Barriers and Belief Systems:
Addressing Disability Accommodations and Inclusion through a DEI Lens

JOHNS HOPKINS UNIVERSITY
Disability Health Research Center

DOCS WITH DISABILITIES INITIATIVE

American Association of Colleges of Nursing
The Voice of Academic Nursing

JOSIAH MACY JR FOUNDATION

Moderators:

Holly J. Humphrey, MD, MACP

President
Josiah Macy Jr. Foundation

Brigit Carter, PhD, RN, CCRN, FAAN

Chief Diversity, Equity, and Inclusion Officer, AACN

Macy Priority Areas:

- Promoting Diversity, Equity, and Belonging

- Increasing Collaboration Among Future Health Professionals

- Preparing Future Health Professionals to Navigate Ethical Dilemmas

Panelists:

(From L to R) **Emily Magee, MEd**, **Amber Kimball Hsu, PhD, RN**
Liz Madigan, PhD, RN, FAAN, **Lisa Meeks, PhD, MA**

Inclusion Matters

- **Recognize**
- **Welcome**
- **Support**
- **Value**

…..talents of all individuals

Learning Objectives:

- Describe the alignment of DEI principles with disability inclusion.

- Describe the process for determining reasonable accommodation in nursing education and training.

- Recite examples of reasonable accommodations in nursing education and training. (including the training/clinical settings)

- Recognize the role of faculty and team members, like disability resource persons, in the accommodation process.

