

RESILIENCY IN THE NURSING CLASSROOM:
EXPERIENCES AND CHALLENGES OF FACULTY
IMPLEMENTATION OF TEACHING PRACTICES TO
SUPPORT THE WHOLE STUDENT



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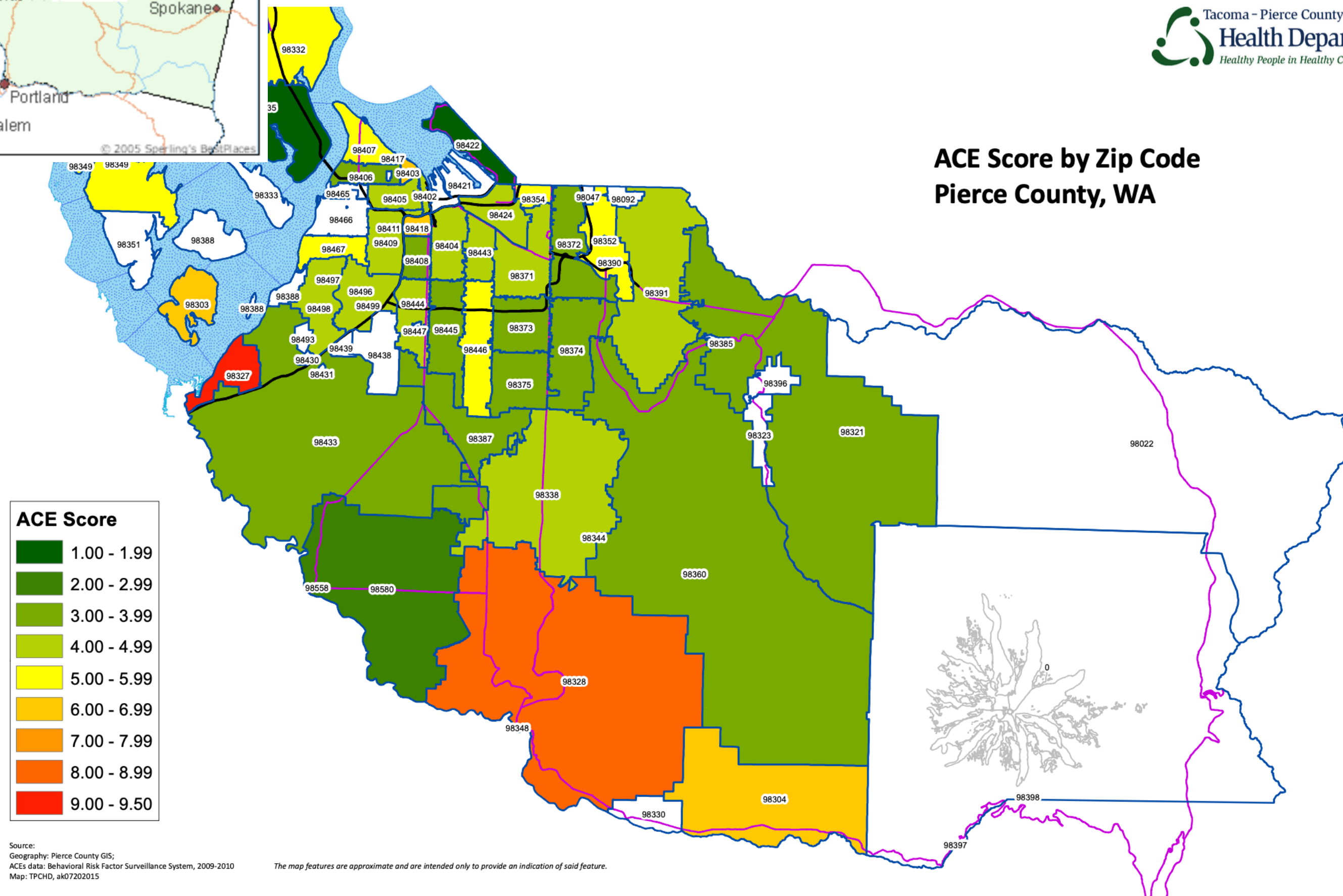
TEACHING AND LEARNING LAB: MIT 2-24-2021

