Holly Humphrey:

I am particularly honored to be a participant as a host for the webinar series with colleagues from the institutions that you see projected on your screen from the Johns Hopkins University Disability Health Research Center, from Docs With Disabilities Initiative, from the American Association of Colleges of Nursing. So it's a real privilege for me to partner with colleagues from these esteemed organizations who have a deep and rich array of experiences that I know will inform this webinar series.

Let me say a word first of how the Macy Foundation became interested in focusing on issues related to future health professionals with disabilities as well as our patients with disabilities. And that's because it is a topic closely aligned with the Macy Foundation's priority areas that you see projected on your screen related to promoting diversity, equity and belonging for everyone who works, learns or receives care in our clinical learning environments, increasing collaboration among future health professionals and preparing future health professionals to navigate ethical dilemmas.

By way of background, I want you to know that it was in 2022 when the Macy Foundation first hosted a series of three webinars on the barriers to inclusion in our clinical learning environments for medical students, medical residents and practicing physicians. And that is really the experience that led us to the series we are launching today. We will launch another three-part webinar series, but this time focusing on nurses, nurses who are the most trusted of all health professionals according to multiple surveys that have been done over the years by various groups surveying the American public. And I think we all know that nurses face unique challenges in educational training programs as well as in their practice.

We wish to highlight not only the challenges, but some of the solutions for nurses and for nursing education. And the webinars are one way in which the Macy Foundation aims to support the inclusion of nurses with disabilities by elevating their stories. So each webinar is informed by and includes people with disabilities. And the Macy Foundation believes that disability is an important part of nursing's greater commitment to diversity, equity, and belonging. We invite all of you to engage with the multitude of resources available on the topic of disability inclusion in nursing, many of which will be included on the resource list and will be available at the conclusion of today's webinar.

Each of us is responsible for disability access and inclusion, and I applaud Lisa Meeks for noting that our captioning wasn't working earlier at the beginning of this webinar for exactly that reason. We must all 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. And now it gives me great pleasure to turn things over to my colleague, Dr. Lisa Meeks. Lisa?

Lisa Meeks, PhD, MA:

Thank you so much, Holly. This is such just a gift to be able to work with the Macy Foundation again, to develop this series for what is obviously a much needed topic in nursing as evidenced by this being one of the largest webinars we've ever had we're seeing in Macy history. So we're so excited, and I think I speak for all of us when I say that we are grateful for you. We are grateful that you are choosing to spend your hour with us to learn about this topic. Of course, this would not be possible without the generous support of the Macy Foundation. And so all of the organizations while part of this partnership are indebted to Macy for their commitment to bringing this material to you, the audience. We have an amazing panel here with us today, and they'll be introducing themselves very shortly.

But first I want to talk about the learning objectives that we have set up for today. We're going to describe the landscape for nurses with disabilities. We're going to talk about data or lack thereof and how that's impacting what we can do to change the landscape. We want you to understand how ableism

and ableist attitudes impact the ability of nurses with disabilities to enter nursing education and enter the profession. And then we're going to discuss, our panelists are going to discuss how you might be able to you, as the audience, as part of the nursing education profession, how you might be able to foster a better inclusion for nurses with disabilities.

Let's see. All right, so this photo, this slide depicts a really clear path through a meadow with some rocks, but the path is fairly even. It's fairly consistent. There don't appear to be many barriers in the pathway, and you're able to clearly see any barriers that you might have. This is not what we're experiencing in nursing education, and I would say not in health professions education at all. Instead, as depicted in this photograph on the slide, you're kind of in this dark rocky hill on the side of a ledge where if you fall or make a misstep, you have the potential to have some pretty serious consequences. We see that this is really where our learners are telling us that they are.

They're worried about what they might say. They're being very highly kind of sensitized to overt and covert levels of ableism. The transparency around how they might disclose and request accommodations isn't there, and they're not sure who to trust and what to do in these scenarios. So they're unable to come to nursing education with that authenticity that would allow them to thrive. We know that there are multiple known barriers in health professions education, a lack of mentorship, ableist and discriminatory in some cases technical standards, just a multitude of things that we will discuss today and will be discussed by our panel.

