

# Interview with Kenya Beard

[VIDEO TRANSCRIPT – May 15, 2023]

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*Lisa Bonsall:* Hello, this is Lisa Bonsall, Senior Clinical Editor for Lippincott NursingCenter. Today, I'm proud to be speaking with Dr. Kenya Beard, Associate Provost for Social Justice and Academic Excellence at Chamberlain University. Dr. Beard's presentation at the Lippincott Nursing Education Innovation Summit was titled "How Great Educators Advance Health Equity." Thank you for speaking with me today.

*Kenya Beard:* Thank you for having me.

*Lisa Bonsall:* How can educators create learning environments that are racially affirming, mitigate bias and meet the needs of all learners?

*Kenya Beard:* Oh, that's a great question. So all educators should be supported in advancing a pedagogical paradigm that teaches to and through a student's prior successes and their intellectual capacity. As educators, we must consider the extent to which learning originates from one's strengths and capability, rather than having an emphasis on one's weaknesses and failures. So to promote self-efficacy, the learning environment must be one that believes and ensures that all students can achieve academic success.

Negative assumptions about the intellectual skills of a student have no place in education. So what's critical? An educator, I believe, needs to be able to make sure that their teaching is relevant and racially affirming. So what does that look like? When teaching about hypertension, do I provide a case study that perpetuates stereotypes? Or do I integrate content that illuminates the upstream factors that contribute to sickness and disease?

Do I teach toward relevance? Or do I teach toward a philosophy that uses race as a social construct? But although it's a social construct, uses it as a structural and biological factor. So do I teach in a way that helps individuals create a habit of inquiry? So, for example, are students encouraged to consider how stress hormones play a role in disease and how poverty, the social determinants of health and racism impact health equity?

Some of our nursing textbooks, unfortunately, still foster beliefs and attitudes that condition some to subliminally believe that race, rather than racism, is the root cause of health care disparities. So when the CDC declared that racism is a fundamental cause of health disparities and inequities and the AACN's nursing essentials amplified the need to discuss racism and the social determinants of health in the classroom, some educators were caught flat footed. They weren't ready. And you might ask, how could that be? Well, were they receiving this information all along? And if so, who was facilitating the collegial discourse that strengthens one's ability to safely engage in race related conversations or even construct

learning environments that support health equity. Ensuring that every individual has an opportunity to achieve their highest level of health, requires the mitigation of bias.

And that means we cannot pretend that bias isn't real. We have to recognize how our biases show up. We have to avoid a blaming or a shaming culture. We have to be able to reflect and demonstrate humility and work to build environments that support difference and cultivate a sense of belonging.

*Lisa Bonsall:* Can you talk about equity pedagogy? What does that look like?

*Kenya Beard:* Sure. So, many years ago I examined the impact of critical multicultural education training on the attitudes, awareness and practices of nurse educators. And what I found was that not all nursing policies and practices support academic excellence, and not all educators were aware of how their teaching style influenced student outcomes. Educators who make use of pedagogical practices that align with educational equity can teach in ways that support academic excellence.

So equity pedagogy is defined as teaching methods that contribute to the academic success of all students. But it requires that we shift away from a three hour lecture and subscribe to a variety of teaching methods that include reflection, pair-share, narrative pedagogy, unfolding case studies. And we also always strive to teach toward relevance. So, for example, I would ask a student, tell me why you care about diabetes.

How would you know that a patient had an adverse effect from a medication related to diabetes? We can also use a scaffolding approach that builds on the student's knowledge. Tell me what you know about diabetes. Tell me what you'd like to know about diabetes. The learning environment must always consider ways that help students find their own voice.

*Lisa Bonsall:* Great answers. Thank you so much for joining me today.

*Kenya Beard:* You're welcome. Thank you for having me.

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