Transcript
Webinar Two: Removing Admissions Barriers for Nurses with Disabilities: Addressing Technical Standards

Peter Goodwin:

Good day and welcome to the Josiah Macy Jr. Foundation's webinar series, Barriers and Belief Systems. Today's topic is removing admissions barriers for nurses with disabilities addressing technical standards. I'm Peter Goodwin, Chief Operating Officer and Treasurer at the Josiah Macy Jr. Foundation. Before we get started, a few housekeeping items. This session today is being recorded. The audio, video and transcript as well as the presenter slides will be available next week on the foundation's website, www.macyfoundation.org. We have live closed captioning for the webinar today, please select the show captioning from your Zoom screen toolbar to utilize it. You also have sign language interpretation available. You can enable it at your Zoom toolbar by clicking on the globe icon, or if you don't see that, you can click on the more button. If you are having any problems accessing these services, you can enter it into the Q&A and a staff member will help you.

The chat function on your Zoom screen is disabled and will be throughout the webinar. The Q&A function on your Zoom screen is active and will be throughout the webinar. Please use it to pose questions to the panelists that relate to the content of this webinar. You may also use it to comment and like the questions that are being posed and answered. In the event we were not able to address all of the questions you posed to us, the staff and the presenters will be reviewing them after the webinar and preparing a thematic document that addresses them. That will be available to all attendees and also on the Macy website. And finally, we encourage you to continue the conversation from today on Twitter using several hashtags, #NursesWithDisabilities, #DocsWithDisabilities, and #EquityInClinicalLearning. And now I'm pleased to introduce the President of the Josiah Macy Jr. Foundation, Dr. Holly Humphrey. Holly.

Holly J. Humphrey, MD, MACP:

Thank you Peter. Welcome everyone. I want to begin by reminding all of you that this particular webinar is actually part of a webinar series that the Josiah Macy Jr. Foundation began in 2022 when we hosted three webinars on the barriers to inclusion for medical students, trainees, and physicians. Nurses as the lifeline to our healthcare system face unique challenges in education and practice and today we want to highlight some potential solutions to the challenges around admissions to nursing school through this webinar series. The webinars are one way in which the Macy Foundation is supporting the inclusion of students and nurses with disabilities by elevating their stories. And each webinar is informed by and includes people with disabilities. The Macy Foundation believes that disability is an important part of the nursing profession's greater commitment to diversity, equity, and inclusion, and we invite you to engage with the multitude of resources available on the topic of disability inclusion and nursing, many of which are included on the resource list, which will be made available to you after this webinar series.

We are all responsible for disability access and inclusion, and we must each do our part to change the landscape and the mindset from one of exclusion and deficit to one that truly celebrates the talents of our colleagues and of our patients with disability. You see on the screen projected the three areas of priority for the Macy Foundation, promoting diversity, equity, and belonging in clinical learning environments, increasing collaboration, and preparing future health professionals to navigate ethical dilemmas. And we believe that this webinar series focusing on nursing and disability aligns very tightly with our priorities at the Macy Foundation. And now it gives me great pleasure to turn today's webinar over to our distinguished panelists, beginning with Dr. Cassandra Godzik. Cassie, take it away.

Cassandra Godzik, PhD, APRN, PMHNP-BC:

Thank you so much. It is my pleasure to moderate this webinar today. Disability inclusion is an increasingly important topic in health professions education, and we are thrilled to be partnering on this much needed series. We've outlined some learning objectives and hope that by the conclusion of our time together today that you'll be able to, one, discuss barriers for nurses with disabilities including ableist belief systems and outdated technical standards. Two, identify current guidance and best practice for technical standards in communicating disability inclusion, inclusion. And three, describe the potential for disconnect between front and back of the house in the context of schools of nursing.

We want to highlight that today's webinar is informed by two major resources, chapter six in the book Disability as Diversity by Meeks and Neal-Boylan with authors McKee, Gay, Ailey, and Meeks. The White Paper by Ailey and Marks, and the AAMC report by Meeks and Jain. While we certainly can't cover everything in this one hour webinar today, remember that you will be receiving a toolkit at the end of the series that includes multiple resources including these items. I am joined today by a stellar group of panelists, including Michelle Miller, Sarah Triano, and Andrea Dalzell and later will be joined during the question and answer session by Dr. Lisa Meeks, who's one of the developers of this series. So to get us started, I will hand over the presentation to Michelle Miller who will discuss the historical and legal background for technical standards.

Michelle Miller, JD:

Thank you, Cassie. I'm thrilled to be joining you today to discuss this important topic. I'll start this webinar by providing background on technical standards including the origin of that term and how it fits in the legal framework of non-discrimination laws regarding nursing education. I think it's appropriate to start with a legal framework, but I want to recognize that important policy considerations for nursing schools should come from academic leaders in the areas of curriculum and academic affairs, admissions, and DEI. While the law provides the framework, the inclusion of students with disabilities in your programs should come from a desire to improve the nursing profession and to create the most welcoming environment possible. There are two primary federal laws addressing non-discrimination on the basis of disability. The first law was enacted in 1973 and that's the Rehabilitation Act. Section 504 of that law prohibits discrimination against qualified handicapped persons participating in programs that receive federal funding.