UWT SCHOOL OF NURSING AND HEALTHCARE LEADERSHIP

ADVERSE CHILDHOOD EVENTS, NURSING BURNOUT, AND RESILIENCE



ACE Score by Zip Code
Pierce County, WA



ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Mother treated violently



Divorce



Incarcerated Relative



Substance Abuse

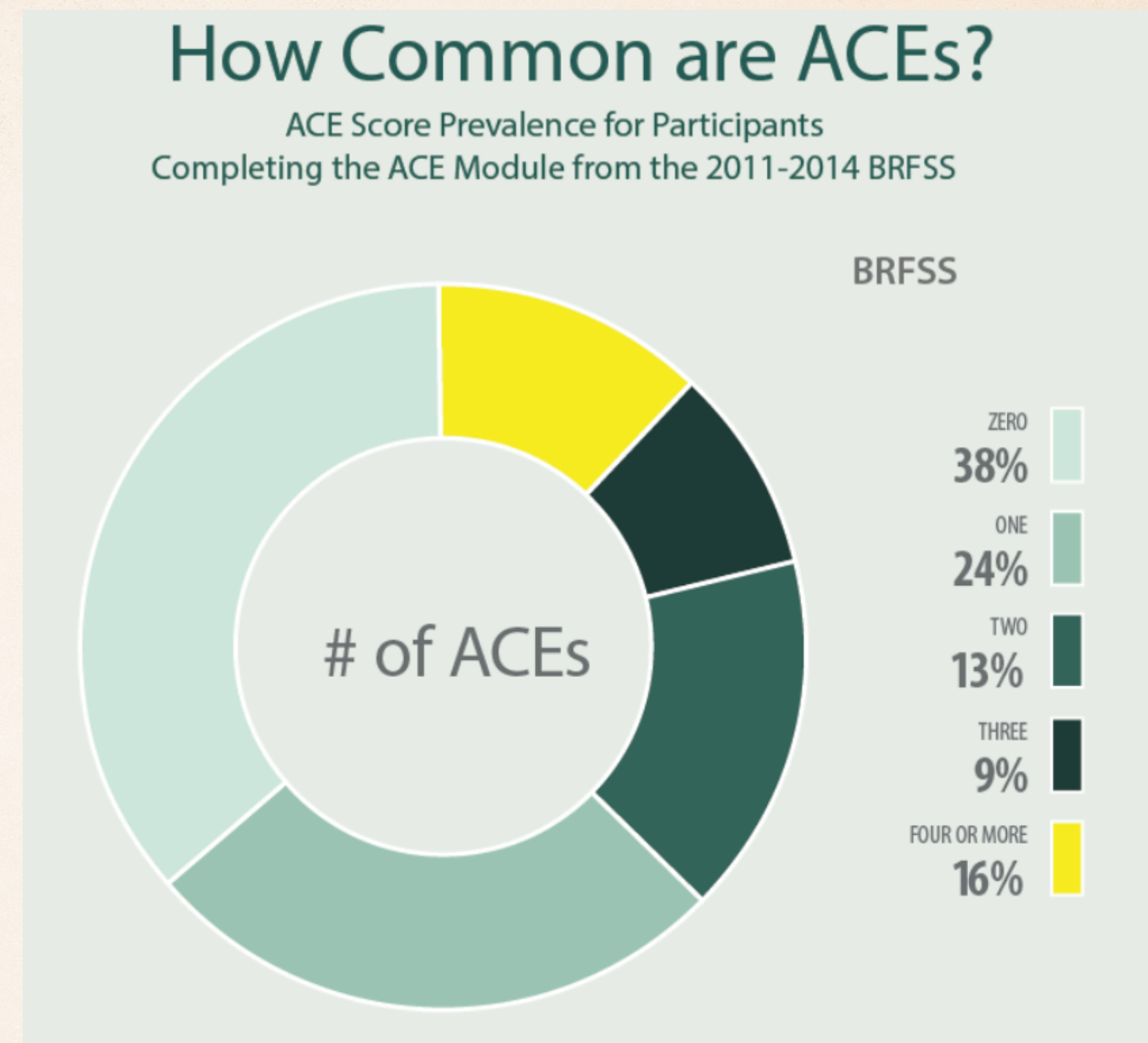
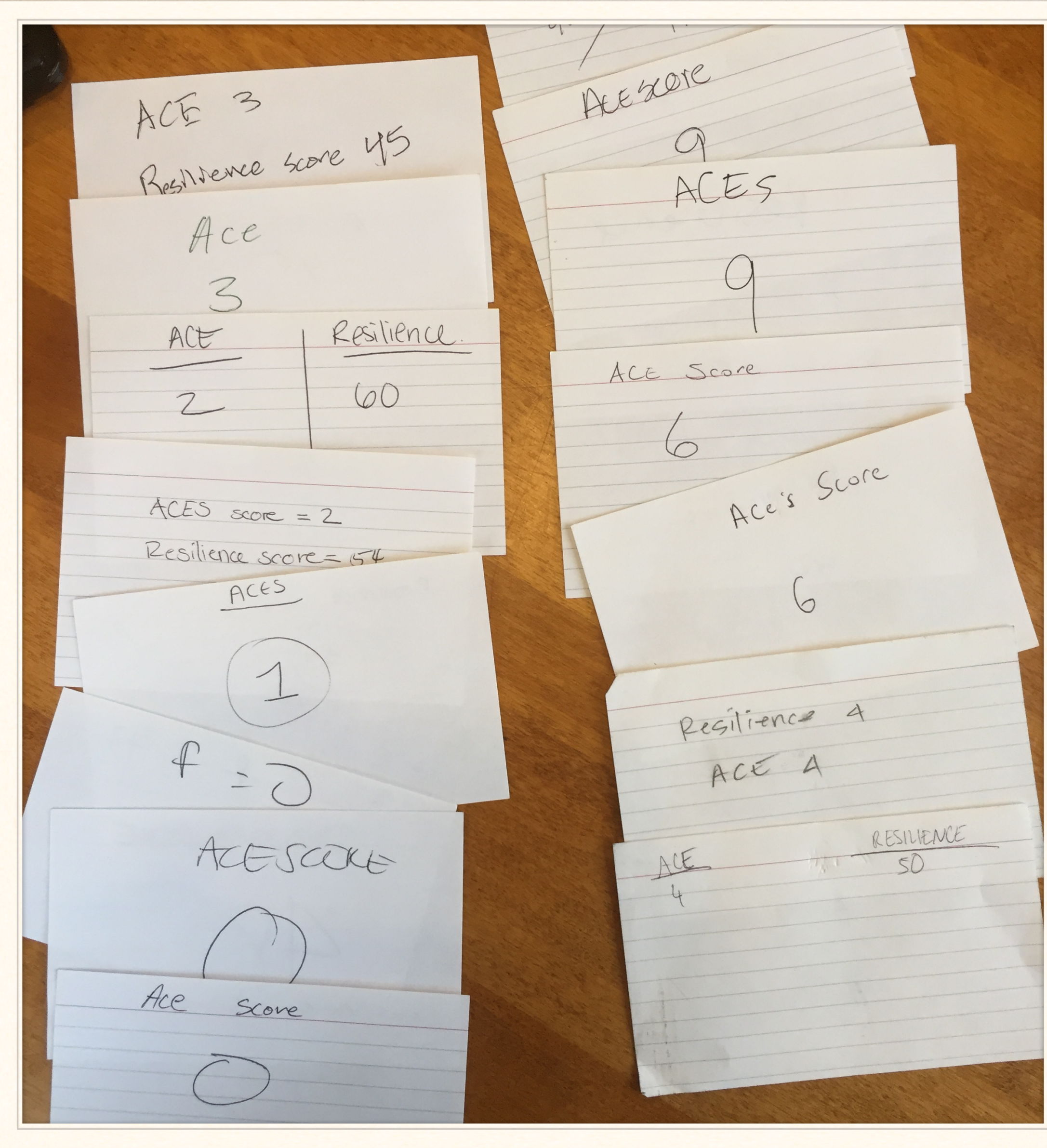
Source: Centers for Disease Control and Prevention