Without any further ado, I do want to get to our panel because they are going to talk to you about their experiences, about mentorship, data and clinical work. And so I'm going to ask all of them to join us. Wonderful. Welcome friends. This panel I'm so excited about today because this panel is so incredible and they have so much to say. So we're going to start with Andrea, why don't you introduce yourself for our audience?

Andrea Dalzell, RN, MA:

Hi everyone. My name is Andrea Dalzell. I am affectionately known as the Seated Nurse, as I am the first student to use a wheelchair to go through nursing school in the state of New York. I have since gained national recognition as a registered nurse using a wheelchair during the height of COVID in New York City, and I'm so happy to be here with all the panelists today.

Lisa Meeks, PhD, MA:

Thank you. And we've all discussed, even though we believe very strongly in using titles, especially for women across health professions educations, they oftentimes don't get the same level of respect. We have decided to be very informal today and use our first names. So please don't see any of the non-recognition of titles as any means of disrespect. I think we're all just very casual people and we wanted to have a casual conversation with you today. So that brings me to our next person who is affectionately known as Becks. So Becks, you want to introduce yourself?

Rebecca Wright, PhD, RN:

Hello, thank you. Yes, my name's Rebecca Wright. As Lisa says, I go by Becks. I am an Assistant Professor and the Director of diversity, equity and inclusion at the Johns Hopkins School of Nursing. My background is in palliative care, and in case the accent wasn't a a giveaway, I'm from southeast London in the UK. For anyone with visual pieces, I'm wearing a black shirt. I'm a white lass with blue eyes. My

hair is white blonde. It should be red. Pain actually turned it this way. And I'm delighted to be with you and mildly nervous.

Lisa Meeks, PhD, MA:

For those of you who don't speak England, lass means female or woman. So I'll be your translator, Becks. And then the unbelievably powerful powerhouse disability inclusion leader, Bonnie Swenor. Can you introduce yourself?

Bonnielin Swenor, PhD, MPH:

Sure. Thanks, Dr. Meeks. I'm Bonnie Swenor. I am the Founder and Director of the Johns Hopkins Disability Health Research Center. I'm also an Associate Professor in the Johns Hopkins School of Nursing Medicine and Public Health. My visual description is I am a middle-aged white woman also with shoulder-length blonde hair, wearing a dark jacket. I identify as having a disability. I have a visual disability. I use she, her pronouns. And I am just so grateful to Dr. Meeks, to all these panelists, Docs With Disabilities Initiative, to the Macy Foundation and the AACN for working with us to put this on. Really grateful.

Lisa Meeks, PhD, MA:

Thank you. I was so excited to work for the first time with Emily and to be able to meet and have just a great discussion about her experiences. Emily, you want to introduce yourself to our audience?

Emily Mudrick BSN, RN, CPAN:

Sure. Hi, my name is Emily. I'm a deaf nurse originally from Baltimore, Maryland, currently in Rochester, New York, and I'm happy to be here. Thanks for having me.

Lisa Meeks, PhD, MA:

Of course. Of course. I came up with some questions for the panel that were really centered on a conversation that we all had about what was important and what the barriers were in nursing. Among those themes that kind of rose up were this idea of course ableism that leads to ideas that people can't do things, just because they're a person with a disability, that they would not be able to do the clinical work or meet the demands of the nursing profession as well.

Another theme that arose out of these conversations was the idea that if you can't see it, you can't be it. That there's this immense lack of mentorship and of visibility in the nursing profession for nurses with disabilities. And that is critical to some people to be able to bring their authentic selves to this space, but also to be able to see that indeed as they're on the pathway, nursing is a profession that I can enter. And then the other thing that we wanted to talk about was how training programs can foster and can absolutely support nurses with disabilities. So that's what we're going to dive into now. And we're going to start with you, Becks, if you don't mind. And we're going to start on the topic of mentorship.