Thus, you often hear this referred to simply as Section 504. Of course, use of the phrase handicapped persons in the law is beyond outdated. A later law, but the first one most people think of is the Americans with Disabilities Act of 1990. This is the law we all know of as the ADA. Basically, this statute adopted the provisions of section 504 and expanded them beyond only federally funded programs, applying them to employment, state and local government, and public accommodations. Public accommodations in this sense refers to places and programs open generally to the public like universities. As many of you know, the ADA was amended in 2008. This was a congressional response primarily to two US Supreme Court cases that narrowly defined disability under the ADA. The real purpose of the ADA Amendments Act was to make clear Congress's intent that the law be applied broadly as most remedial statutes are. These amendments greatly increase the effectiveness of the ADA as a legal tool to prevent discrimination against people with disabilities.

The term technical standards does not appear in either of these federal statutes, nor is it defined in the regulations that implement these laws. In 1978, 5 years after Section 504 became law, the term was referenced but not defined deep in an appendix to the regulations. In this appendix, the analysts defined a qualified handicap person with respect to post-secondary and vocational education services, a handicapped person who meets the academic and technical standards requisite to admission or

participation in the recipient's education program or activity. No recounting of the history of non-discrimination law in the area of disability would be complete without a mention of Southeastern Community College versus Davis. Decided in 1979, this was the first case to get to the US Supreme Court interpreting Section 504. As such, it was the seminal case on admission to health professional programs for individuals with disabilities.

Southeastern Community College refused to admit a woman with hearing disabilities into its RN program. Southeastern had no technical standards, indeed no one had technical standards at the time, but it did engage in a faculty-driven process and concluded that it would have to fundamentally alter its educational program to accommodate this student. The US Supreme Court agreed in a unanimous decision. However, in their ruling, the court noted that technological advances may one day result in a situation making an insistence on past requirements and practices, an arbitrary deprivation of the opportunity for genuinely qualified persons with disabilities to participate in programs like the one which refuse Ms. Davis admittance. Arguably, that day referred to by the court has arrived as most legal and disability scholars believe that this case would be decided differently today.

Indeed, several cases, Argenyi v. Creighton, Featherstone v. PNWU, and Searls v. Johns Hopkins Hospital have repeatedly shown that the courts view deaf and hard of hearing individuals as viable candidates for health professions training and employment and sign language interpreters as a reasonable accommodation. Indeed, within the language of the code of Federal Regulations 28 CFR 36.301 implementing the ADA with respect to public accommodations, the regulation provides the following guidance. This is located under eligibility criteria and states that in general a public accommodation shall not impose or apply eligibility criteria that screen out or tend to screen out an individual with a disability or any class of individuals with disabilities from fully and equally enjoying any goods, services, facilities, privileges, advantages, or accommodations unless such criteria can be shown to be necessary for the provision of the goods, services, facilities, privileges, advantages, or accommodations being offered.

While this language does not specifically refer to technical standards, it is fair to interpret technical standards as eligibility criteria for nursing schools. In doing so, there's a regulatory mandate to not apply eligibility criteria that would tend to screen out an individual or class of individuals. Sarah will provide an example of this in a moment. This underscores the necessity that technical standards be tethered to required competency and evaluation standards or an accreditation requirement. If not, your technical standards could be viewed as unnecessarily screening out an individual or class of individuals, thus creating legal liability. If your technical standards do not consider whether students could meet technical standards with the use of assistive technology, this is almost certainly the case.

After the Southeastern Community College versus Davis decision, health professions programs recognized the value in developing technical standards. The AAMC, the equivalent in medicine to the AACN was the first to develop a special advisory panel which issued a report describing recommended technical standards for medical schools to consider. The report identified technical standards in five functional areas, observation, communication, motor, conceptual, integrative, and quantitative and behavioral and social. Today, MD-granting medical schools are required by the LCME to maintain technical standards while DO-granting medical schools are required by COCA to maintain and publish technical standards. Two accreditation bodies oversee undergraduate and graduate nursing education, the ACEN and the CCNE, neither have requirements for technical standards in their published standards. To date, the majority of nursing schools have copied technical standards from medicine or published essential functions, but essential functions which are often conflated with technical standards are related to employment law and do not apply to education. Sarah will discuss the differences later in this presentation.

