Teaching Diversity, Equity, and Inclusion Topics
Challenges and Rewards, a Reflection from a Nursing Professor

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Abstract

Diversity, equity, and inclusion (DEI) concerns gained a resurgence of momentum after the Black Lives Matter (BLM) movement began in July 2013 following the murder of Trayvon Martin in the United States. This paper is a reflection of some of the challenges and rewards I have experienced teaching DEI topics over the last decade in the midst of horrific social events such as the murder of Black youths, the recovery of Indigenous children’s remains in residential school sites across Canada, the findings of the National Inquiry into Missing and Murdered Indigenous Women and Girls, and the various racially motivated hate crimes during the COVID-19 pandemic. I address the emotionally laborious work of teaching DEI topics and the anxiety it can cause, and I offer some of the practical strategies I use to work through my stress. I also discuss various theories of knowledge and ways of knowing that I employ to anchor difficult topics, motivate student engagement, and move beyond superficial discussions. In the last three to five years, I have made changes to how I deliver this subject matter such as including an online discussion forum to encourage conversation beyond scheduled lecture time and providing a voluminous list of optional resources that takes into considerations the students’ developmental readiness and level of previous historical contexts to facilitate their understanding. I hope to offer insights that other educators teaching DEI courses, especially in health care contexts, will find valuable. I hope readers will join me in this ongoing journey toward a more inclusive and just world.

Keywords: diversity, equity, inclusion, brave space, ways of knowing

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Introduction

The injustices faced by marginalized communities, including Black communities, are, tragically, nothing new. But the current, wide-spread interest and engagement with diversity, equity, and inclusion (DEI) concerns is relatively recent, notably gaining momentum after the Black Lives Matter (BLM) movement began in July 2013 following the murders of Trayvon Martin and, later, George Floyd in the United States (Taylor, 2021). As scholars note, many factors contribute to the fact that DEI has increasingly become part of public consciousness in recent years, including the outspokenness of Millennials and Generation Z who are confident in asking for what they want. Williams et al. (2021) indicated that today’s Gen Z students are diverse and socially conscious, frequently calling for a higher gear of DEI commitment and responsiveness from their institutions. They are our most diversity-aware generation yet, most comfortable with difference and with an innate understanding of identity—and of discrimination, no longer content to quietly endure it. Gen Z is an activist generation as well, ready to stand up and speak up for the underserved. (p. 5)

Other factors may include the globalization of the internet, the use of social media, and the increased number of people who have access to higher education compared to past generations (della Porta, 2019; Williams et al., 2021).

Regardless of why DEI is a major topic in the public sphere, it is high time that governments, as well as public and private organizations, affirm and protect the rights of those in marginalized communities—including BIPOC (Black, Indigenous, and People of Colour) and 2SLGTBQIA+ (two-spirit, lesbian, gay, bisexual, transgender, queer and/or questioning,
intersex, asexual) populations, people living with disabilities, and those experiencing mental wellness concerns—by enforcing antidiscrimination and DEI policies.

Williams et al. (2021) also underscores the need to attain a kind of inclusive excellence, “a unified whole through diversity in many dimensions, where no viewpoint is lost or silenced, where cross-pollination knows no limits, and where every student leaves fully prepared to skillfully succeed in an increasingly global and diverse world” (p. 6). To reach this goal, especially in academic institutions, there must be an ongoing commitment to the process of healing and education that aligns with evidence-based DEI initiatives. Such a commitment would ensure that current and future generations will continue to advocate for DEI issues.

