregard of rights and privileges of others who are different from one's own background. This may be evident in different forms such as ageism, sexism, racism, etc. (Purnell, 2008; Andrews& Boyle, 2008).

**Diversity:**

**(a.)** Diversity as an all-inclusive concept, and includes differences in race, color, ethnicity, national origin, and immigration status (refugee, sojourner, immigrant, or undocumented), religion, age, gender, sexual orientation, ability/disability, political beliefs, social and economic status, education, occupation, spirituality, marital and parental status, urban versus rural residence, enclave identity, and other attributes of groups of people in society (Giger et al., 2007; Purnell & Paulanka, 2008). This term seeks often to describe not only the *fact* that persons in a particular sample, region or organization are different but more clearly communicates that *such differences are natural and are to be embraced intentionally.*

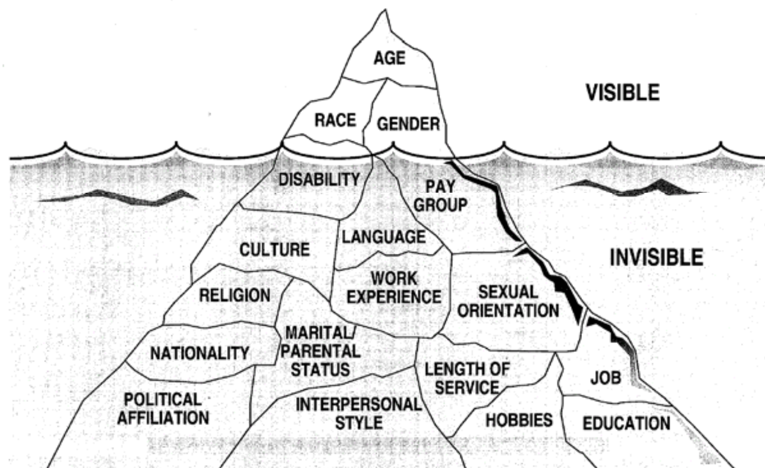
**(b.)** Signifies ways in which human persons experience and identify *differences.* Some examples include: gender, race, ethnicity, language, cognitive styles, religious practices, world-view, generation (e.g. Baby Boomer, Generation X, and Generation Y).

Below diagrams contributed by Brian Truelove, Diversity & Inclusion, Global Diversity Office, Human Services Division, Caterpillar, Inc. (2011).

## Dimensions of Diversity

| ***Primary*** | ***Secondary*** | ***Workplace*** | ***Style*** |
|---|---|---|---|
| • Age | • Education | • Organizational | • Leadership Style |
| • Physical Abilities | • Class/Income | • Occupation | • Work Habits |
| • Race | • Language/ Accents | • Job Level or Classification | • Performance Expectations |
| • Ethnicity | • Marital Status | • Department | • Personality Type |
| • Gender | • Parental Status | • Work Location | • Communication |
| • Sexual Orientation | • Military Experience | • Work Shift | |
| | | • Skills | |

## Diversity Iceberg



**Ethnicity:**
While persons do sometimes identify race characteristics within ethnicity, this term specifically described the regional and national aspects of one's culture. Language, folkways and behavior norms may also be discussed within the context of ethnicity.

**Ethnocentrism:**
Evaluating and judging the worldview, habits or actions of others by placing one's own ethnicity or culture at the center or at a more superior level. Applying one's own view as the *standard of measurement,* of worth and value of other views and beliefs.

**Intentional or Celebrated Diversity:**
Denotes an operative paradigm which creatively and positively seeks to identify and overcomes barriers to cross-cultural respect and interaction, so as to facilitate and encourage human flourishing in communities. Each person is "seen" valued, recognized and *included* as having special and unique gifts.

**Health Disparity and Healthcare Disparity:**
Health disparities are differences in the incidence, prevalence, mortality, and burden of disease and other adverse health conditions that exist among specific population groups in the United States. The definition of health disparities assumes not only a difference in health but a difference in which disadvantaged social groups—who have persistently experienced social disadvantage or discrimination—systematically experience worse health or greater health risks than more advantaged social groups (Braveman, 2006). Consideration of who is considered to be within a health-disparity population has policy and resource implications. A healthcare disparity is defined as a difference in treatment provided to members of different racial (or ethnic) groups that is not justified by the underlying health conditions or treatment preferences of patients. These differences are often attributed to conscious or unconscious bias, provider bias, and institutional discriminatory policies toward patients of diverse socioeconomic status, race, ethnicity, and/or gender orientation.