So what's next and why are we discussing this today? To be sure, there are some recent and important court decisions to consider when discussing technical standards in nursing. From a legal risk management standpoint, it's time to revisit your technical standards to ensure they're aligned with your curriculum and are not unnecessarily exclusionary. But from the perspective of inclusion and diversity, we have a larger responsibility to disrupt a cycle of ableism in nursing, ground admissions decisions in fact, not fear, and to educate ourselves about what's possible. While the law serves as a support, revising technical standards should come from a compelling drive to improve nursing and to diversify the workforce. And with that, I'll turn this over to my colleague Sarah Triano.

Sarah Triano, MEd, MS, NCC, LPC:

Thanks, Michelle. So I'll address learning objectives one and two. As Michelle stated, it is likely time to update your technical standards. Indeed, nursing has long struggled to realize disability inclusion driven in part by ableist mindsets about the limitations of disability and the beliefs that nurses must be able to perform duties that go above and beyond general nursing functions. Moreover, nursing is a highly differentiated field and the continued idea that we must graduate undifferentiated nurses is archaic. Andrea will speak to this later. So what are the elements that are essential to increase the inclusion and nature of your technical standards? At minimum, technical standards should contain these fundamental elements, a statement that encourages matriculants to disclose disability and request accommodation, a statement that communicates a confidential process, and a statement that directs students to the office for disability resources.

Programs should ensure that through their technical standards, applicants and matriculated students understand the process for requesting accommodations. It should be clear to the current and prospective students that the program encourages disclosure of disability, requests for accommodations, and maintains a commitment to students with disabilities. By proactively communicating a commitment to prospective students and current students with disabilities, programs can reduce stigma and increase opportunities to ensure student access. Words matter, and we know from the research that lack of communication can and does lead to non-disclosure. Students with disabilities are looking to see if the language in your communication signals a safe and welcoming environment. Best practice is to include introductory language for technical standards that encourages disclosure of disability and communicates this confidentially.

Here's an example from Rush University's School of Nursing. It reads, Rush University is committed to diversity and to attracting and educating students who will make the population of healthcare professionals representative of the national population. Our core values, ICARE, innovation, collaboration, accountability, respect, and excellence translate into our work with all students, including those with disabilities. Rush actively collaborates with students to develop innovative ways to ensure accessibility and creates a respectful, accountable culture through our confidential and specialized disability support. Rush is committed to excellence in accessibility. We encourage students with disabilities to disclose and seek accommodations. This statement makes it clear that disability is viewed as a part of diversity and that the program will actively collaborate with students. Applicants are reassured that their disability related information will be confidential and respected, that specialized support for accommodations is available and that students with disabilities are encouraged to seek accommodations.

Making sure that the technical standards are available on your website in your handbook and easy to locate will ensure that the information gets in the hands of those who need it most. Modern technologies allow individuals with disabilities to meet the same competencies as their peers in an

equitable and meaningful way. By focusing on the final competency, not the method a student uses, programs will measure the what and not the how. Organic technical standards emphasize how a student goes about completing a task over the skill-based competency. This is the idea that students demonstrate certain physical, cognitive, behavioral, and sensory abilities without assistance. Examples of organic standards include stating that a student must be able to hear, see, speak clearly, and be able to stand for long periods of time and move in tight spaces. In contrast to organic technical standards, best practice recommendation is to use functional technical standards that allow for students to utilize their abilities with or without the use of accommodations or assistive technologies.

Functional technical standards allow students with disabilities to use assistive technologies. For example, amplified stethoscopes, specialized motorized wheelchairs or magnifying devices, and use accommodations to meet technical standards of nursing education. Let's look in an example of organic and functional technical standards in nursing. The first example is organic in nature and states that the student must possess the capacity to perform the physical manipulations and diagnostic procedures that are part of a complete nursing practice and diverse clinical experience. Examples include moves among patient rooms and treatment areas, moves physical patients, performs CPR, calibrates and uses equipment. Dons personal protective equipment, PPE. Possesses four functional limbs, normal or artificial that allow the student to perform sufficiently to move from room to room and maneuver in small spaces and possesses gross and fine motor abilities sufficient to provide safe and effective nursing care. Possesses the ability to exert 20 to 50 pounds of force, occasionally, 10 to 25 pounds of force, frequently, and negligible to 10 pounds of force constantly to move objects. Examples include positions and moves patients and equipment. Andrea will talk to you about this more in a moment.

The communication domain of technical standards offers the most salient examples of organic standards. While the ability to communicate is certainly necessary to provide healthcare, a nurse who is deaf or hard of hearing may communicate differently. While different, a deaf individual has the ability to communicate in an equivalent manner to their peers with the provision of reasonable accommodations which might include a sign language interpreter or assistive devices. This slide shows an example of organic technical standards in the communication domain. It states a candidate should be able to speak, to hear and to observe patients in order to elicit information, describe changes in mood, activity, and posture and perceive nonverbal communications. A candidate must be able to communicate effectively and sensitively with patients. Communication includes not only speech but reading and writing. The candidate must be able to communicate effectively and efficiently in oral and written format with all members of the healthcare team.