Holly Humphrey:

Lisa? Lisa, can I interrupt you? Because our audience is unable to see our interpreter. Our audience is seeing our panelists, but they're unable to see our interpreter, so I want to try to get that fixed.

Lisa Meeks, PhD, MA:

Sure.

Peter Goodwin:

Working on it.

Lisa Meeks, PhD, MA:

Thank you all for your patience as we learn in this space together. I know the running joke, I think for everyone is, oh my gosh, it's been three years and I'm still on mute. I will say that as we be run more and more webinars, we learn more and more as we go along. So let's see. Are we able to see the interpreter? I see the interpreter, and I'm so glad that you're here today. Can we get some feedback perhaps in the Q&A? And I'm sorry, I'm not able to see the Q&A. Thank you, Holly, for bringing that up.

Holly Humphrey:

I am also able to see all the panelists and the interpreter, but we need to hear from the audience. Okay. It sounds, yes.

Lisa Meeks, PhD, MA:

Oh, thank you. Actually, this is an interactive session-

Holly Humphrey:

Actually, just wait. Yeah, now they're seeing-

Lisa Meeks, PhD, MA:

... without us attempting to be interactive. So thank you to the audience. We appreciate you and wonderful. And then I want to introduce one more person.

Holly Humphrey:

Lisa, I just want to let you know they can only see one speaker at a time. Let me just share with the audience, make sure your gallery view is on. Because right now they can only see one person at a time. So it's either the interpreter or the speaker. They don't seem to be seeing everyone all at once.

Peter Goodwin:

Excuse me, if I spotlight our interpreter, Lauren, you can't see the panelists. So I would suggest if people go to their ... if people can pin the interpreter on their screens, then they would be able to see them. And I can show all the panelists and we'll see if that works.

Lisa Meeks, PhD, MA:

And thank you, Lauren, for helping us troubleshoot.

Holly Humphrey:

My gallery option shows up just with a series of four little squares. It doesn't say gallery, it just has the four little squares. I see they're not seeing that in the webinar.

Lisa Meeks, PhD, MA:

We are learning a lot today. I'm not sure how to correct the pinning. I see that there's a green box around me, so hi everyone. Thank you for your continued patience.

Peter Goodwin:

People can now see everyone. I'm getting feedback in the Q&A.

Lisa Meeks, PhD, MA:

Awesome. Thank you so much, Peter. Takes a village. All right. Wonderful. The good news is in webinar two and three, we will have this nailed. So I want to allow one of our other panelists to introduce themselves. We had a little technical difficulty getting into the webinar, but we are so grateful because this voice is an incredibly important voice. And that is our student. CJ, do you want to take a moment to introduce yourself?

CJ Gill, BA, MPA:

Sure. Apologies. I'm actually at clinical right now. My name's Cheyenne Jordan. I go to Johns Hopkins School of Nursing. I'm a fifth semester nursing student graduating from the MSN program in August, and I'm happy to be here.

Lisa Meeks, PhD, MA:

Thank you so much, CJ. We are thrilled that you were able to get out of the clinical space to join us. Thank you so much. So I'm going to turn this back over to Becks. And Becks, we were talking about mentoring and we're actually going to bring CJ into this conversation. So Becks, did you have a mentor and what impact did that have or not have on you?

Rebecca Wright, PhD, RN:

Thank you. I totally forgot to say when I did my intro, I also have disabilities. That's why I'm here. I didn't, really. I definitely had mentors who have been amazing, but with regards to having disabilities, no. I've had a mix of physical and learning disabilities that have kind of moved in a flux. I've never really had a stable disability, if you like. But there wasn't really ever a kind of single person that I could go to talk about these things. And in a lot of cases, I didn't always know what I had or what was going on. And so there also weren't people who necessarily could identify things.

For example, I was learning British sign language as an additional thing, and it was my signing teacher who noted that I was probably dyslexic, which turns out very, and so I think whilst people can be mostly very kind, having someone who knows it and has lived it, they can provide, I think, support on the practical, the emotional, the opportunity, and the community level.

