

Antiracist Pedagogy Spring 2022

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Track C- Antiracist Assessment Practices

Anti-racist pedagogy Assessment Project for Nursing

Nursing curriculum is delivered by a team of educators. We have three full time faculty members for each cohort year, one full time coordinator for both years in the Learning Resource Center (skills lab), and five to seven part-time instructors in each cohort for clinical instruction (hospital). Variety of expertise within our faculty provides depth to student experiences, but also creates disparities and challenges for norming feedback to students. My project reviewed our current methodologies for assessment.

Nursing students receive feedback in four dimensions (See Appendix 1). These are:

1. Theory exams
2. Skills lab performance
3. Clinical performance
4. Written assignments

In keeping with the anti-racist pedagogy project goals, I chose an area with significant impact on individual student emotional and social development. I determined our Skills Lab performance feedback had more variability and opportunity for improvement.

Students complete a check-off with one faculty member. We use a detailed skills checklist to monitor required tasks as well as broad categories for subjective feedback (See Appendix 2). Faculty then meet as a team to report on student performance and determine as a group whether each student receives a Pass/No Pass assessment.

In this norming process, I noted that newer faculty focus on the detailed deficiencies in the student's performance and that more experienced faculty focus on areas for growth. I considered developing a handout for students to receive after lab check-offs to standardize faculty feedback and stimulate more thoughtful student reflection.

Area for improvement: Develop in-depth skills lab assessment feedback

- ❖ As a faculty, we devote significant time norming our diverse team of part-time, adjunct, and full-time faculty to provide similar feedback. This involves agreeing on performance standards, communication expectations, and affective behaviors. To close the loop, we need a written record of what we consider meaningful feedback.

How does this meet the goal of anti-racist pedagogy? The University of Michigan's LSA (College of Literature, Science, and the Arts) website provides an excellent metaphor for understanding how faculty feedback contributes to systemic practices that promote or prevent growth in students.

The Gardener's Tale

Dr. Camara Phyllis Jones uses a garden to illustrate the different levels of racism. In the *Gardener's Tale*, two sets of red and pink flowers are planted in two sets of soil. The gardener, preferring red over pink, plants the red flower seeds in rich and fertile soil while the pink flower seeds are planted in poor, rocky soil. Over time, the red flowers flourish while the pink flowers struggle to grow and survive. As the gardener observes the two flowers, they claim that they were right to favor the red flowers over the pink flowers. In their disdain for the pink flowers, the gardener goes as far as to pluck them before they can reseed.

<https://sites.lsa.umich.edu/inclusive-teaching/anti-racist-practices/anti-racist-definitions/>

- ❖ The current clinical skills checklist includes an area for subjective feedback based on broad criteria. The department seeks to award students who practice and prepare for the check off scenarios by recognizing those who perform very well with "Rock Star" status. This recognition comes in the form of acknowledgement in class or via email. However, without detailed statements explaining the criteria, students who are not familiar with healthcare or higher education often miss the mark. Standardized written feedback could provide students crucial information to reflect on and absorb when they are preparing for the next check-off. Thus, we could see a greater variety of students achieving "Rock Star."

- ❖ Our current categories for open-ended feedback are based on QSEN [Quality and Safety Education for Nursing] guidelines. Anecdotally, faculty report that they are not familiar with how to elaborate on the categories to provide helpful feedback. QSEN defines them as follows:
 - **Tasks** (implementation of performance criteria; prioritizing; timeliness and speed)
 - **Process** (planning; organization and time management; gathering needed supplies; explanation of the procedure; patient teaching)
 - **Safety** (proper patient identification; patient allergies; fall prevention; medication safety; psychological safety; infection control; nurse safety – goggles, bed elevated, transfers, sharps)
 - **Self-Regulation** (identifies own errors; minimal need for rewinds; emotional composure; receptive to feedback, listening skills, growth mindset, manages own feelings of defensiveness; professional behaviors and appearance)

- ❖ **Plan:** Develop a checklist of phrases to communicate the QSEN guidelines for faculty to provide more robust and inclusive feedback to students.
 - Create a one-page handout for faculty to return to students at the end of a skill lab assessment or “Check-off” session.
 - Provide statements of expected behavior, communication, and organization
 - Make form easy to use with check boxes and blanks to complete in short turn around time between student assessments
 - Develop language that creates more inclusive environment

Expanded Feedback based on QSEN [Quality and Safety Education for Nursing]

Purpose: Narrow the gap between current performance and desired performance.