I have been teaching DEI topics at the postsecondary level to nursing and health care students for a decade. As a person of colour, I believe I offer a unique intersectional perspective in how I teach these topics. This paper reflects some of the challenges and rewards I experience in teaching DEI topics in the midst of horrific social events such as the murder of Black youths, the recovery of Indigenous children’s remains in residential school sites across Canada, the findings of the National Inquiry into Missing and Murdered Indigenous Women and Girls, and the various racially motivated hate crimes during the COVID-19 pandemic. In the last three to five years, I have encountered challenges and learned lessons about how to better approach this topic with the nursing students in my classes. I have found the challenges are humbling, and the lessons valuable; I offer them here for other instructors navigating these topics with their own students. I hope readers will join me in this ongoing journey toward a more inclusive and just world.
Some background about the author

I was born in British Hong Kong and have lived and traveled abroad over the years. My family and I immigrated to Canada when I was a teenager. I came from a relatively privileged background. As a young adult, I did not understand anything about racism beyond a few derogatory racial epithets, so I did not know how to articulate discrimination or racism when I experienced it. The first time I knew something was wrong was when a friend adamantly defended his neighbour after I told him that the neighbour had called me a name. My friend did not believe me and labelled me a liar. I remembered feeling extremely hurt, but I could not verbally defend myself because I simply did not have the linguistic tools nor the full comprehension to do so. This particular experience would eventually propel me to join the first ever Diversity Access and Equity Committee at the City of Toronto in the early 2000s. There, I began my journey in learning about discrimination issues, which led me to complete a PhD in public health policies, and later a second master’s degree in health law in 2020. The first course I taught was Diversity and Health, and DEI topics have been part of my teaching portfolio ever since. I currently volunteer in two community healthcare organizations where I support their DEI initiatives and policy-making processes.
Challenges and Lessons in Teaching DEI in the Classroom

Emotionally Laborious Work

Teaching DEI topics such as racism is emotionally laborious for the instructors (Kernahan, 2019). Brookfield (2015) and Cavanagh (2016) also discuss the vulnerability and emotional labour that are involved in teaching certain topics. In my experience, I must always ensure that I check my own unconscious biases and prejudices before stepping into the classroom. I must remind myself that the students come with their own unique lenses and lived experiences. I am also constantly aware of my own vulnerability in sharing certain personal experiences with my students while maintaining professionalism and boundaries. Furthermore, there is a need to keep abreast of the most current information and vocabularies so that I don’t offend the students in any way. I always begin each lecture by reminding students to keep an open mind and asking them to speak with me should they have any concerns. I feel the weight of Kernahan’s, Brookfield’s, and Cavanagh’s points about emotional labour and vulnerability each time I do my preamble, and during some of the more intense discussions in class. I can feel my heart beat slightly faster and sometimes sense my accent becoming thicker—a big tell that I am under stress—I sense.

Gone are the days when professors did not need to be quite as concerned about being politically correct (Kernahan, 2019). For example, at one point, it was generally felt that it was appropriate for professors who taught DEI topics to say a certain racial epithet once, out loud, in lecture in order to explain to the students its wrongness and vulgarity, and to underline the fact that using it perpetuates racism. The lesson was that we should all denounce the word. I myself
taught in this way until, one semester, a student registered a complaint. This student disagreed with the usage of the word even once for the purpose of explaining its inappropriateness, and I apologized. I then contemplated the word’s educational use, and discussed it with many colleagues, BIPOC students, and friends. Generally, the consensus was that it was fine to say the word once for the purpose of explanation. The student who complained has since graduated and gone on for more education and emailed to apologize and told me I should keep using the word for educational purposes. Still, the emotional turmoil of this event was significant for me, and regardless of the support I received—including from my Dean and Associate Dean—I knew there were those who disagreed. I simply could not manage the anxiety of another potential complaint, and so I completely stopped using this particular word. I now simply say, “Some words should never be used because they are never appropriate,” and refer to the word by its first letter only. Without fail, there is at least one student who has no idea what the word is. I rely on their classmates to whisper it to them.