Sources of Information
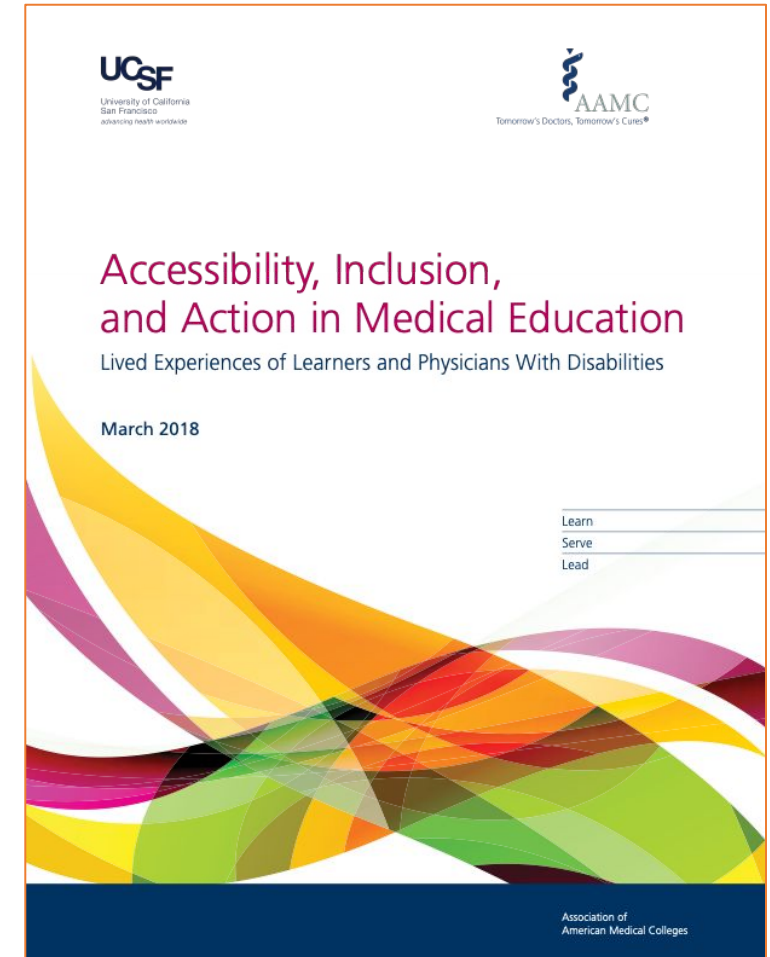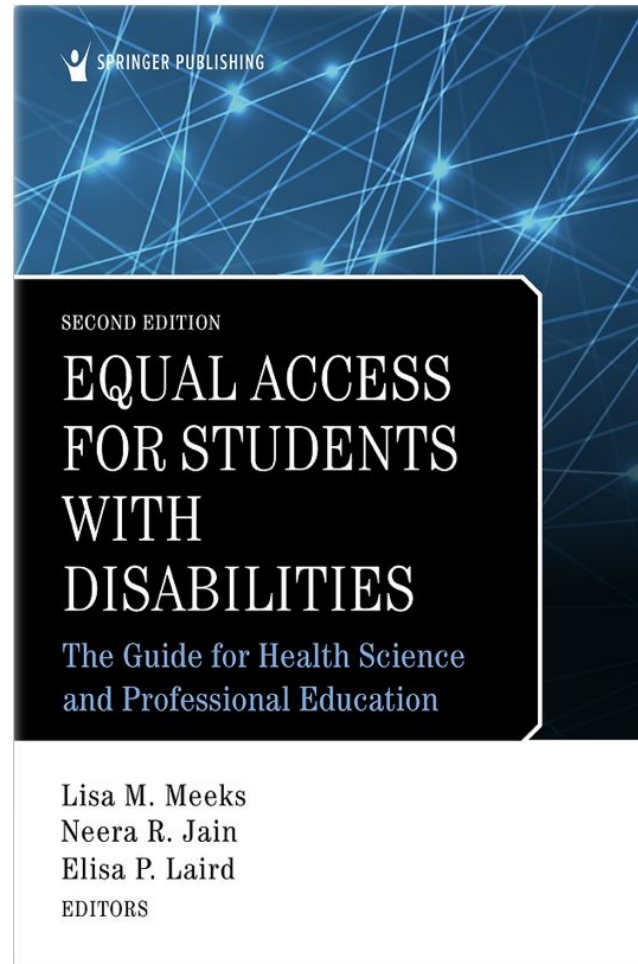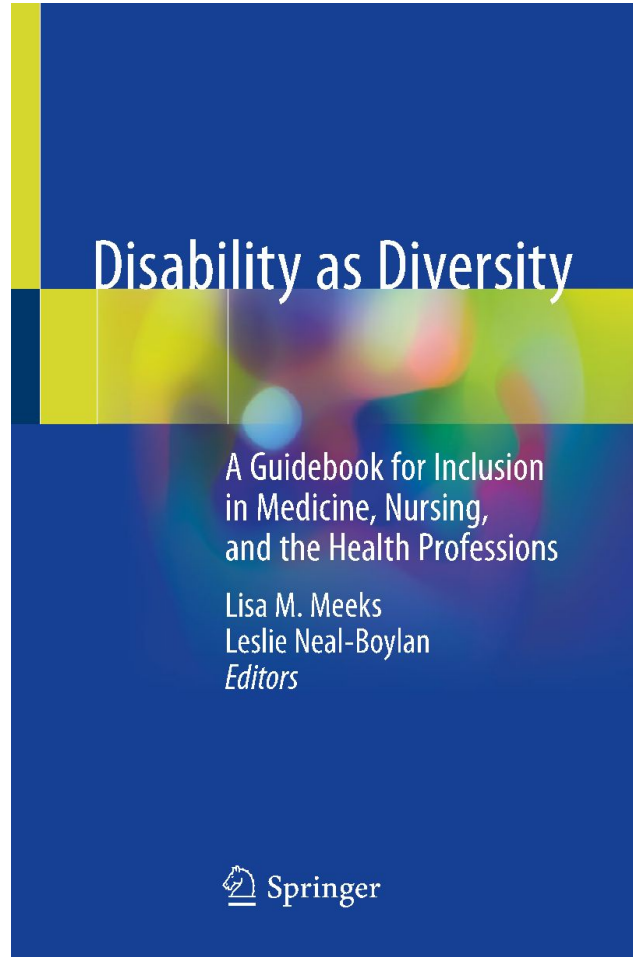