Because what you do is important, faculty want to give you specific feedback for growth.

View this as an opportunity for improvement rather than a review of deficiencies!

Tasks:

- Introduced self and verified preferred name of the client
- Performed tasks according to protocol and best practice
- Explained tasks to patient in a manner that demonstrates priority setting
- Made adaptations to plan if patient expressed new need

Comments:

Process:

- Gathered supplies in efficient manner
- Performed patient care in a calm, prepared manner
- Provided patient teaching in a fluid manner throughout interaction
- Completed check-off within allotted time

Comments:

Safety:

- Identified patient properly including allergies
- Implemented infection control (hand hygiene, clean stethoscope, supplies away from uniform)
- Used caregiver safety equipment (including goggles, bed elevation, PPE, sharps)
- Maintained psychological safety (anxiety managed, creates caring environment, cautious w/ humor)

Comments:

Self-Regulation

- Identifies own errors and minimal need for rewinds
- Recognize own knowledge gap and appropriately follows up for patient & self
- Professional appearance (hair back, uniform wrinkle free, make-up minimal, trim facial hair)
- Receptive to feedback with curiosity to improve rather than defending actions

Comments:

Next Steps:

Faculty Training for the team of educators who participate in Check-off assessments

1. Begin with Discussion of Kisha Palmer's Inclusive Leadership diagram:
 - What problem are we trying to solve and whom does it impact?
 - Who is represented and who is not represented?
 - Whose voices are included? Whose voices are left out?
 - Who benefits from this decision or policy? Who may be potentially harmed?
 - What are possible unintended consequences from this decision or policy?
2. Discuss wholistic feedback goals: good, better, best levels of performance
 - Avoid focus on deficiencies
 - Explain rationale for how, why, what to improve
3. Develop stories to facilitate development of effective feedback
 - What instructor thinks they are saying vs. what students hear
 - Ways to increase learning and decrease anxiety
4. Agree to use of language
 - Avoid "automatic fail" labels
 - Give feedback on behaviors and not the person
 - Avoid "You did a good job."
 - Example: "When you asked the patient what name s/he preferred, that action showed you cared about the unique person."
5. Provide a resource list for faculty
 - QSEN video on Giving and Receiving Feedback (link in Faculty Handbook)
 - YouTube?
 - Others?

Appendix 1:

Review of current Nursing Department Assessment Methodologies

- ❖ **Theory:** exams modeled after national licensure (NCLEX-style) questions
 - Theory Exams downloaded to laptop prior to exam
 - Passcode provided at start of proctored exam
 - Content specific to classroom curriculum
 - Some alternate format questions included from secure NurseThink® Test Bank
 - Practice “Open check” exams assigned for completion at home 2 – 3 times per term
 - Nationally normed proctored exams scheduled on campus 2 -3 times per term

- ❖ **Learning Resource Center:** skills lab performance assessment
 - First term assessments completed with partner on Fundamental Skills and Head-to-toe assessment. Subsequent check-offs are all individual performances.
 - Graded as Pass/No pass with remediation opportunities
 - Failing check-offs three times or multiple check-offs on first attempt may result in Probation status
 - Feedback based on Skills checklist and instructor observation of four QSEN (Quality and Safety Education for Nursing) national criteria
 - Tasks
 - Process
 - Safety
 - Self-Regulation
 - Guidelines provided but not specific language of how to give inclusive feedback

- ❖ **Clinical Assessment Tool evaluation**
 - Students provide written reflection on performance criteria
 - Instructor reviews weekly and schedules a final conference to discuss goals and growth
 - Structure based on the five course & program outcomes
 - Nurse as Health Promoter and Care Provider
 - Nurse as Care Manager
 - Nurse as Professional Colleague
 - Nurse as Quality Care Advocate
 - Nurse as User of Technology and Informatics
 - Criteria progress from simple skills and communication in the first term to complex in the final term. Rating Scale from 0 – 3 [0 = unsafe for practice, 1 = inconsistent performance
2 = developing performance 3 = Competent performance]

- ❖ **Assignments:** Based on clinical case studies and health promotion activities. Developed with extensive rubrics and instructions. Discussed in clinical groups to address student concerns.