And so I sort of meandered and waffled my way through in lots of places. I think I made it work without realizing I was making it work a lot of times. And I think more, even now I'm coming to understand what a mentor can do because of the relief I'm experiencing when I connect with other people who I can share these experiences with or who I say I'm a faculty member. I recently learned I can get accommodations to help. I had no idea. I've been doing it for years. No idea that it could help. So I think I could go on for many moons, but.

Lisa Meeks, PhD, MA:

Well, thank you. And we discussed ... I think at one point you talked about how you had internalized some of the ableism and thinking that your diagnosis of dyslexia, and we hear this in nursing so often, that, "Oh, they can't be a nurse if they have dyslexia because," and then add in all of the kind of presumed things you would not be able to do. And I think you had mentioned that you kind of felt that internally for a while.

Rebecca Wright, PhD, RN:

Yeah, I really did. I think that I've had some physical stuff that has prevented me from nursing because I couldn't walk or because of pain and so on, but I was already in ... I'd sort of moved from clinical to research when I got the dyslexia diagnosis. Because of all the ways that I've heard it described, and even since then I've found out other things I've got going on. But I had this real worry of if I do go back to clinical, do I trust myself to do drug rounds? Do I trust myself with certain pieces when I know numbers can dance for me and things like this?

And yet I've been doing it and instinctively been doing it always with a calculator and always double checking anyway without realizing that I had put those strategies in place because I didn't realize why I was doing them or needing them. It just was how I got by to double check. And I really lost a massive amount of confidence in my abilities for certain things. And I think if I had had a mentor at that point who kind of understood, I think I could have figured it out and kind of had the sort of thought of, "Well, how would I navigate this? How would I raise this as an accommodation in the clinical setting to make sure I'm still safe and can practice well? But also be aware of in some instances it's a massive limitation. In others, it's a huge strength that feeds my research beautifully.

And so I think having a mentor would've helped me navigate that rather than having to figure it out or just kind of go, "I don't want to hurt anyone ever," and that made me pull back. I think a mentor would've maybe been able to walk me through to see what would've been possible.

Lisa Meeks, PhD, MA:

Well, first of all, I have to say, dancing numbers. What a beautiful way to describe the experience that you have. And yes, I also want to remark on what you're saying about always having used a calculator and always having had this checks and balances system, you may not have understood why, but for many people, especially those with dyslexia, they will say the same thing. They have a system of checks and balances, and in many ways, perhaps that humility to check yourself all the time is actually a better safety protocol than just assuming that you have it.

So you did not have that mentorship, and you've expressed how that may or may not have helped you develop or not develop or taken more time to get to this space. As you mentioned, you just last year learned that you can get accommodations as a faculty member, and we're so glad you made it to research, but I would've liked for you to have been able to select whatever path you wanted to take. But CJ had a very different experience, and Becks, it was kind of this beautiful moment that I'm sorry the audience didn't get to see or witness because in this moment they figured out ... They had never met before we had our Zoom meeting, they had connected via email. But CJ was talking about the impact that Becks actually had on the decision to go to Johns Hopkins. CJ, you want to give a little bit more about your story?

CJ Gill, BA, MPA:

Sure. So I'm a career changer and knowing the learning differences that I have, it was very important that I find a school that was a great fit. And there was some hesitancy there because a lot of schools will say they will support people with disabilities. And then you get there and you're sort of already locked in. So you sort of just do what we know what to do, which is be resilient and trudge through it. But that wasn't the experience I wanted to have.

So as much as Johns Hopkins was interviewing me to be part of their cohort, I was interviewing them to make sure that I had the necessary support in faculty like Dr. Wright and also Dr. Swenor. I've never met in person, but I reach out to Dr. Swenor and she for sure takes my calls and emails and guidance. And same with Dr. Wright and Dr. Ramsey when she was here at Hopkins. And that mentorship is the reason I'm able to graduate on August 14th.