**Personalism:**
A philosophical view that each person interprets and expresses their world-view and cultural uniquely (with variation) and is the ultimate interpreter and communicator of their own values and beliefs. Each person is unique and irreplaceable and as such retains the right and privilege of narrating their own experience of culture.

**Prejudice:**
Term used to describe the *cognitive* and often *affective* experience of making judgments and evaluations of a person or group based upon pre-developed notions, memories, previous experiences or even uncomfortable encounters with persons of a representative group. Prejudice can develop from the context of family of origin narratives about persons different than them, thus "patterning" distorted beliefs which would need to be re-formed through meaningful and intentional relationships.

**Principles Evoking Cultural Respect and Compassion:**

> Principle of human dignity (1): Every person must be valued as a unique, irreplaceable member of the human community.
>
> Principle of common good, sometimes called the principle of participation in community (2): Every person must be encouraged to play a part in the human community and fully share in its benefits.
>
> Principle of the totality and integrity of the human person (3): All persons must be helped to realize their full potential.
> *Benedict M. Ashley, O.P. and Kevin D. O' Rourke,*

**Professional formation:**
A professional is an individual with specific knowledge and skill competencies, typically derived over an extended period of time within an educational context which also serves to transform and develop the character and virtues of the individual who represents the profession. Professional formation includes, among other things, adherence to a code of ethics and/or standards of conduct, ongoing transformation not only with respect to skill and knowledge, but especially regarding the capacity to receive and remain worthy of the trust of persons, within a covenant relationship. Classically, the three professions were considered to be medicine, law and clergy as each entails education, formation and entrustment and are based upon a public promise (code, oath) within a community of professionals which precedes the individual entering the profession (American Nurses Association Code of Ethics section 3.4 and 7.2).

Nursing is responsible and accountable for assuring that only those individuals who have demonstrated the knowledge, skill, practices experiences, commitment, and integrity essential to professional practice are allowed to enter into and continue to practice within the profession (ANA Code of Ethics, Provision 3.4)

The Nurse educator is responsible for planning and maintaining optimum standards of both nursing education and of nursing practice in any settings where planned learning occurs. Nurse educators must also ensure that only those students who possess the knowledge, skills, and competencies that are essential to nursing graduate from their nursing programs." (ANA Code of Ethics, Provision 7.2)

**Race:**
Is genetic in origin. This term often describes physical attributes such as skin color but may include other objectively identifiable characteristics. Race can also have social meaning, assigns status, limits or increases opportunities, and influences interactions between patients and clinicians (Purnell & Paulanka , 2008.)

**Respect:**
Believing and evidencing that the "other" persons we encounter are unique but share the same general goals in life (e.g. seek happiness, enjoy relationships and need love, purpose, meaning and fulfillment) as we do. Therefore, we show courtesy, kindness and refrain from hurting them by *commission* (what we do) or *omission* (what we do not do). Each person has intrinsic dignity and worth. This is the basis for respect. The Christian belief is that each person is precious to and loved by the Trinity and is made in the image of God.

**Reverence:**
Reverence goes *beyond* tolerance and respect and seeks as an attitude and habit to see persons as worthy of exquisite respect as well as *compassion and responsive concern.* Various world religions will use such words as: holy, hallowed and sacred to describe personal reverence. Reverence evokes our intention to serve other's needs.

**Stereotyping:**
**(a.)** Stereotyping can be defined as the process by which people acquire and recall information about others based on race, sex, religion, etc. Prejudice often associated with stereotyping is defined in psychology as an unjustified negative attitude based on a person's group membership. Stereotype includes having an attitude, conception, opinion, or belief about a person or group (Giger et al., 2007). Stereotypes can have an influence in interpersonal interactions. The beliefs (stereotypes) and general orientations expressed by attitudes and opinions can contribute to disparities in health care. "Some evidence suggests that bias, prejudice, and stereotyping on the part of healthcare providers may contribute to differences in care" and they may not recognize manifestations of prejudice in their own behavior. However patients might react to providers' behavior associated with these practices in a way that contributes to disparities. A healthcare provider who fails to recognize individuality within a group is jumping to conclusions about the individual or family (Giger et al., 2007).
**(b.)** Core belief and assumption that all persons of a similar culture or ethnicity act similarly, regardless of the reality that each human person is unique and unrepeatable.

**Subculture:**
An individual may participate in multiple cultures simultaneously. Smaller systems of relationships may indeed be aptly called 'subcultures". For example, while Nursing as a profession has its own cultural aspects, there may be a sub-culture of hospice or emergency department nurses.