As a teacher of the extremely sensitive subjects at the centre of DEI classes, I live in real fear of any reprimand or misunderstanding by the general public should they hear that a professor from a local university said something inappropriate. I feel that I must be extremely careful in my choice of words and the way I explain certain issues and constructs. To mitigate this anxiety, I always use academic citations to support me. For example, I no longer explain or elaborate on White privilege and privilege in my own words. Instead, I have multiple slides with cited and recognized academic definitions and ask the students to read them on their own while I offer some examples that have no risk of misinterpretation. Thankfully, nowadays there are numerous educational YouTube videos that I can also rely on.
Still, teaching DEI is about more than just delivering content. It’s also about developing trust and responsiveness around emotionally difficult topics. It is challenging teaching the academic content while also monitoring the emotions in the classroom as well as my own. We all have certain preexisting attitudes, feelings, and knowledge about DEI issues. The challenge is to provide objective, scholarly understandings that speak to, and in many cases challenge, those individually held beliefs that some students hold dear. This is part of students’ intersectional experience (Kernahan, 2019). As recommended by many scholars over the years, it is imperative that educators approach DEI topics by using reflections, reframing, and a multicultural lens because teaching and learning DEI topics is not linear. Rather, it is an ongoing, reflexive-cognitive endurance process. Often, it is only through engaging reflections that we are able to relate and process such emotional social matters (Chick et al., 2009; Babbitt & Sommers, 2011; Cho, 2011). Chick et al. (2009) and Cavanagh (2019) emphasize the importance of appreciating and supporting students’ emotional regulation while also attending to their intellectual acquisition of DEI understanding. Postsecondary students generally have the ability to conduct themselves professionally and respectfully in the classroom. Notwithstanding, Brookfield (2015) reminds us that it is important to be hyperaware of students’ nonverbal communication and remember to do frequent checks throughout a lecture to ensure nobody is feeling in any way upset as we cultivate trust and responsiveness.

On the other hand, I also need to be cognizant of potential “temporary self-regulatory fatigue” in myself and the students (Evans et al., 2016). Self-regulatory fatigue is fatigue that results from prolonged periods of self-regulatory processes used to override dominant responses (Evans et al., 2016). DEI topics are sensitive and potentially upsetting for students. At the same time, most students also know that they need to stay respectful, and so they self-regulate their
organic responses. It is common for students to express that they enjoyed a lecture, but felt spent afterwards. I believe many experience temporary self-regulatory fatigue.

I have never had a student be so upset after my lecture that I needed to help them access students’ health services or counselling on campus. However, I have had students who exited the room because other students denied historical facts or disagreed with certain social issues and constructs. (This happened, for example, when one student expressed that they did not believe the WWII holocaust had happen, and again when a religious student declared that homosexuality was a sin). It is extremely difficult to balance respect for free speech with shutting down declarations that border on hate speech, and it is emotionally laborious to handle these situations graciously when I also vehemently disagreed with a statement or false historical claim.

Evans et al. (2016) give a brief, metaphorical description of the human mind as a battery that requires recharging especially after mental fatigue. The authors neither elaborate on nor explicitly agree with the idea of mental recharge, but in my experience such recharge is paramount. It is of utmost importance that both my students and I have a way to recharge after unpacking intense DEI topics. For me, it works well to always finish my lectures approximately 10 to 15 minutes early to allow students and myself to have some downtime. I also offer one or two individual study modules per semester to give students time to read, reflect, email me questions, or simply rest during class time. I make use of my online classroom space to set up optional discussion forums for students to continue our conversations beyond the scheduled lecture time. In addition, I include an online folder that contains extra, optional resources on different class topics, should anyone be inclined to dig deeper on their own. Depending on my assessment of the personalities in a particular class and the cohesiveness of the cohort, I may also do a 5-minute mini meditation either before I begin lecturing, or at some planned time during my
By and large, the current student population is either Gen Z or late Millennial, though student age demographics, especially at the college level, can range between 18 (new high school graduates) to around 50 years old (second-career students). Most student cohorts include, among other demographics, first- and second-generation Canadians and relatively new immigrants who have been in the country for less than 10 years. It is also common to have a multicultural class in which newcomers to Canada are in the classroom with White and other BIPOC classmates for the first time in their academic journey. I tend to collect this raw data on the first day of a course, during welcome and introduction, when students are invited to share some information about themselves.