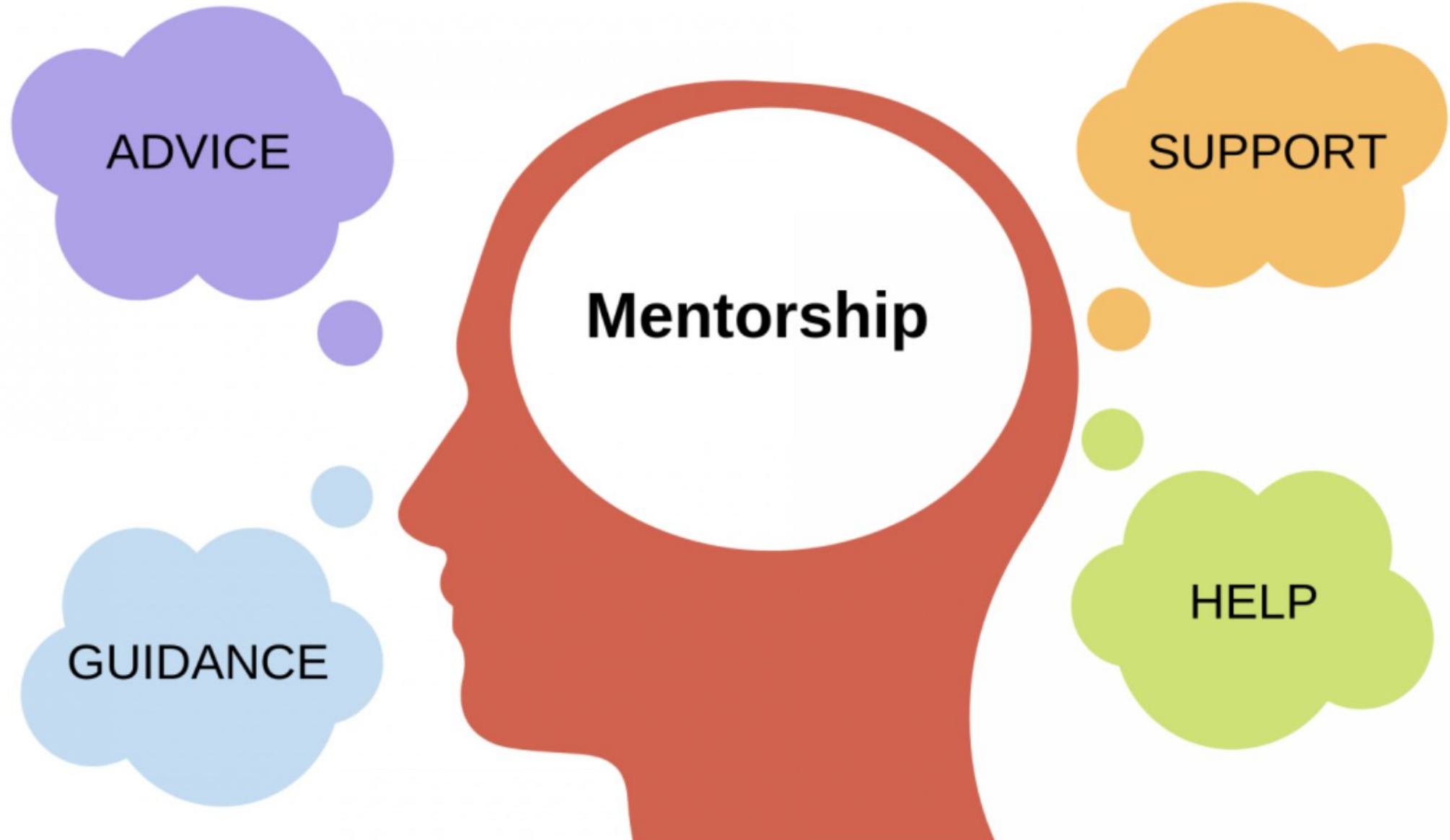Sources: Meeks and Neal Boylan 2020; Meeks, Jain and Laird, 2020; Meeks and Jain, 2018