Credit: Robert Wood Johnson Foundation

Anda RF, Felitti VJ, Bremner JD, et al. The enduring effects of abuse and related adverse experiences in childhood. A convergence of evidence from neurobiology and epidemiology. *Eur Arch Psychiatry Clin Neurosci.* 2006;256(3):174-186

Source:
Geography: Pierce County GIS;
ACEs data: Behavioral Risk Factor Surveillance System, 2009-2010
Map: TPCHO, a07202015

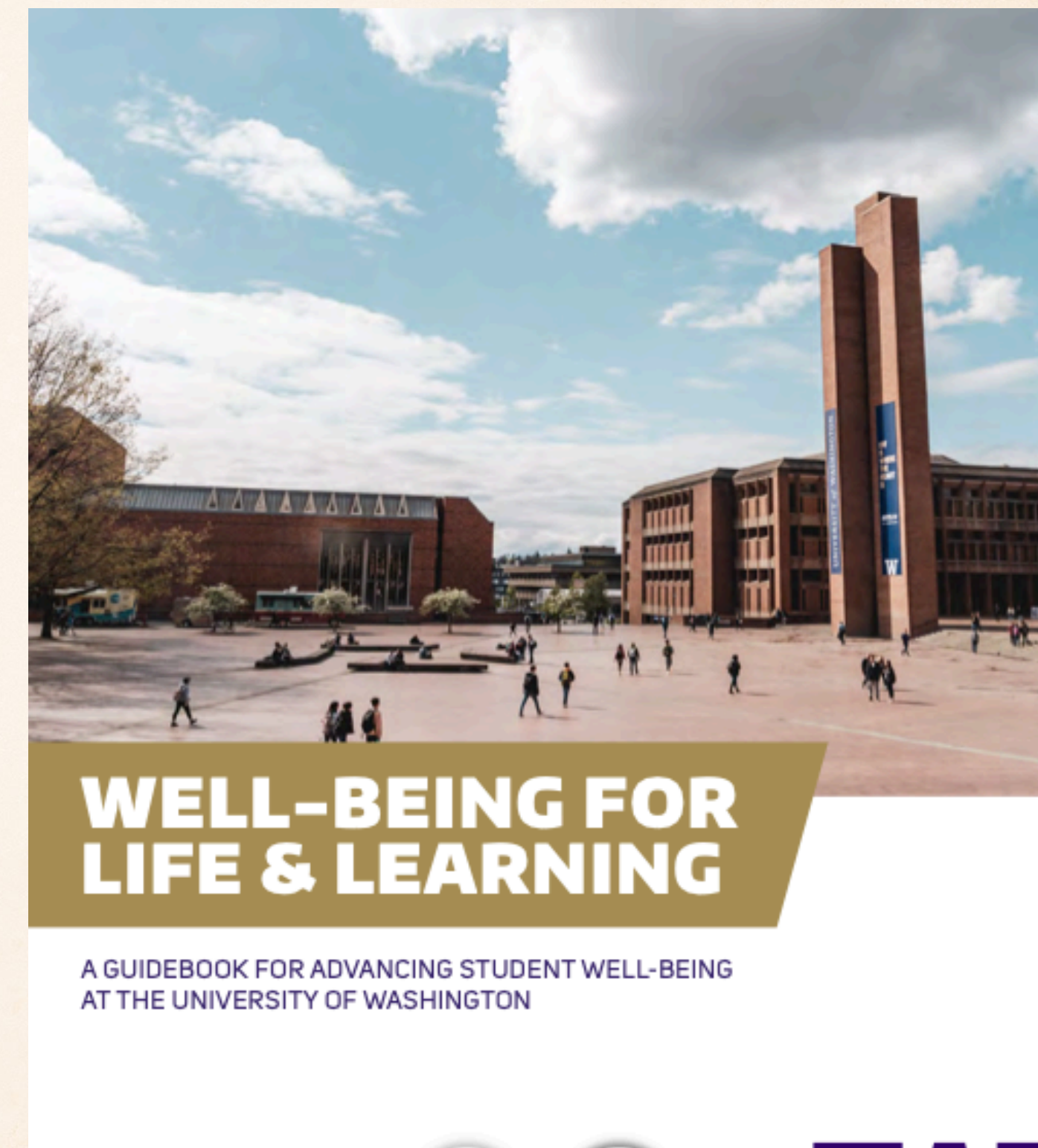
The map features are approximate and are intended only to provide an indication of said feature.



- * Self-care pedagogy in Nursing
- * Resiliency thinking
- * Faculty/Student focus groups
- * Regional Community of practice

APPLYING THE GUIDEBOOK IN MY TEACHING PRACTICE

- ❖ Mindfulness
- ❖ Fostering connectivity
 - ❖ Student/Student
 - ❖ Faculty/Student
 - ❖ Faculty/Faculty
- ❖ What I have learned through students and course evaluations



NURSE EDUCATOR COMMUNITY OF PRACTICE

- ❖ Vision: changing ourselves, transforming practice
- ❖ Mission: Increase awareness, education, and structural change in Nursing and Healthcare Leadership programs in Washington through trauma informed systems; trauma informed clinical education; and transforming nursing culture to break the chain of trauma

Our brains are wired so that compassion can relieve the empathic distress caused by witnessing trauma. For your teaching we share the following practices & resources we have used with students in order to improve resilience and well-being and protect against burnout: The CARE model* (Compassion, Awareness, Resilience, and Empowerment)