**Tolerance:** Term often used to describe attitudinal or behavioral *acceptance of* or *movement toward* persons different than oneself. Often, however, the term sometimes evokes a meaning to suggest "putting up with" or "not quarreling with" others with whom one shares space or relationships.

**Values:**
Principles, core beliefs, and standards that are important and have meaning and worth to an individual, family, group, or community (Purnell & Paulanka, 2008).

# Partners in Diversity

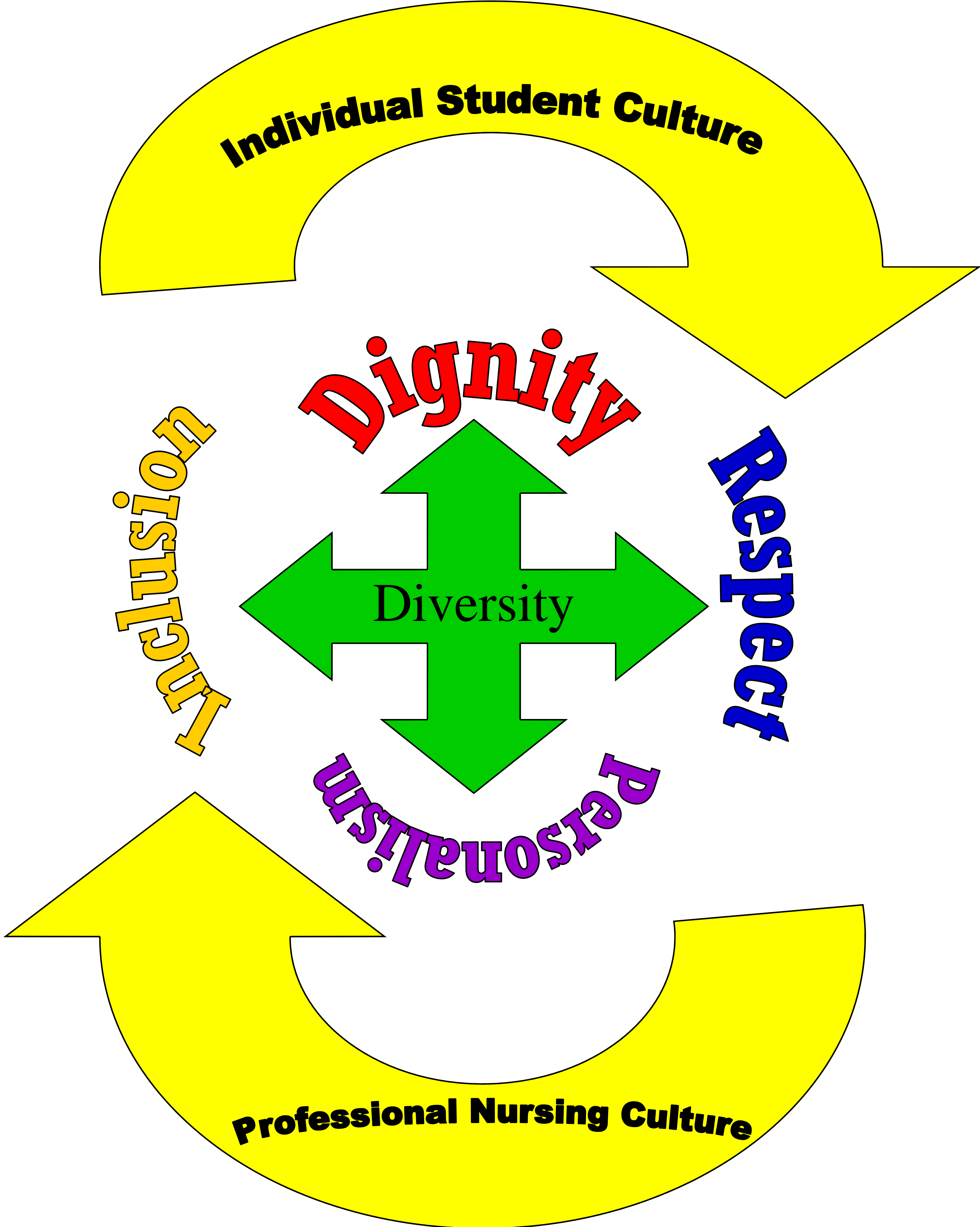
Community & Students

Administration, Faculty, & Staff

Students

Persons

**Saint Francis Medical Center College of Nursing**
**Concept Model for Cultural**
**Competency Within A Professional Nursing Foundation**



