Supplemental Digital Content 2: Addressing positionality in a case-based learning scenario for preterm birth

In preparation for the class on preterm birth, the educator can reflect on the questions provided in Table 1. The questions begin with a focus on the educator’s attention on considerations of their racial identity and access to power and privilege (question 1). This lays the foundation for reflecting on how that identity has affected their lived experience and interactions with other through their different roles (question 2). In the context of preterm birth, the educator could have personal experience from their pregnancies or from knowing family or friends with preterm labor or birth. The educator could also have professional nursing experience working with childbearing families affected by prematurity, as well as past experiences teaching the subject to nursing and other health professional students. In all of these interactions, the racial identity of the educator influenced their lived experience and interactions with others. Reflecting on those interactions, the educator can identify lessons learned from interactions across racial difference in the context of preterm birth (question 3). Because White privilege makes it possible for White educators to default into a color-blind assessment of their past experience, it can be helpful for White educators to consider the privileges that made their past experience with preterm birth easier. For example, a White educator with personal experience of preterm birth may have felt little judgment from nurses in the neonatal intensive care unit, whereas Black parents in the same hospital felt the need to wear nicer clothes when visiting their infant to preempt the stereotype threat of the poor Black mother. Finally, the educator can reflect on their propensity to talk about race in different contexts (question 4). White educators may have the freedom to choose when to talk about race if at all, whereas educators from racially marginalized groups may need to talk about race as they navigate the impacts of racism on a daily basis. The level of experience in talking about race has implications for the educator’s comfort in talking about race in the context of the class on preterm birth.

The educator can begin the class on preterm birth by introducing their personal and professional experience with the topic. This introduction provides several benefits to the learning environment: 1) It establishes the educator’s expertise and engagement with the topic; 2) It highlights how nursing care is relationship-based; and 3) It models the self-reflection expected from the students. Extending this introduction to include racial positionality related to preterm birth, the educator models for the students ways to talk about race productively and respectfully. This can lead directly into a discussion with the class how the students’ positionality shaped their experiences and understanding of preterm birth. As the discussion moves into the case study, the educator should remain vigilant for activation of racist stereotypes about the causes and consequences of preterm birth. For example, poverty, substance use, and lack of prenatal care may be linked by students to racially marginalized patients in a manner that blames them for social inequality and preterm birth. The educator needs to simultaneously preempt or correct these stereotypes while attending to the emotional needs of racially marginalized students who may be harmed by these discussions. The educator can redirect discussions of the causes of preterm birth towards the scientific theories and evidence that supports systemic and interpersonal racism, and not race, as the cause for health disparities in preterm birth.