It is very much my degree, but it's because of people like Dr. Swenor and Dr. Wright and Dr. Ramsey, and even able-bodied people who don't have disabilities that understand that were people like us to even get a seat at the table, we're phenomenal. And with the support that we need, we can be even that much more great. And so Hopkins has done that for me, and it's just a testament to the faculty and the people that they have teaching and recruiting and being part of the community there to mentor people like me. It's been invaluable, and I have not had that in higher education until this experience.

Lisa Meeks, PhD, MA:

That's so nice. So you see what a difference mentorship can make and the anxiety and the fear that many nursing students will go through, or I think you described it perfectly, how people shut down and just get through, because it becomes very apparent and nobody wants to be the squeaky wheel. Nobody wants to be that person. And so you just kind of close in and get through, and that's not an experience. That's not thriving.

We talked about ableism, really infusing the belief systems around who can be a nurse. And so we have two nurses that are working in clinical spaces or have worked in clinical spaces that are here to kind of myth bust what we've all been led to believe. And I think this is really important, I'm going to let both of you comment on the perceptions around what you were able to do. One individual has a physical disability, another individual has a hearing disability. And so these are two areas where we see a lot of resistance in nursing to inclusion. And if you could talk briefly about what the biggest assumption was that was not true at the end of the day and how you managed that, how you navigated that space. Andrea, we'll start with you and then go to Emily.

Andrea Dalzell, RN, MA:

Navigating nursing in a wheelchair, I've had 38 surgeries. I'm a patient, I am a lived patient, and I have never seen a nurse in a wheelchair. So when you were speaking before about representation and if you don't see yourself in spaces, how could you be? And I didn't see myself in those spaces, so I didn't know if I could ever be. And then knowing that lived experience as a patient, that it's not just the doctors, it's the nurses who can truly make the changes and the differences and are the advocates for the patients. It's like that's where I need to be in order to start to drive change.

In going to school, rolling into the nursing department, I'm looked at as though I have three heads and I am the Loch Ness monster that is not supposed to be in the room. And how could she be a nurse on wheels? How would she be able to do CPR? How will she be able to transfer or ambulate a patient? How will you hang IV bags? And these are all valid questions, but we're looking at those questions through biased lenses and we're trying to give our own human experience and what we are trying to do within

our own lives and put that persona onto someone else in trying to understand how would we be able to do what we're doing today in a wheelchair or with any other type of impairment.

And trying to navigate that was literally, there was no mentor for me. I was the squeaky wheel. I was the one that said that, "You cannot allow me into a program and then deny me to be in that program because of my wheelchair." I was the one saying, "You are not going to discriminate against me, and you have to figure it out." Navigating that, however, means that I now have to prove that I can be a nurse without ever being a nurse. I have to show you how I'm going to be able to put those safety protocols in place. And I've never done that before.

I'm no longer just allowed to be a student and absorbing the material and understanding how to critically think in nursing. Now I need to understand how to make my device fit in your space. And the overall picture of that is if hospitals and clinics and healthcare alike are accepting of patients with disabilities, then why aren't we accepting of our workforce with disabilities? And then why isn't that space automatically implemented?

I love to talk about the fact that there's an EEOC statement at the bottom of every single organization, and it says that, "We are equal employers to every different demographic," but when it comes to disability, there's no planning in place, whether that's in education or in the practical workplace. And I'm not going to jump into technical standards because that's in webinar too. But when you're thinking about it, when you're thinking about the student aspect of becoming whatever it is, and I'm going to stick to nursing. So becoming a nurse, you're not asking students right off the bat to prove that they can do something. You're asking them to show them along the way, "I'm going to teach you this and then you will show me that you can do it this way or however you do it. As long as we stick to safety and infection control."

I was never given that part of my education. So therefore, I'm always on the defense to my nursing and my advocacy because there's always a point to prove. And as evidence-based practice, we have nothing on the board that says we can or cannot do. And yet it's still a bias that's pushed onto students from the very inception.