## Saint Francis Medical Center College of Nursing Concept Model for Integrating Cultural Competency into the Curricula and Across the Campus, Within a Professional Nursing Framework

Model Description:

Nursing, like other health care professional models, has a rich history of developing and deploying practice models, which are based on carefully researched theory. Each widely accepted theory is based upon core assumptions and beliefs about: human persons/nature, environment, health and nursing. Models actuate and utilize their theoretical bases (which are based on philosophical and theological suppositions), so that patients can be served with consistent excellence in environments which assure maximal quality and safety. Our "model" for cultural competency is likewise built upon numerous valued assumptions rooted within our philosophy and values statement as well as within the ANA Code of Ethics. It is intended to serve as a general, shared model to actuate, focus and sustain the vision already extant within the tradition of the CON but which could benefit from more specific and sustained attention in the years ahead, given the diversity on our society and within the college.

In order to more fully appreciate and understand the model, one is directed to these specific terms in the glossary/ definition pages: Dignity, Respect, Personalism, Inclusion, Diversity, Professional formation

**Individual Student Culture and Professional Nursing Culture:** Individual students enter the CON learning environment as bearers of their own particular, diverse and layered cultural identities. Through their participation within a professional formation environment, they are encultutared into the culture of professional nursing, which has within itself many diverse cultural dimensions. The encounter of these cultural systems can create tension. However, it is hoped that the most noble and excellent aspects of individual student culture will be elevated and enhanced via contact with dedicated, supported formation throughout the stages of student development. The college itself employs diverse persons who can assist in creating an environment with develops each person to their potential. Nursing can be positively impacted by the individuals who are found suitable for entrance into its professional community. A culture of caring is a critical component of professional nursing formation at the college of nursing. Mutuality of cultural impact can allow individual Nursing students and the profession itself to be made better as a result of such intentional exchange and diligent investigation in the area related to cultural competence. ***Yellow*** *arrows denote mutual impact, hope and enthusiasm.*

**Dignity:** Our College is a Catholic institution of the Franciscan tradition. It accepts as evident that each person is made in the image and likeness of God and as such has inherent, intrinsic worth and dignity. This core assumption about human persons evokes hope that our learning community will be a place which fosters and witnesses concrete gestures of respect in every context. The *ANA Code of Ethics* speaks first of "inherent worth and dignity", signaling that this is the foundation of Nursing care. The CON is an open system in contact with SFMC and the surrounding community. We will strive to be a community which evidences belief in the dignity of each person. Classroom and clinical

experiences which develop strong cultural competency facilitate and enable more ready and effective service of *whole* patient and their family. ***Red*** *is the color of courage. Appropriately recognizing our own dignity and that of others requires courage and fortitude.*

**Respect:** Dignity is the source and foundation of human worth and value. Because each student, faculty and staff member possesses this gift of dignity, respect is the most natural and appropriate response toward those with whom we interact. The Saint Francis Medical Center College of Nursing *values statement* and *philosophy* will continue to articulate abiding and specific foundations for a culture of respect. Values such as personal worth and dignity, service, integrity link with OSF values of justice, compassion, integrity, and trust. These *guide our actions* and habits and engender respect-filled environments, which are ultimately safer and more effective. Concrete gestures of compassion, fidelity and civility will create a positive CON culture wherein learning and formation can flourish. Enhanced educational offerings related to culture will allow students and staff alike to more easily identify a wider range of respectful responses to diverse needs of persons. ***Blue*** *signifies the honor accorded each person.*

**Personalism:** Personalism while being a philosophical system with many diverse approaches insists upon the profound dignity of each individual human person and accepts their particular contribution as an interpreter of their own unique experience. Personalism insists on the centrality of the human person and does not allow for the "person" to become less significant than diagnoses, thoughts, data and statistics. Therefore, our community at the CON will strive to allow students and faculty/staff alike to remain primary interpreters of their cultures and worldviews, within an environment of caring responses. Classroom and clinical encounters will continue to assure that patients and professionals are *personalized* and not depersonalized. ***Purple*** *signifies royalty, signaling the supreme dignity of each human person.*

**Inclusion:** Each person can recall a time when they were inappropriately excluded from an activity and they experienced suffering. Human persons have a natural capacity and orientation toward *communion with others.* Virtues in our CON community will foster communion and maintain it. We will strive to be intentionally inclusive in our recruitment and in our relationships throughout the CON community, recognizing that health care itself is identifying itself as more interdisciplinary and inclusive and less compartmentalized by fixed boundaries. Our environment already seeks to hear the voices of members of its community and strategies of inclusivity will only strengthen us. *Golden in color to signify its tremendous value to communities of professional formation.*