Based on this example, stating that a candidate for admission must be able to hear would be discriminatory unless the program can show a competency that requires hearing and where no reasonable accommodation can remove this barrier. This example would impose or apply eligibility criteria that screen out or tend to screen out an individual with a disability which is not in keeping with the law. In contrast, this example allows qualified individuals who are deaf or hard of hearing an opportunity to meet the technical standards through reasonable accommodations and are functional in nature. It reads, student should be able to communicate with patients in order to elicit information, detect changes in mood activity, and to establish a therapeutic relationship. Students should be able to communicate effectively and sensitively with patients and all members of the healthcare team, both in person and in writing.

Oftentimes, programs will present non-discrimination language and attempt to be inclusive but subtle messaging sends a covert counter messaging that serves as a red flag to applicants and a clear message, do not apply. This messaging is often perceived as an attempt to elicit fear and doubt in the minds of

any candidate with a chronic health or mental health disability, which subtly communicates an institutional belief that a person with a disability may pose a threat to patient safety or obtaining accommodations will be an arduous process. This example states the school of nursing has an ethical responsibility for the safety of patients with whom students and graduates may come into contact. Although students learn and work under the supervision of the faculty, students interact directly with patients throughout the BSN program. Patient safety and wellbeing are therefore major factors in establishing requirements involving the competencies required of BSN students for admission, progression and graduation.

Finally, a quick note about technical standards and essential functions. Essential functions are job related duties, not technical standards. These items become conflated in nursing programs. Programs should be sure not to conflate the two. Technical standards are based on educational outcomes and procedural and academic competencies for the program, not potential job requirements. While I'm briefly reviewing the best practices during our limited time together, our final packet to you will include extensive resources on developing technical standards for nursing programs. Please look for those items at the conclusion of this series. Now it is my pleasure to hand this over to my colleague, Andrea.

Andrea Dalzell, RN, MA:

In order to foster a more inclusive nursing profession, it is crucial to challenge the ableist assumptions and promote broader understanding of nursing roles and advocate for recognition and utilization of diverse talents within the profession. This can be achieved through reviewing and revising technical standards to ensure that they are inclusive, reflective of the involving healthcare landscape and aligned with principles of diversity, equity, and inclusion. The nursing profession is extraordinarily diverse, opportunities for graduating nurses, from traditional bedside work to policy, healthcare, insurance, education, et cetera. And many of these roles, essential job functions, would not reflect the stringent, often ableist technical standards of a nursing program. Promoting interdisciplinary collaboration, expanding educational opportunities, and recognizing the value of non-traditional nursing roles can help attract and retain a wider range of talent in the nursing profession. By doing so, the profession can better address the complex healthcare challenges of the 21st century and provide optimal care to diverse patient populations. We can also address the nursing shortage.

There's something problematic happening in a lot of spaces on issues of diversity, disability, and other marginalized groups are witnessing challenges to language, changes to technical standards, and from the outside all looks well, kind of like buying a fixer upper tutor home and renovating the front so it looks absolutely stunning. What you can see right in front of you, everything in proper order from the outside. People are excited to attend an open house and are really interested in buying the house. This is a metaphor for your program in attending your school. However, when you only challenge the language... I'll wait for the slide change. However, when you only change the language and do not take care of each part of the house, in this case your institution, you have what Dr. Meeks refers to as a front of the house, back of the house issue. Students enter what they believe is a disability-friendly environment and realize the commitment is only surface deep. This connection can result in cognitive and emotional distance for students with disabilities.

A student may think that they're telling me that the institution welcomes students with disabilities and they want to see me here, but in the classroom or clinic are inaccessible and my faculty seems confused and upset by my presence and their requirement to provide accommodations. We offer a few final recommendations for you. First, conduct. Conduct a self-evaluation using the chapter on technical standards on disability and diversity. The copy that you'll receive as a part of your toolkit at the end of

this series. Second one, avoid. Avoid the front-back of the house issue by training your academic leaders that all tiers so that they can set the expectations for their divisions. Know and publish the process for disclosing disability and requesting accommodations, making it easy for learners to find. And the last one, embrace what you don't know and ask disability experts, often students, but also your disability resource personnel. I'm going to send this back over to Cassie.

Cassandra Godzik, PhD, APRN, PMHNP-BC:

Thank you so much to our panelists. This is really helpful information, giving us some content to which to consider technical standards, reviewing best practices, including examples, and challenging us to think broader about what it means to be a nurse. At this time, all panelists will return to the talk and will also be joined by Dr. Lisa Meeks. We're so excited to take your questions. So I'll start off with Sarah, question came from the audience specifically about... what about the need to hear emergency alarms? What does that look like?