Appendix 2:

Student: _____

Date: _____

Grade: _____

Instructor: _____

Time: Start _____

End _____

CHECK-OFF – LRC SKILLS PERFORMANCE CHECKLIST:

Managing IV Fluids and Administering Intermittent IV Medications

Please note: all performance criteria are critical elements.

05-12-60 Casey Phillips

S: Satisfactory U: Unsatisfactory	S	U	Comments
ASSESSMENT			
<ul style="list-style-type: none"> Review MAR and critically assess all medications and IV fluids to be administered with nurse. (Deep Thinking and Critical Thinking Questions) <i>*see Medication Safety Check Guidelines and Medication Worksheet.</i> 			
<ul style="list-style-type: none"> Assess IV site for signs and symptoms of complications: infiltration, hematoma, phlebitis, or infection. 			
PLANNING			
<ul style="list-style-type: none"> Identify expected outcomes. 			
<ul style="list-style-type: none"> Explain procedure to patient. 			
<ul style="list-style-type: none"> Review medication with patient, ensuring they are willing to take them, and assess for PRNs 			
<ul style="list-style-type: none"> Determine and gather appropriate supplies. 			
<ul style="list-style-type: none"> Deep thinking on medication with instructor. Including when med was last given and if the rate of infusion makes sense for this patient. 			
<i>INITIATES PRIMARY MAINTENANCE IV FLUIDS</i>			
<i>ADMINISTERS INTERMITTENT IV MEDICATION (IVPB)</i>			
IMPLEMENTATION			
<p>(1st ✓) At medication dispensing station:</p> <ul style="list-style-type: none"> Confirm patient name on MAR (Right Patient). Verify allergies. Compare medication package label directly with MAR when retrieving from medication dispensing system. Saline Flush: Right drug, dose, route, time, expiration dates, quality of fluids. IVBP: Right drug, dose, route, time, expiration dates, quality of fluids 			
<p>(2nd ✓) In patient room:</p> <ul style="list-style-type: none"> Organize medications and label those requiring further assessments or preparation. Identify right patient (Verbal). Confirm allergies with patient. Excuse self for safety check. Saline Flush: right drug, dose, route, and time IVBP: right drug, dose, route, and time 			
<p>(3rd ✓) In patient room:</p> <ul style="list-style-type: none"> Confirm MAR directly to patient armband (Right patient). Saline Flush: Right drug, dose, route, time IVBP: Right drug, dose, route, and time IV Fluid: Right drug, dose, route, and time 			

S: Satisfactory U: Unsatisfactory	S	U	Comments
<ul style="list-style-type: none"> Flush venous access device (INT) assessing for blanching, leaking, swelling, and patency. Confirm tubing change date on label. Ensure that volume infused (VI) is cleared. Program pump to correct rate and VTBI. Attach tubing to INT using aseptic technique. Initiate primary IV fluid therapy. Prepare IVPB for delivery: connect secondary tubing to primary tubing B line, back prime using pump setting. Connect secondary tubing to IVPB bag (“ladies first”). Program IV pump with rate and volume, and initiate medication delivery. Check if IVPB is running. Demonstrate problem solving skills with the IV pump as needed. 			
<ul style="list-style-type: none"> Maintain aseptic technique throughout procedure, and don gloves appropriately (when spiking antibiotics). 			
EVALUATION			
<ul style="list-style-type: none"> Evaluate patient response. 			
<ul style="list-style-type: none"> Evaluate for unexpected outcomes. 			
RECORDING AND REPORTING			
<ul style="list-style-type: none"> Document saline flush, initiation of IV maintenance fluids, and administration of IVPB at the patient’s bedside. 			
<ul style="list-style-type: none"> Report pertinent data to appropriate health care team member(s) using SBAR format. 			

Skills Performance Evaluation

Tasks:

Process:

Safety:

Self-Regulation: