

Chapter 1

Supporting Diversity and Inlusiveness Amid a Changing Academic Landscape

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ABSTRACT

Prior to the pandemic, two-thirds of universities and colleges administered courses in the traditional face-to-face setting. After the abrupt change due to the pandemic, educators submerged themselves in virtual pedagogy and forged ahead in preparing the future workforce. An area that may have been overlooked was ensuring the learning environment remained diverse, equitable, and inclusive for all learners. Vital to students matriculating through programs and entering the healthcare workforce is recognizing and understanding student learning styles and having an ecological glimpse of circumstances that may affect their learning. Employing the intersectionality framework to explore inequities exacerbated by students' identities is a starting point. Implementing strategic priorities and DEI practices to decrease the equity gap that exists in the healthcare system and higher education institutions is essential. Health profession educators play a unique role in serving as change agents for future healthcare professionals who have a direct impact on health outcomes.

INTRODUCTION

Academic and career accomplishments in health professions are greatly influenced by students' learning styles and educators' pedagogy (DeCelle & Sherrod, 2011). Multimodal learning is common in health professions (Brottman et al. 2020; DeCelle & Sherrod, 2011). Therefore, educators in this field implement teaching strategies to highlight concepts through varying methods (reading, writing, visual, auditory, and kinesthetic) to ensure students can retain and apply the knowledge gained whether in a traditional

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classroom setting or online. The coronavirus (COVID-19) pandemic however, forced educators and students who were expecting to teach and learn in a traditional classroom setting to transition and adjust to an unexpected format. With this abrupt change in the middle of the semester came many challenges, but educators were determined to forge ahead in preparing the future health professions workforce. Many faculty submerged themselves in webinars and literature on virtual pedagogy to change their teaching strategies. In trying to get through and finish the semester in the midst of a global pandemic when a great deal was still unknown, an area that may have been overlooked was ensuring the learning environment remained diverse, equitable, and inclusive for all learners.

The pandemic created positive impacts in some aspects of learning, such as requiring educators to be innovative and creating flexibility. However, it also exacerbated cumulative inequities experienced by Black, Indigenous, and People of Color (BIPOC) (Gates et al., 2021). Most notably, the pandemic amplified the rates of infections and mortality for BIPOC communities, which had a direct impact on students of color. The adjustment to a higher reliance on virtual learning also heightened the digital divide. Lack of reliable internet access or personal computer access, and the convergence of the home and learning environments created challenges for students' learning experiences. These experiences hold direct practice implications toward perpetuating inequities that oppose the ethics and values of health professions. Refocusing on diversity, equity, and inclusion (DEI) impacts the success of health professions programs and the healthcare system. Implementing strategic priorities and DEI practices to decrease the equity gap that exists and focuses on promoting inclusive learning environments is essential.

The objective of this chapter is to reinforce the need to support DEI amid a changing academic landscape. The chapter begins by highlighting the continued significance of DEI in health professions. The chapter then details the use of an intersectional and ecological lens to explore and understand student identities in creating an inclusive learning environment. The chapter also presents challenges, strategies, and action steps for supporting students during this change in their learning environment with inclusive pedagogical practices. The chapter closes with future directions and reinforces the logic and responsibility for incorporating DEI practices.

BACKGROUND

The COVID-19 pandemic brought to light complexities that exist in the healthcare system. Particularly, health and healthcare disparities were on display in the disproportionate rate of infections, hospitalizations, and mortality, which affected BIPOC in comparison to White people as, depicted in Table 1. For instance, American Indian/ Alaska Native persons had 3.3 times more hospitalizations than White persons.

Table 1. Comparison by race/ethnicity of Covid rates of infection, hospitalization, and deaths as of May 1, 2021

Rate ratios compared to White persons	Hispanic or Latinx persons	Black/African American persons	Asian persons	American Indian/ Alaska Native persons
Cases	2.0X	1.1X	0.7X	1.6X
Hospitalizations	2.8X	2.9X	1.0X	3.3X
Deaths	2.3X	1.9X	1.0X	2.4X

Source: (Centers for Disease Control and Prevention, 2021)

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