Sarah Triano, MEd, MS, NCC, LPC:

Yeah, that's a great question and I think something that often comes up for people, we see the barriers, but it's hard to imagine sometimes how a student or a nurse might address those. So if you've noticed anytime an alarm goes off, there is that loud alarming signal, but it's often or always accompanied by additional signals such as a flashing light, which would be something that a deaf nurse would be quickly tuned into and be able to follow protocols as any other nurse would. I think often when we rely on one sense, we forget that other things are calling to our senses as well, and we're building environments that meet multiple needs. So usually there is alternatives for nurses in that kind of situation.

Lisa Meeks, PhD, MA:

Cassie, I would just add that if the nurse has assigned language interpreters, so if they're completely deaf that that interpreter is trained in part to tap them, alert them, that's part of the responsibility.

Cassandra Godzik, PhD, APRN, PMHNP-BC:

Excellent. Thanks Sarah and Lisa. Another question I think this could be for Michelle. Michelle, is it the responsibility of the university to provide all the necessary equipment for accommodating a student?

Michelle Miller, JD:

So the short answer is yes. If it is, the requested accommodations are reasonable. And you see right there why I always say that law is kind of the bottom of the standards. It shouldn't be considered at the top because words like reasonable can mean pretty much anything and schools have to determine what a reasonable accommodation is. And really before these kinds of things ever get into courts, it's extremely important for schools to really decide what kind of school they want to have and what kind of atmosphere they want for students with disabilities. Do they want to be truly welcoming? And if so, then they have to really talk about what sort of budgeting they need to do for reasonable accommodations for students, and they have to be open to possibilities.

Cassandra Godzik, PhD, APRN, PMHNP-BC:

Thank you, Michelle. A few more questions. Some of these questions I'm going to kind of clump together so we can get through many of them today. So Sarah, I think this would be for you, a couple

questions. What about situations where a student has a condition that occurs during the program? For example, like a broken arm or also thinking about pregnant nursing students and accommodations. Are we expecting any regulations around this?

Sarah Triano, MEd, MS, NCC, LPC:

Sure. Yeah. So in terms of the broken arm example, that actually is a great one because it demonstrates how disability works in that some of us experience disability chronically or through our lives, but certainly some of us will also just have acute or temporary disabilities that come up and resolve over time. And so we would accommodate a student or a nurse with a broken arm in the same way we would accommodate any student with a disability. Assessing what are the barriers, ensuring that the student has equitable access and knowing that there's a time limit probably to when they would need those things, but they would be able to probably stay on course and meet all the educational objectives, particularly being mindful that some of those outdated essential functions of lifting and carrying and moving really are often or almost always not necessary in terms of educational objectives or competencies.

And then in terms of the pregnancy, there is that similar piece in terms of it being short by nature. Pregnancy does have a timeline, but there are regulations. And so when it comes to disability, pregnancy in and of itself is not a disability, but there are instances where a pregnancy may become disabling with accompanying diagnoses. However, Title IX does a really good job of protecting students that are pregnant and pregnant learners. And so regulations are there to protect those students. And again, they should be able to stay on track so long as their condition does not become disabling in a way that requires something like a leave of absence. I don't know if anyone else wants to add anything to those answers.

Cassandra Godzik, PhD, APRN, PMHNP-BC:

Great. Thanks Sarah. Lisa, we have a question for you.

Lisa Meeks, PhD, MA:

Wow so many questions I can't even get through, there's so many questions, which is great. We're excited to answer them. There's a lot, yeah.

Cassandra Godzik, PhD, APRN, PMHNP-BC:

There's a lot. We'll try to get through as many as we can.

Lisa Meeks, PhD, MA:

Sure.

Cassandra Godzik, PhD, APRN, PMHNP-BC:

So question for you. How would a school of nursing begin the process of updating the technical standards?

Lisa Meeks, PhD, MA:

Great question. I think sometimes things can seem so overwhelming that you don't even know where to begin. The great news is that in that toolkit, one of the things that will be in that toolkit is literally a step-

by-step process that outlines every single part of the process, how to get started, who should be at that table, having those discussions. And then it breaks the process up into five distinct meetings and what you identify at each meeting, kind of the homework and the expectations for completing a task during those individual meetings. And then I think one of... well, I think this is a great chapter anyway, but one of the great things about this particular resource is that it points you to not only what you need to do to change them, but then the process for implementing them.

Things that you might not have thought of, okay, we're going to send them into the handbook for students, but did we take other handbooks off of the website? Do we make sure that we don't have duplicative versions of the technical standards so that no one's confused? What does this look like? How easy is it to find? So you're not only doing the adjustment of the technical standards, the review and revision, but you're also thinking about what Sarah was talking about, which is how do we make sure that the people who need this information have the information and it's readily available. So that'll be coming in that toolkit.

Cassandra Godzik, PhD, APRN, PMHNP-BC:

Great, thanks Lisa. And I think this kind of also is a question for you, how is this group, this organization working together with the group Nurses with Disabilities?