The range in ages and life experiences renders it difficult to consistently meet the emotional needs of each individual student when we discuss sensitive topics such as identity, power, privilege, and oppression. I have the responsibility to ensure the psychological safety of the students, so they feel comfortable participating in the conversation and expressing themselves without fear of retaliation, derision, or denial of their lived experiences. Thus, I establish some ground rules, which I display for the first 10 minutes of each class (Arao &
My ground rules usually include listening and speaking professionally and respectfully, keeping an open mind and open heart, checking our own unconscious biases, and being ready to occasionally feel uncomfortable for the sake of learning and growing.

This last ground rule is important. Arao and Clemens (2013), Cook-Sather (2016), and Ali (2017) have discussed how implementing the concept of psychological safety risks implying the absence of potential imminent danger, harm, or risk. These authors insist that true learning could generate discomfort and allowing oneself to be open to new ideas may be risky. As Boostrom (1998) argues,

We cannot foster critical dialogue regarding social justice by turning the classroom into a “safe space,” a place in which teachers rule out conflict… We have to be brave because along the way we are going to be vulnerable and exposed; we are going to encounter images that are “alienating and shocking.” We are going to be very unsafe. (p. 407)

It is, in other words, impossible for any instructor to create a risk-free “safe” space that facilitates true learning. Rather, a brave space is more productive and honest because it confirms the fact that students most likely will feel uncomfortable and will need to feel able to handle that discomfort. Brave spaces encourage engagement, motivate the exploration of new learning, and open up the potential changing of the minds (Arao & Clemens, 2013; Cook-Sather, 2016; Ali, 2017).

The concept of brave spaces seems to resonate with my students. No matter the age group or life-experience ranges, most if not all of them seem to embrace the fact that it takes courage to discuss and learn about DEI topics. Certainly, it is not easy to create and maintain a brave space with students who have directly opposed perspectives. I navigate this by calling for respect and
patience; this approach has been effective. I also provide a brief lecture on conflict resolutions and ask students to use conflict management strategies to engage in respectful conversations. Occasionally, I have purposely put students who have opposite perspectives in the same group for small group discussions or projects. I have not encountered any issues with this approach that I couldn’t work through with the students; in fact, I have received many emails and reflection papers that have confirmed changed minds and unexpected friendships. One semester, two such unlikely friends sent me a photograph of them in a warm embrace and the caption was: “We work through some sh— together, thanks Dr. Ko.”

Not Enough Time

In healthcare disciplines such as nursing, DEI topics are often offered as compressed courses in which instructors must teach all the relevant definitions and terms, connect them to historical and ongoing social justice issues, explain a few cultural theories and their applications, and ultimately try to teach the students to be culturally competent in their clinical practice—all within the span of a few weeks. Even in this compressed time period, it is almost guaranteed that you will stray from your original plans. For example, I gave one lecture in which two students did not support BLM. Although it was not in my plan for the class, I felt it necessary to offer a snapshot of slavery and Black history, provide relevant websites and other resources, and urge the students to read more on their own.

What’s more, in healthcare disciplines, DEI courses are never purely about diversity, equity, and inclusion. It is nearly impossible to dig deep enough into any one issue in such a course when its main goal is “cultural competency in clinical settings.” Many students come to this class from purely clinical perspective, without any particular interest or background in DEI.
topics. This is like teaching an introduction to calculus, the mathematical study of continuous change, to the students who do not have a solid foundation of basic math. How could I expect students to understand DEI constructs and get on the cultural competency trajectory when they do not have enough historical context? Discussions about present DEI issues are very challenging when students have very little awareness of the historical contexts that make them important. A few examples that capture this difficulty include students who have not heard of the story of Anne Frank because of differing middle school experiences either domestically or aboard, or they do not know about the civil rights movement, and learn about advocates such as Martin Luther King Jr., Rosa Parks, and Viola Desmond for the first time in my course. I am frequently reminded in this work that I cannot assume that everyone knows about the historical events and figures that I consider to be well known.