Disability in the US: The need to diversify
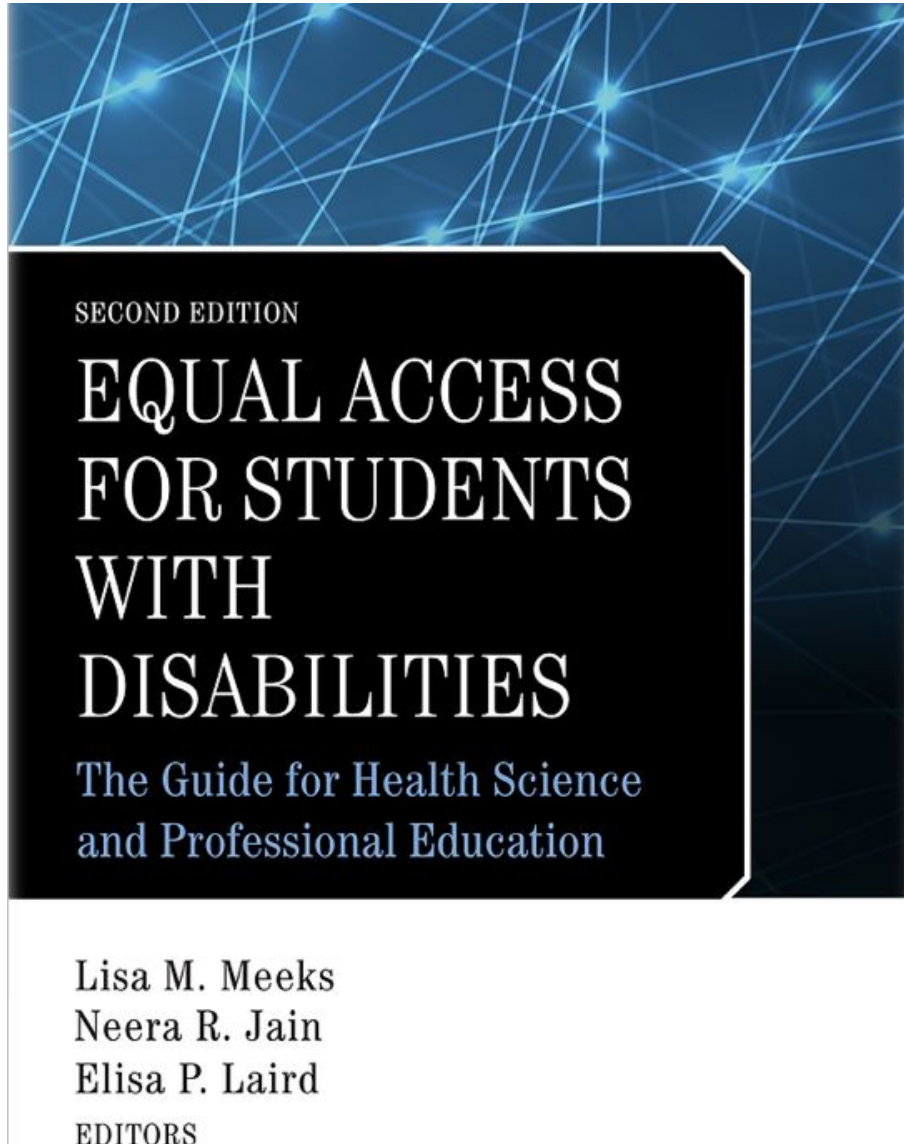
*Varadaraj et al., 2019, JAMA OPEN