Lisa Meeks, PhD, MA:

Oh, well I don't know that group, so I would love to connect with them. I know we started the hashtag Nurses with Disabilities back in 2018, and I do know of a couple of really great groups, Exceptional Nursing and National Organization of Nurses with Disabilities, but I haven't heard of the Nurses with Disabilities groups, so I would love to talk to them. As I mentioned in the first webinar, we have an advisory committee that's coming together in August, and so the more the merrier if anyone wanted to connect us.

Cassandra Godzik, PhD, APRN, PMHNP-BC:

Thank you. Now, Sarah I think this could be another one for you, but anybody else feel free to jump in. How would technical standards consider vision disabilities? And it jumped on me. Are there any resources that share examples of how to address a blind student who is interested in nursing programs?

Sarah Triano, MEd, MS, NCC, LPC:

So I think maybe a less satisfying but true answer is in the same way that it would address any students with disabilities. And so I saw another question there asking define barriers or what are barriers? And basically we're thinking about how the law defines disability, which is there's a functional impact or functional barrier that significantly impacts a major life activity and that's really what the foundation of disability is. And so for a student with either low vision or who is completely blind, what we're going to say is what we need to look at is where is that student facing those barriers because of the environment and how can we address those?

There are great resources out there. I know on the maybe third or fourth slide, there were a few disabilities diversity and the guide, both Lisa Meeks, Neera Jain and Elisa Laird have written those and they're wonderful resources. And there's quite a plethora online that you can find in terms of these specific examples. And I think colleagues get creative. There are so many of us doing this work. And so I

think hearing from other colleagues and other institutions how they're accommodating students who are blind, but also with all sorts of disabilities, it can be really helpful to learn from one another.

Andrea Dalzell, RN, MA:

I'm going to jump in real quick with that one. I know that we addressed students that have visual impairment, but I want to just preface and say the nursing profession, like I said before, is way broader than just bedside hearing alarms and barriers. And what the educational side seems to forget is that we are trying to get students to the NCLEX and it's just the educational aspect of getting students through that process to pass their boards. That's what we're focused on. You're not focused on the standards of the job duty because we don't know what field of nursing they're going to go into. And this push to just get them onto the bedside, think about alarms or thinking about pulling and pushing patients, coming back to those technical standards isn't exactly welcoming to students. And when you first address any educational pivot... when you're coming into your program, that question form that says, can you walk? Can you see? Can you move? Can you lift? That right there is your first barrier.

That right there is when every nursing student decides if it's something that they can keep going or if they're going to have to fight with their own physicians before they even get into your program's door. So that's not even just on a visual level, that's on any disability level. And that's where that standard kind of shifts on how students are portrayed in that educational journey in nursing profession. And that's coming from the seated nurse who used a wheelchair the entire time before even getting into the nursing profession and then facing those barriers head on.

And another thing that I've realized is that I love that you guys are asking all questions on what you can do, but also we're a collaborative effort. That means you need to be going to other professions as well. OT, PT, they all exist, they all inter-collaborate, and they all collaborate with us when we're in these institutions. So they may also already have a lot of those accommodations or those technical pieces that can be shifted where nurses can now just learn and figure out how to implement that into their programs. So it is a collaborative effort. There is information already out there and it does kind of focus on where we are as an educational system with the nursing profession, what we're tapping into for our students.

Cassandra Godzik, PhD, APRN, PMHNP-BC:

Thanks, Andrea. Another question for you, Andrea. In the clinical setting, how do you garner support and confidence of patients who might have bias towards providers with disabilities?

Andrea Dalzell, RN, MA:

I'll be completely honest, I've never actually encountered a patient having an issue with my disability and I'm rolling into their room. My disability is on full display for one part of it. And I've always had patients that will question if I could or couldn't do it, but I'd laugh back and say, well, you're the one in the bed and I'm the one taking care of you. And the other part of that is just like any intersectional person that's taking care of patients, you're addressing it right there and then. And as long as the patient isn't rude or anything that's going to be toxic to the work environment, you go back and you talk with your own clinical team. I don't think that patients hold that against their providers actually, I think they embody it and embrace it because of the fact that they know that their clinician has gone through something and can possibly understand at a different level.

Cassandra Godzik, PhD, APRN, PMHNP-BC:

Excellent. Thank you. I'm going to combine a few questions together and this one, Michelle, I think you can jump in and others feel free. So how do we communicate the need to accommodate to our clinical partners? And specifically what if the healthcare institution is resistant to accommodating that student with a disability and how do we have these conversations with partners?

Michelle Miller, JD:

I'm not positive that I'm the best person to answer this because I'm always thinking of the legal requirements. Of course, the law is, the law is there and the institution must follow the law. But there are so many steps you can take before you bring a lawsuit. And I think probably on the panel we have people who actually work in schools of nursing and we'll have a better idea of some of what those first steps would be before you come into my territory and end up in court.

