Introduction

Diversity is one of key value at Johns Hopkins University and at the School of Nursing. Respect for and inclusion of diversity in academic environments (McCabe, 2009) and clinical nurse educational settings in particular (Pacquiao, 2007), is of increasing concern. There were anecdotal accounts that instructors had made comments that were offensive to students therefore the Baccalaureate Program identified a need to ensure clinical instructors were aware of and respectful of diversity. Therefore, the Baccalaureate Program Director charged the first author with addressing this problem.

Objectives

1) Develop a tool for clinical instructors to both highlight the importance of the respect for and inclusion of diversity at the JHU SON and provide practical tips on how to integrate this value into clinical teaching.

2) Evaluate the impact of the tool with clinical nursing instructors.

Materials and Methods

The first and third author created a 26-minute video specifically for clinical instructors. The video includes several students and faculty at the JHU SON discussing strategies for creating an environment that promotes and respects diversity. Link to video: http://vimeo.com/hunursing/review/97433767/1c8b61218d.

Results

A total of 20 clinical instructors participated in the pre and post test. Almost all (n=19, 95%) were female, between 41-50 years of age and white (n=15, 75%). Four (20%) were African American and one person (5%) identified as Native Hawaiian or other Pacific Islander. Most (n=13, 65%) had master’s degrees; other had baccalaureate (n=5; 15%) or doctoral degrees (n=4; 20%). The majority (n=15; 75%) had 10 years or more years of nursing experience. Teaching experience varied. The majority (n=13; 65%) taught second-degree baccalaureate students.

We compared pre and post tests scores from a Likert-scale items related to diversity in their teaching. Figure 1. illustrates our results. A 6 week follow up survey is pending.

- Every item moved in a positive direction however there was only one significant difference: about the nature of offensive comments. That is, at post-test significantly more participants recognized that offensive comments are not limited to race, ethnicity, and religion (p<0.05).
- Two other items, whether or not the instructor had the skills to create a learning environment that promotes and respects diversity and the confidence to create it, were nearly significant.
- Given the sensitive nature of the content, we also evaluated how well the video was received. Reaction was overwhelmingly positive. More than half found it very relevant, useful, practical, and important. We also avoided negative reactions. (Figure 2).

Discussion

- Very limited impact on providers’ knowledge, confidence and skills in incorporating diversity and respect into their clinical teaching.
- With the exception of one item about the range of comments that could be considered offensive, the video did not immediately change participants’ views. This may be because the participants already felt very prepared and so there was little improvement to be made, our limited sample size, or the lack of robust psychometric data on our measurement tool.
- Overwhelmingly, the video was characterized as being relevant, supportive, practical and important. We also avoided offending instructors which is important for recruitment and retention.
- In summary, the video does not appear to have impacted faculty’s perception of knowledge, confidence, or skills related to most diversity issues. However, given the small sample and the overall warm reception, this video should be tested with a larger audience. Other schools of nursing who face similar challenges may benefit from adapting this process to address diversity-related issues in their own settings.

References