For me, perhaps the most challenging content in my courses is the discussion of health and social issues among Indigenous Peoples in Canada. In any given class, students’ knowledge of Indigenous issues will range from having no idea at all to being quite knowledgeable. It is difficult to bridge such a wide range of foundational knowledge in what often ends up being, in a condensed course, a single lecture dedicated to Indigenous health and social issues. My approach usually involves providing snippets of the main, contemporary issues such as the never-ending lack of clean and safe drinking water in many of the Indigenous communities (The Council of Canada, n.d.), the ten principles of the Truth and Reconciliation Commission Final Report (Truth and Reconciliation Commission of Canada, 2015), highlights of the recent recovery of children’s remains from residential school sites (Barrera, 2021), and an overview of the National Inquiry into Missing and Murdered Indigenous Women and Girls (2019). I also offer a list of prominent
Indigenous leaders in Canada and the reason we need to know who they are. This list includes, among other people, Justice Murray Sinclair, Autumn Peltier, and Cindy Blackstock.

I am not Indigenous, and I acknowledge how this limits my ability to teach about Indigenous issues. I cannot speak for Indigenous Peoples, but I can, and have, taken steps to better educate myself about Indigenous issues in Canada, and to pass what I’ve learned on to my students. (For any non-Indigenous educators tasked with teaching Indigenous content, I would recommend taking the Indigenous Canada open online course from the University of Alberta.) I also encourage students to learn more on their own and try to develop in them a sense of responsibility around learning about Indigenous history, and the intergenerational and continuing traumas of colonialism. We cannot tell students that they need to be culturally competent without offering contextual, historical support for a more comprehensive understanding. Those students who previously did not have the information are generally shocked at first and then feel compelled to learn more. Others who have had some education are motivated to no longer be complacent moving forward.

I am humbled to have the responsibility of teaching this history and am keenly aware that one lecture is not enough. In my opinion, health care curricula all need to offer a full course dedicated to Indigenous Peoples’ health and social needs that is designed and led by an Indigenous instructor. Leaders and administrators at the postsecondary level must consider curricula with more focus Indigenous content developed by Indigenous people and communities (Griffith, 2018).
Managing Expectations

Managing expectations is difficult when some students perceive a diversity course within the health care department as an easy A: the professor simply instructs them to be respectful of other cultures and religions. Many students express that they are already respectful of other people who have different beliefs than their own, so they don’t understand the need for an entire course on it. Some think such a course should be an elective because they want to learn how to care for sick people, not about DEI definitions and human rights issues. I often have to remind students that everything I share with them is a mini-introduction to a handful of DEI topics, and that I hope they will be inspired to learn more on their own by either reading or taking another elective that will dig deeper into DEI and social justice issues. I also challenge students to think about the fact that it is part of their social responsibility to educate themselves on DEI issues; understanding these issues and applying that understanding professionally is about more than merely being respectful.

I am concerned that students may not wish to explore DEI topics further after my courses finish, or may not have time to do so. I fear their knowledge in this area will stay stagnant and they might become complacent. I do my best to reinforce the fact that learning about these topics and embracing DEI initiatives should be a life-long journey.

Ways of Knowing

The pedagogical and andragogical approaches to teaching and learning DEI topics are fluid, dynamic, and unrestricted by timeframe; that is, I as an educator also learn alongside my students through the guided dialogues I lead, and they will come to their own understanding and appreciation of these topics in their own time beyond the limit of a semester. It is challenging to
meet students exactly where they are because their ways of knowing are varied and influenced by individual factors such as previous knowledge, desire to learn, and lived experiences with DEI topics. Insofar as students must minimally learn enough to pass their exams, they may not completely comprehend their learning until much later. Ideally, however, they and I will come to improved understandings over time and will continue to deepen our understanding well into the future.