Lisa Meeks, PhD, MA:

I'll take a step at it because we definitely want to keep you out of court, not only because it's just a waste of time and money, but because that's just not what we're trying to accomplish here, we're trying to accomplish inclusion. And I find in the hundreds and hundreds of interviews I've done that when people work together with a good faith effort, there is very little that can't be accomplished. There really is very little reason to go to court. So when you're talking about working with clinical sites, the important thing to remember is a couple of things, and I think this encompasses several things. I'm trying to answer questions as they're coming in. But first, know that that clinical site is an extension of your program. So everything that happens at that site, the accessibility of that site is your responsibility because you are placing the student there.

Now, that brings to mind a few other things. One, any accommodation that's needed at that site is going to be your responsibility. Two, if you are saying, and I hear this so often, the clinical site refuses to accommodate a learner. They refuse to allow this learner in. I want you to go back and look at your kind of affiliation agreement with these individuals. Do you have language, and this is something I encourage you to work with your legal counsel on. Do you have language in your affiliation agreements that says that the site has to provide accommodations for this individual? That would be a really good thing to go back and make sure that you include. But I'm going to be really honest here. I find that the biggest issue in kind of site management is actually the way that we approach the site. So it's not necessarily the site, but we go in and we're nervous and where are we going to put the student? What's going to happen?

And we kind of go in and say, we have a student that has a disability and we're so anxious in the presentation of this learner. We're so concerned about the fact that they may not be amenable to doing this accommodation. And we're constantly apologizing. I'm so sorry. Could you, would you, kind you and instead, I find that... first of all, who wouldn't want Andrea in their environment? Can't you go in and say, look, we have an opportunity here. We are so excited, do the exact opposite. We are so excited about this learner. They're a phenomenal student. They're going to do really well. We have the opportunity to kind of live our DEI commitment. You have an opportunity to live your DEI commitment and there are so many resources available to both of us. Let's talk about how we can make this work.

And so people are mentioning in the chat, the National Organization of Nurses with Disabilities, the Exceptional Nurse. I want to add one, the Job Accommodation Network, JAN, which is phenomenal. Also, the Docs with Disabilities podcast where we've interviewed Andrea, we interview nurses, OTs, PTs, and as Andrea pointed out, several of these things overlap. So what you might learn from one interview with someone that's a wheelchair user or has a mobility disability, you might be able to extract to others, but I really think it's in the presentation of how you do this.

Think back to if you're a parent, think back to when you had to present broccoli to your child. Did you go, oh, this is broccoli and it's going to taste terrible and it's really good for you and you're not going to like it, but you should really, really eat it. No, right? You sprinkle a little Parmesan cheese on it. You're like, this is the best thing ever. You're going to love this broccoli. So just thinking about how we package this. So often I think that the faculty members or the administrators do the most damage in the way that we communicate and we communicate with this deficit model instead of a strengths-based model, so just an idea.

Cassandra Godzik, PhD, APRN, PMHNP-BC:

Thanks, Lisa. Another question, this is just a follow-up for Sarah regarding the pregnancy topic. What can this look like in terms of accommodating a program when a student may need to miss a large portion of classes? Is there an obligation to find another way such as doing it as an independent study to keep the student on track? How is this process similar, different from accommodations with people with disabilities? What does that look like?

Sarah Triano, MEd, MS, NCC, LPC:

So I think in terms of the overlap where Title IX meets ADA, the Title IX requires schools to have, I think they call it adjustments rather than accommodations, but meet the needs of the students so that their pregnancy does not impact as much as possible their learning. And so I think a lot of it's going to be institution specific. And so of course it's wonderful and inclusive if an institution can explore alternatives such as remote attendance to classes, asynchronous completion of educational requirements, but it needs to be a case by case basis because some schools will have objectives that require teamwork or a small group work, and we have to just make sure each of those are being met.

And so it's a little bit hard to answer globally, but I think best practice is to look for efforts that will accommodate the student. And of course, if a leave of absence is necessary, I think there are ways to work with students so that they don't feel discriminated against because of that. So I think a lot of it is working with the student and kind of collaboratively finding what their needs are, what can the school accommodate, and looking at what does the institution allow, what room is there?

Cassandra Godzik, PhD, APRN, PMHNP-BC:

And Sarah going along with that question, what happens if one of the students is not performing well? What would that look like?

Sarah Triano, MEd, MS, NCC, LPC:

Yeah, I saw that question too. And I like it because I think it's a really important thing to remember that accommodations and our job here is to make the environment equitable for students with disabilities, but by doing so, we're never lowering the standards of a program. And so if a school has in good intent and thoroughly explored and provided the appropriate accommodations to a student with a disability and they still are not able to be successful, then the school has done its obligation. And the goal of accommodations is not to ensure success, but to ensure equity. And so I think it can be a really challenging and difficult situation. And of course, we all want our learners to be successful, but I think if due diligence is done, support has been provided, and a student is still unable to meet the requirements of the program, then I think school can follow their process.