Being a Nurse with a Disability

Reasonable Accommodation

"Anything that is possible that does not constitute a financial hardship for the institution, or fundamentally alter the nature of a program."

Steps in the Interactive Process

1. The program should determine its essential functions.

2. The program and the individual with the disability should work together to identify the programmatic barriers and their impact on the ability to perform an essential function.

3. The program, working with the individual with a disability, should identify a range of possible accommodations that have the potential to remove the barriers and allow the individual to perform the essential functions.

4. The program should assess the effectiveness of each accommodation and the preference of the individual to be accommodated.

5. The program should evaluate whether or not provision of accommodation(s) would impose an undue administrative or financial hardship on the program.

6. Once implemented, the program should review the effectiveness of the accommodation in removing the barrier. If ineffective, the program should enter back into the interactive process to review potential alternative accommodations.

1.

The program
should determine
its essential functions.

2.

The program and the individual with the disability should work together to identify the programmatic barriers and their impact on the ability to perform an essential function.

Th
wit
disability
of

3.

The program, working with the individual with a disability, should identify a range of possible accommodations that have the potential to remove the barriers and allow the individual to perform the essential functions.

4.

The program should assess the effectiveness of each accommodation and the preference of the individual to be accommodated.

5.

The program should
evaluate whether or not provision
of accommodation(s) would impose
an undue administrative or financial
hardship on the program.

6.

Once implemented, the program should review the effectiveness of the accommodation in removing the barrier. If ineffective, the program should enter back into the interactive process to review potential alternative accommodations.

Nurse Educators

- Do not review confidential disability documentation.
- The DRP is the confidential expert assigned to begin the process.
  - Work with them as part of the interactive process.
- Never directly ask about disability identity.
- If you find yourself using your clinical skills, stop!
- Do not *'Forward Feed'* information about disability.
- Normalize disability in your response to disclosure.
- Bring your commitment to equity needs to occur with our students and colleagues who also have a disability.
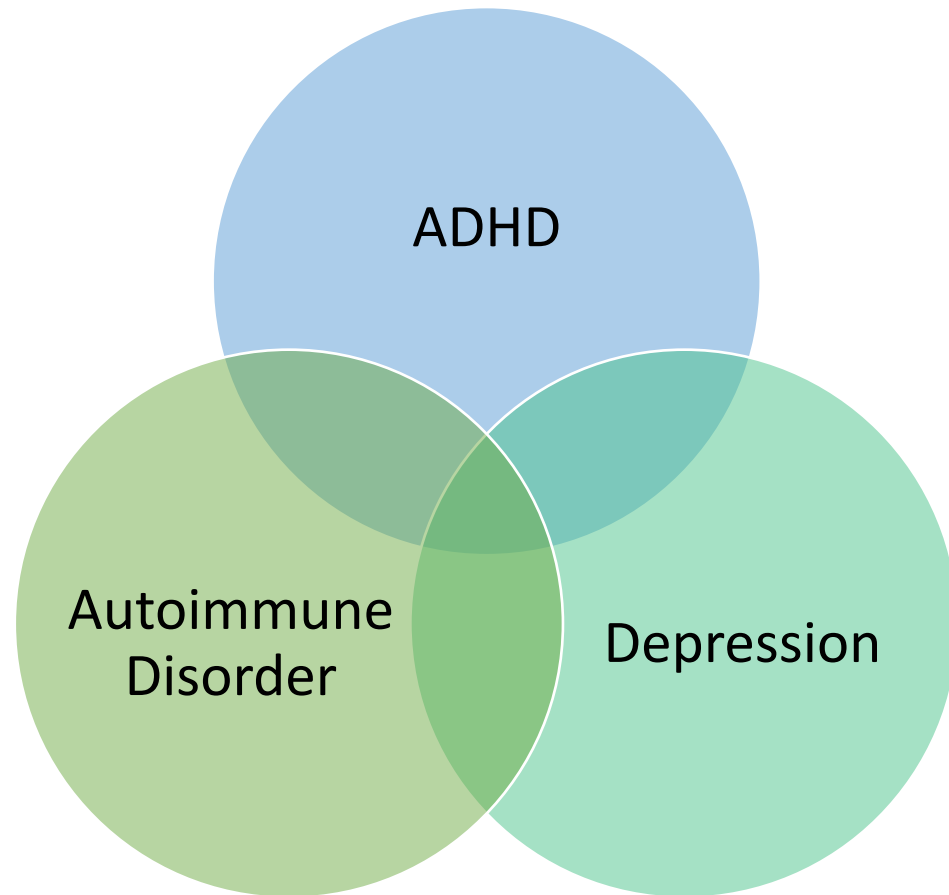