To motivate this kind of ongoing learning and contemplation of DEI issues in my students, I include a number of theories of knowledge in my courses. My goal is to open students up to not just the content of my DEI courses, but to ways of knowing that have the potential to shift how they think about and position themselves within these topics in the first place.

**Theories**

My syllabi always include a handful of popular, health-care-focused cultural theories such as Madeleine Leininger’s (1988) Transcultural Nursing Theory and her Sunrise Model, which are widely adapted by other health care disciplines and industries; and the Purnell Model for Cultural Competence (Purnell, 2002). These are application-based theories that will enhance students’ practical development in the area of cultural competency. Beyond the required theories, I also share other theories that encourage students’ desire to embrace the notion of becoming culturally competent in ways that surpass mere proficiency or respect in the clinical settings. These theories have the potential to support students’ understanding that is yet to come as they move forward in their life and career.

One theory that always catches students’ attention is Rosemarie Rizzo Parse’s (1981) Human Becoming Theory, which offers students a relatable appreciation of their own human
emerging, personal journey of becoming, and acknowledgement of individual perspectives. During our discussion of Human Becoming Theory, students often express having an “ah ha” moment when they realize that becoming culturally competent is part of their own becoming as human beings first; it is not just part of their education as health care providers.

Barbara A. Carper’s (1978, 1988) Ways of Knowing is a theory that supports student engagement of DEI issues in health care settings and in their personal understanding. The theory breaks down different ways in which we all “know” things about the world. Empirical knowing is the science and research that provide evidenced-based understanding. Aesthetic knowing is the art of caring in ways that acknowledge each patient’s individual circumstance and behaviours. Ethical knowing refers to the moral component of care. Sociopolitical or emancipatory knowing is the recognition of political, social, and cultural influences and policies that impact the way we provide care. Finally, personal knowing is authentic reflection and thought that allows us to acknowledge ourselves and others and that enable us to appreciate the therapeutic relationships we develop with our patients.

I emphasize that personal knowing is the type of knowing that allows us to demonstrate empathy, which begins with an attitude of personal self-understanding. Thorne (2020), in her acknowledgement of Carper’s contributions to the nursing curriculum, echoes what I tell my students. That is, personal knowing is not about focussing on the self and individualism; rather, it is the understanding, discovery, and betterment of oneself that move us beyond ourselves to recognize the macro-perspectives of others and of the society. Thorne underscored the importance of our capacity to understand “multiple perspectives” (p. 5), which allows us to achieve improved quality of care.
Diamond (2021), in his discussion of the “domains of knowledge,” unwittingly concurs with Carper’s personal way of knowing by emphasizing the importance of ensuring the delivery of the axiological (having to do with ethics and morality), ontological (having to do with awareness of, absorption in, and studying of a topic), and epistemological (having to do with insight and analysis) domains of knowing in higher education that would cultivate the development of wisdom (pp. 7–8, 20). Diamond insists that postsecondary institutions must be intentional in how they develop the wisdom of their students in today’s information age because knowledge is not simply acquisition of or access to information alone. Rather, it is the development of wisdom that leads to character building, curiosity, global awareness, humility, and other attributes that are required for a balanced and dynamic emergence of personal wisdom or knowing.

Another significant theory that always captivates the students’ attention is Kimberlé Crenshaw’s (1989/2018, 1990) theory of intersectionality. This is an analytical framework for understanding the various aspects of an individual’s social and political factors such as gender, race, class, sexuality, and disability, showing how they are intertwined to produce different levels of discrimination and privilege that may be both empowering and oppressing, depending on circumstances. Crenshaw’s theory was originally coined to help society understand the inequality, inequity, discrimination, and oppression that Black women and women of colour experience. Crenshaw’s theory is now widely appreciated as a valuable tool to understand racism and discrimination on a macro scale (Cho et al., 2013; Crenshaw, 1989/2018, 1990).