Lisa Meeks, PhD, MA:

And Sarah, you bring up a really important point, and I want to first point out that I wasn't planning on putting this in the toolkit, but there's a really good paper by Patwari et al. P-A-T-W-A-R-I, about teasing out disability related items that could be accommodated from kind of a basic fundamental deficit and understanding the core information and being able to perform the competencies. And it takes you through a process that I believe was a total of $300 and resulted in the learner leaving. It was a learner with low vision and they left the program, but the learner felt well-supported, and it kept everyone from going into this kind of litigation mode to do that little extra to make sure that you were meeting all of the accommodations that are possible for that particular student.

And then I do want to say that this is where record keeping is really important to make sure that you are accounting for every assessment and that the assessment is not only accurate, but that there's no bias kind of seeping into that assessment that has to do with the person having a disability and that you have documented every step. I think Michelle, you would agree with that? Just making sure that everything is well documented if a learner is going to not meet the academic or technical standards or not be able to do some of the procedural items.

Michelle Miller, JD:

Yes. Not that one ever, as you said, Lisa wants to get into court. It's not the favorite destination, but absolutely, things need to be very well documented because of course, during the discovery process, everything that you write about the student and the process that you went through with the student is going to be discoverable. And that means that you want to be very, very careful and very thorough.

Lisa Meeks, PhD, MA:

I also want to point out and just this is just my free non-attorney legal advice for the day. Your emails are also discoverable. I've been an expert on several cases, and I will say I'm shocked at some of the things that people will put in email about students. And so I would just encourage everyone to take a deep breath before you respond to things. Don't respond quickly. There are several emails I've read where I think, boy, your bias is really showing, and these are not things that the attorneys are going to come and ask you for. These are things that are going to go to IT, and they're going to pull a list of every time a student's name or student number has been utilized. So it's not like you have any control over this.

And trust me, I know what it feels like to be stressed, and I know what it feels like to have to answer something quickly. I certainly wouldn't want all of my emails pulled in discovery, that horrifies me, but really, really think about what you're putting in writing because it can be very damaging and it doesn't have the ability to have the kind of intent. We lose some of that when we don't have emotion or tone of voice. And so you may have great intent and just poor delivery in an email.

Cassandra Godzik, PhD, APRN, PMHNP-BC:

Thank you, ladies. I can't believe it's already a couple of minutes to the end of our session, so we have time for one more question. I think it can be pretty quick. This is for Michelle, and then I'll be turning this over to Dr. Humphrey. Michelle, question, as schools implement changes to accommodate students with disabilities, is there any concerns related to the language or coverage of malpractice insurance that the school covers for students in clinical placements?

Michelle Miller, JD:

There really should not be because if you're following the Americans with Disabilities Act requirements, there should not be any concern about increased malpractice. These students are qualified. That's the whole basis of the statute. So whether they need assistive technology to help them meet their competencies, they're still qualified. So no, they're not going to be any sort of extra liability in your malpractice insurance.

Cassandra Godzik:

Thank you so much. And now I'll turn it over to Dr. Holly Humphrey.

Holly J. Humphrey, MD, MACP:

Thank you very much. This was an amazingly informative hour. I personally learned a lot listening to you, and I want to make sure that all of our audience is aware that this is not the end of the conversation. In fact, we have a third webinar scheduled on Thursday, September 28th at 12 noon Eastern time where we're going to continue the conversation around addressing disability accommodations and inclusion through the lens of diversity, equity, and inclusion. So I'm really pleased to know that there's more to come and we can continue the conversation. But for today, I hope that all of you agree and will join me in thanking just an incredible group of panelists who we had the real privilege of hearing from and learning from today. And I'd like to extend a special thank you to our moderator, Dr. Cassandra Godzik, and to the senior author of this whole series, Dr. Lisa Meeks. And now I'd like to turn this back over to Peter Goodwin. Peter.

Peter Goodwin:

Thank you, Holly. This concludes today's webinar. The webinar and slides will be available on our website in the next week where you can find prior webinars on disabilities as well. Our website is www.macyfoundation.org, where you may also sign up for periodic email alerts from us. At the end of the series and email with a toolkit of resources and instructions about how to receive continuing education units will be sent to each participant. And please feel free to contact us and follow up at info@macyfoundation.org. As I mentioned earlier, there are a number of questions we were not able to get to, and our panelists will be reviewing the entire Q&A and we will be preparing a follow-up document which will address these questions in thematic form. In the meantime, we encourage all of you to continue the conversation online using the hashtags, Equity and Clinical Learning, Nurses with Disabilities and Docs with Disabilities. And once again, thank you to all of our panelists and thank you to all of the attendees for joining us today. Have a wonderful day.