**Diversity:** is intentionally sought and maintained in our CON community. Students are not asked to surrender their diversity, nor it the nursing profession asked to lower its standards of excellence and commitment. Nursing is strengthened in its ability to respond to patient care needs when its professional community represents the patients it serves. Our professional community will impact the quality of care given throughout the nation, especially as we become more competent with respect to cultural diversity. ***Green*** *signifies hope and renewal.*

## Saint Francis Medical Center College of Nursing
## AQIP Action Project
## Integrating Diversity into the Curricula and Across Campus

**Goal One: Education of both undergraduate and graduate students to become culturally competent nurses.**

| Objective: | Strategy/Tactics/Implementation | Date | Responsible Party | Outcomes/Evaluations |
|---|---|---|---|---|
| Develop awareness of one's own personal cultural background and nursing practice implications. | College of Nursing conducts a survey of students and employees to determine the level of cultural competence. | Fall 2011 | AQIP Diversity Committee | Results of Survey reported here.<br>Identify strengths and omissions.<br>TARGET: 50% positive improvement |
| Promote cultural competence among faculty and students. | Perform "curriculum mapping" to track cultural College of Nursing's intent in the undergraduate program and identify gaps. | 2011-2012<br>Repeat after new undergraduate curriculum developed | Curriculum Committee, Dean Undergraduate Program | Diverse cultures assigned to courses in the new curriculum.<br>TARGET: 100% of the nursing courses will include exemplars that reflect diversity. |
| Prepare graduate students to become educators, practitioners and researchers in a diverse world by creating opportunities to gain skills in these areas with diverse groups. | Provide at least one formal activity a year for faculty and students that enhances cultural competence. | Ongoing yearly | AQIP Diversity Committee | Formal educational opportunities for faculty, staff, and students provided.<br>TARGET: One program per calendar year will be offered to employees and students of the College.<br>90% of the participants will perceive an increase in cultural competence as defined in this project. |
| Identify relevant resources and best evidence to provide culturally appropriate health care. | Identify clinical sites and preceptors in rural and culturally diverse areas for placement of undergraduate and graduate students. | Ongoing annually | Curriculum Committee<br>Graduate Committee | Explorations of clinical sites and preceptors explored.<br>TARGET: Every clinical nursing course will utilize at least one clinical site with a diverse population. |
| | Increase visibility of cultural activities presented by Multicultural Student Association (MCSA). | Ongoing annually | AQIP Diversity Committee, in conjunction with MCSA Faculty/Staff/Coordinator | Increase student awareness and involvement in the MCSA.<br>TARGET: Increase student and employee participation in one activity per semester. |

| **Goal Two: A model of cultural competency related to the ways we serve and relate to our students and employees that will ensure a welcoming, caring, and compassionate learning and working environment.** | | | | |
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| Objective: | Strategy/Tactics | Date | Responsible Party | Outcomes/Evaluations |
| Maintain a supportive environment for development of students' and employees' cultural competency. | Benchmark results of search on other higher education strategies.<br><br>Increase College diversity by partnering with outside resources and community leaders. | Spring 2010 | AQIP Diversity Committee | TARGET: Research and network with at least three collegiate settings regarding strengths in promoting cultural competency.<br><br>Maintain relationship with community leaders.<br><br>Networked w/ local colleges:<br>1. Irene Brimbose, Midstate College, Peoria, Illinois.<br>2. Orlando Espinso, Financial Aid College of Nursing conference, Springfield, Illinois, March 2010.<br>3. Frances Jones, Bradley University, Peoria, Illinois, Spring 2010. |
| | Add a question to Noel Levitz that asks students to evaluate: | Fall 2011 | Associate Dean Institutional Research | TARGET: Gap score for environment question on Noel Levitz is less than 1. |
| | "How welcoming the environment at the College of Nursing is" | Fall 2011 | AQIP Diversity Committee | TARGET: Provide annual presentation to the College community in regards to increasing cultural competence. |
| | Create an educational setting to increase cultural competency for College employees and students. | Fall 2011 | AQIP Diversity Committee | TARGET: Set up a lunchtime open forum for administration, faculty, and staff to discuss the articles in an open format of communication. The communication will show understanding of the material. |
| | Research literature in our nursing data bases regarding the development of cultural competency. | Fall 2011 | AQIP Diversity Committee | TARGET: President will visit different student groups twice a semester for open discussion. |
| | Provide at least three evidence based research articles to CON employees and students that will support the development of cultural competency annually | Fall 2011 | AQIP Diversity Committee | TARGET: Define role of liaison or advocate and implement. |