Crenshaw’s theory of intersectionality is engaging in a visceral way for the students because it explains all the overlapping elements of being human. Crenshaw’s (2016) TED talk was especially useful for me as a way of prefacing certain terms and concepts that occasionally
offend some students. For example, I found that ever since I included Crenshaw’s theory, it has become easier to explain White privilege to students who had either never heard of the term or disagreed with it. There have even been a few tears on the part of students who recognized their White privilege in my course and vowed to use it positively to contribute to meaningful social change going forward.

As statistician George Box (1979) famously wrote, “all models are wrong but some are useful” (p. 2). No theory is perfect, and all are subject to be critiqued. We must critically appraise any given theory and ask ourselves whether it is “illuminating and useful” (Box, 1978, p. 3). Some theories will need to be updated, without undermining their intended purpose, to ensure their language and information are reflective of current situations and meanings in a wider context. We also need to remind students some theories, such as the theory of intersectionality, are more politically charged than others, and that these theories will draw contentious critiques by those who disagree with them for political reasons. For example, Benjamin Aaron Shapiro, an American conservative political commentator and media personality tweeted on February 18, 2018, that “Intersectionality is so stupid,” and described intersectionality as “a form of identity politics in which the value of your opinion depends on how many victim groups you belong to. At the bottom of the totem pole is the person everybody loves to hate: the straight white male” (Coaston, 2019). It is important for students to know that such surface-level attacks are out there, but I try to teach a different approach. Namely, I teach them to approach each theory that I share with an attitude of appreciation for usefulness in helping us to become better people in our own becoming, and subsequently better healthcare providers.
Conclusion

The inclusion of DEI issues in health care curricula is now a standard in most postsecondary institutions. These institutions are working diligently to ensure that DEI topics are covered in every department. In addition, revised organizational policies, missions, and vision statements are issued to reflect the commitment to reinforce inclusivity. Furthermore, professional governing bodies such as the College of Nurses of Ontario (CNO) are requiring nursing curricula to specify vocational outcomes and entry-to-practice competencies about DEI. These include “advocat[ing] for health equity for all, particularly for vulnerable and/or diverse clients and populations”; “acquir[ing] knowledge of the Calls to Action of the Truth and Reconciliation Commission of Canada”; and “engag[ing] in self-reflection to interact from a place of cultural humility and create culturally safe environments where clients perceive respect for their unique healthcare practices, preferences, and decisions” (CNO Entry to Practice Competencies, 6.1, 7.4, 9.3). The inclusion of DEI topics in postsecondary education is being encouraged not only by the grassroots, but by institutional administrators as well.

As a person of colour and a professor, I am proud of the fact that the academic institutes where I teach have begun the process of drafting a DEI policy blueprint, including DEI items in their mission and vision statements, revising human resources policy, and consulting with diversity liaisons. I am also immensely grateful to my Dean and Associate Dean of my department for their ongoing support in the way I deliver DEI content.

However, these new policies require workers on the ground to put them into practice. At the instructional level, they require sensitive and capable instructors to take on the job. I consider myself a passionate, life-long learner regarding DEI issues and feel privileged to teach them to health care students. It is an absolute honour to do so as part of my own ongoing human
becoming. I hope that through the core intention of kindness, the admission of my own struggles and mistakes, the act of story sharing, and the exploration of books, films, and other resources, my students will gain an improved sense of appreciation of the development of their personal knowing, which is first and foremost their wisdom. May this wisdom be a part of their journey of human becoming as they embark on a challenging and ultimately rewarding career in the service of others. I also hope that my colleagues will find this article helpful in learning to trust their own wisdom. We can teach DEI topics with resolute confidence when we create learning spaces that are effectively brave and compassionate.
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