Best Nurse Educator ever
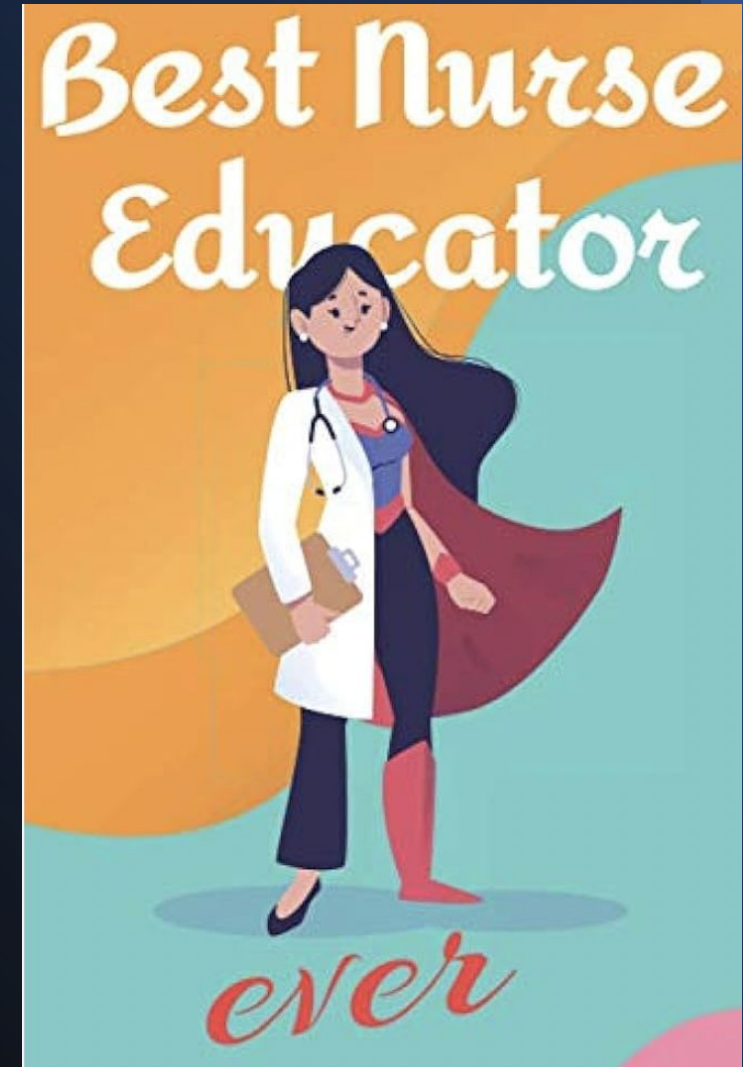
Dx Does NOT Drive Decision

ADHD

Depression

Autoimmune Disorder

Functional Limitation Crosses Many DX

Functional Limitations
Difficulty Focusing
Slowed Processing/Need to reread material
Lethargy
Protected time for weekly appointments

Typical Accommodations in Nursing Programs

Functional Impairment	Accommodation
Slowed processing, reading-based disability	Additional time on exams; in OSCE (reading portions or writing portions); Use of a screen reader on the wards to review patient charts.
Physical access barriers in clinic	Automatic Doors, lowering physical exam tools, adjustable tables, accessible charting station.
Deaf or Hard of Hearing	ASL interpreter, captioning, cued speech interpreter
Low vision	Accessible charting station, surgical lopes, magnifying device
Disability impacted by sleep disruption and deregulation	No night float assignments, or all-night assignments, 3 days between any needed shift in day/night assignment.

Think Broadly and Boldly

- A community spirit and ethos, where nurses with disabilities feel safe, respected, and appreciated.

- Broader ideas about what what it means to be a nurse.

- Nurses shape public health and health policy.

How to Access Items

More Information:

- Webinar recordings: www.macyfoundation.org
- Additional questions info@macyfoundation.org
- Free Download of Equal Access Book
- https://www.docswithdisabilities.org/equal-access-guide