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| Deploy the Conceptual Model of Cultural Competency to serve and relate to our students and employees that will ensure a welcoming, caring atmosphere. | Employ the *Stop, Keep, Start Climate Assessment Strategy*<br>• What should we stop?<br>• What should we keep?<br>• What should we start?<br><br>Develop role of liaison or advocate sounding board for student concerns and issues. | Fall 2011<br><br>Fall 2011 | TBD<br><br>TBD | TARGET: President will visit different student groups twice a semester for open discussion.<br><br>TARGET: Define role of liaison or advocate and implement. |

**Goal Three: Recruitment strategies to ensure students and employees at the College mirror the population of those we serve, as listed in the strategic plan.**

| Objective: | Strategy/Tactics | Date | Responsible Party | Outcomes/Evaluations |
|---|---|---|---|---|
| Align recruitment plans to targets the local diverse population of students with the *Marketing and Recruitment Plan* goals. | Benchmark trends from Middle School to College Admission.<br><br>Identify current programs and resources in the community and establish partnership(s). | Ongoing<br><br>Ongoing | Admissions & Registrar, Professional Nurse Recruiter | Increase the number of applicants from diverse populations.<br><br>TARGET:<br>78% White; 17% African American; 3% Hispanics, 3% Other.<br>(Strategic Plan, 2010-2015). |
| Develop recruitment plan to generate awareness and increase inquiries of the Undergraduate and Graduate Program from students of diverse backgrounds. | Encourage youth at a young age to consider a nursing education.<br><br>Collaborative arrangements to promote success in the collegiate environment educationally, socially, and financially. | Ongoing<br><br>Ongoing | Admissions & Registrar, Professional Nurse Recruiter<br><br>Admissions & Registrar, Professional Nurse Recruiter | TARGET: Increase community interactions to promote and provide opportunities to young children for exposure to profession or career in nursing.<br><br>Educate and encourage all local grade/high schools regarding the *Early Admission Program* bi-annually. |

**Goal Four: Retention strategies to ensure students progress through the program in an environment that promotes success.**

| Objective: | Strategy/Tactics | Date | Responsible Party | Outcomes/Evaluations |
|---|---|---|---|---|
| Develop a Comprehensive Retention plan | Create effective processes for marketing and retention with the use of tours, conferences, & workshops provided. | Fall 2011 | Admissions & Registrar, Professional Nurse Recruiter | TARGET: At least two tours, workshops, or conferences will be provided bi-annually. |
| | Improve communication with marketing department to create effective marketing material. | Ongoing | Admissions & Registrar, Professional Nurse Recruiter | TARGET: At least two promotional tools will be created and dispersed annually. |
| Develop plan to identify psychosocial/economic students at risk. | Prepare a SBARO to include a plan to address student feelings of isolation and communication barriers within classroom, clinical, and social settings. | Fall 2011 | Academic Development Center Coordinator in conjunction with Graduate Student Research findings. | TARGET: The Language Partner Plan will be approved and implemented Fall 2011. |

**Goal Five: An organizational structure, process, and policies to sustain a diverse professional learning environment.**

| Objective: | Strategy/Tactics | Date | Responsible Party | Outcomes/Evaluations |
|---|---|---|---|---|
| Review the plan structure, processes, and policies annually and revise as needed. | Establish a decision making committee that will:<br>• Develop strategies,<br>• Review research and data,<br>• Develop policies and plans,<br>• Seek approval of policies, &<br>• Implement policies while maintaining a diverse professional environment. | Ongoing | AQIP Diversity Committee | TARGET: The Diversity Plan will be reviewed and updated annually. |

**Goal Six: An evaluation plan to monitor adherence to the diversity plan and ensure College of Nursing continuous improvement.**

| Objective: | Strategy/Tactics | Date | Responsible Party | Outcomes/Evaluations |
|---|---|---|---|---|
| Conduct an annual evaluation in conjunction of implementation of the diversity plan | The Diversity Plan will be evaluated annually for effectiveness.<br>Annual report will be given to College Administration and at College Senate. | Ongoing | AQIP Diversity Committee | TARGET: The Diversity Plan will be evaluated annually.<br>Plan will be revised using feedback from the evaluation process. |

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