COMPASSION	AWARENESS	RESILIENCE	EMPOWERMENT
<p>"Sensitivity to suffering in self and others with a commitment to try to prevent it" (Paul Gilbert)</p> <p>Suggested practices: Breathing compassion in and out.</p> <p>This motivation for action is what distinguishes compassion from empathy. Empathy can be exhausted, but compassion is boundless and brings with it a sense of</p>	<p>"Paying attention on purpose in the present moment non-judgmentally" (John Kabat-Zinn)</p> <p>Suggested practices: 5-4-3-2-1 Stop what you are doing & pay attention to your five senses.</p> <p>We cultivate mindful awareness when we pay attention to what is happening in the present moment with a non-judgmental and open attitude. With practice, this can help us to calmly respond rather than just react to our experiences and to become</p>	<p>"Resilience is the ability to bounce back and adapt to stress" (Block & Kremen)</p> <p>Suggested practices: Three good things.</p> <p>Look back on the last 24 hours and recall three good things:</p> <p>They could be sights, sounds, tastes, interactions, activities or achievements. Take a moment to relish the memories, and notice any pleasant sensations that are</p>	<p>"Gaining mastery over [our] lives in the context of changing our social and political environments to improve equity" (WHO)</p> <p>Suggested practices: Values affirmation exercise.</p> <p>Think of a value that is really important to you (e.g. kindness, loyalty, determination, friendship) and a time when you have really embodied and exercised that value in the past. Notice how</p>



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NEXT STEPS

- ❖ Dissemination & training
- ❖ Action Inquiry into Trauma informed practices
- ❖ Roundtable: “Why are we still eating our young?”
- ❖ System change
 - ❖ Accreditation/state regulations
 - ❖ School/program goals

with little workplace support for exercise or nutrition and being overburdened by the competing commitments of caring for themselves and schooling their children amid a pandemic (Ross et al., 2019). Building resiliency in nursing practice has never been more important.

In this article, we describe a small project organized by nursing faculty from three different institutions in south Puget Sound to improve student resiliency inside our teaching practice. Resiliency is the recognized prevention practice for mitigating the long-term effects of exposure to trauma. Nursing students today not only may have had exposure in the past to these experiences; but are more likely again to be re-exposed to trauma in practice (Girouard & Bailey, 2017). We believe that increasing resiliency in nursing students should be a central goal in their education.

HOW IT STARTED

This work first began in 2018 when Jane Cornman, PhD, RN, and Robin Evans-Agnew, PhD, RN, began experimenting with various strategies to improve student resiliency within undergraduate courses at the University of Washington Tacoma (UWT) School of Nursing and Healthcare leadership. The work expanded in 2020 when we established a regional “Community of Practice” comprised of directors and faculty from both Green River Community College and Pierce College to innovate pedagogical practices. In particular, we worked closely with UWT colleague and healthcare resiliency expert Jane Compson to design a tool for instructors to use with students in the fall of 2020.

Beginning in March 2020, as the pandemic took hold, we began to meet bi-weekly to discuss, share, and reflect on ways to advance resiliency in our students. Early on in our discussions, we agreed that our response would have to be on multiple system levels to effect change. Our vision



have also helped to inform our work. The [UW Well-Being for Life and Learning Initiative](#) supports instructors to advance student well-being in their teaching practice, and the [University of Portland School of Nursing](#) has been developing and evaluating trauma-informed classroom practices. In our Community of Practice, we developed a set of reflective activities for instructors to practice with their students centered on the CARE model developed by Dr. Compson: Compassion, Awareness, Resilience, and Empowerment (Compson, 2015).

Our biweekly discussions employ the simple three-step process of action inquiry: observe, judge, and act. We observe and share the current systemic, interpersonal, and individual challenges we are experiencing in teaching remotely. We ground our judgments based on an appreciation of the impact of trauma in our pedagogical practices. We determine innovative actions to improve our teaching and report on our discoveries at the next gathering. Our meeting structure follows the guiding principles of Open Space Technology (Owen, 2008): whoever comes is the right people, whatever happens is the only thing that could have, when it starts is the right time, and when it's over, it's over!

FURTHER ASSESSMENT

At UWT, we conducted a small focus group study (UW IRB exempted) to explore how trauma-informed teaching

INSIGHTS AND CHALLENGES

- ❖ Anti-racist and Anti-colonialist orientations require reflexivity
- ❖ “I just listened to a podcast the other day by a Black artist who said he is sick of hearing White people talk about this notion *self-care*, especially in this moment. I really appreciate what he said. I just have never been privileged enough to think about *self-care* like many of you. Perhaps we could decenter the notion of the *self*, as life, especially in this moment, is or should be about communal-care, soul-care, and spirit-care.” (Endo, 2020)

DIFFUSION OF INNOVATIONS