Lisa Meeks, PhD, MA:

Yeah, thank you so much. Yeah, it's mind-blowing to me, and I see this in medicine a lot where the students will say, "Well, we'd love to accept you, but prove that you can do all of these competencies to graduate," and aren't you going to school to learn how to do those competencies? So it's a really strong push that there's an assumption you won't be able to do things without any sort of support in, let's see what you could do. Or let's think about, oh, there is another way to do things because you've been doing it your full life. Emily, how about you?

Emily Mudrick BSN, RN, CPAN:

I always get to unmute myself. Let's see. I would say during the nursing program, I would not have aware of my own hearing loss and the impact it had on me socially or academically. So I kind of did where I just kind of plowed through and did what I had to do. I did have a professor who told me that I wouldn't be able to pass unless I could do a manual blood pressure. But fortunately because at that time I didn't have the stethoscope, I have where I can actually hear the blood pressure and whatnot. But at that time, it was an old one and I couldn't hear it.

But I had three times as many professors back me up and say that I'm completely capable. We have automatic blood pressure machines and on the unit, if I needed to get a manual, I would just ask one of

my coworkers and they would be willing to help me out. During getting a job, during my interviews, I oftentimes would hide my hearing loss. I would cover my ear. At that time, I had two hearing aids. I have an implant now and a hearing aid. I would cover it up. I would intentionally not say anything just for fear of discrimination. I didn't want to give him anything to possibly say, "Oh no, we're not going to hire her," because of what they think it's related or what could happen with my hearing loss.

I would just wait till I got the offer letter and then I would start explaining to people how to communicate with me the best way. And actually at my six month eval, this manager, I loved her. We had a great relationship, but she actually ended up admitting to me that she would potentially considering not hiring me because of my lisp, the way I speak is just a little bit off. And so if she was concerned about my lisp, what would she have done had she known that I had a hearing loss prior to hiring me?

Initially in my career, I was all about, I got to prove them that I can. That hearing loss, it's a big part of who I am, but for me, it doesn't interfere with my ability to be a nurse. And so I've been a nurse since 2010. I've clearly proven that. So that is less of an issue for me nowadays. Let's see, I got notes on the side so I don't forget anything.

And then how I navigated working on the unit, I would just educate my coworkers. I would tell them like, "Hey, say my name first. If I'm walking away, you got to call my name so I know you're talking to me or I won't understand what you're saying." I've been fortunate that most people have been very willing to help me out and accommodate. And I think my approach and attitude towards it was conducive.

Obviously, I'm one of many deaf and hard of hearing nurses, so my experience with my own, so I can't speak for anybody else. I know plenty of other deaf nurses who have had offered rescinded or just straight up their abilities questioned, even though they've already proved it unfortunately. But yeah, I wear colored ear molds now to kind of show people that I have a hearing loss. 'Cause I speak well, which is kind of a blessing and a curse. A blessing in that I can get through an interview without people knowing I have a hearing loss, but then after I'm hired, people don't remember or realize I have a hearing loss.

So it's a lot of constant education on my end to get through my clinical experience here. And then actually, fortunately I live in Rochester, New York and I'm going to be starting a new job at the hospital. Rochester has a significant deaf and hard of hearing population. So there's a very deaf friendly, deaf aware of city. And the hospital itself has a phenomenal interpreter department. So I can get an ASL interpreter to work with me the whole shift, no questions asked. Now, that's one of a kind. Nationwide, that's the only hospital that I know of that does that. I've been a travel nurse before, never have ever experienced that. So that's why I moved back to Rochester. 'Cause like the accessibility, the access, the resources are there. It makes my life 10 times easier.

Let's see. I think that's about it. It's just constant education. I'm very much vocal. I'm proud of my hearing loss. I was born with it. I've navigated life. So I'm very vocal and I tend to, I'll start a ... I'll email all my staff and say, "Hey, my name's Emily. I have a hearing loss. Here's some tips, some pointers to communicate with me." That's kind of how it's evolved. I'm very open about it and I just email everybody so I can tell them all at once versus individually telling everybody. So just to make them aware.

Lisa Meeks, PhD, MA:

It sounds like you really moved from this kind of hiding and almost like this shame that you have to protect who you are and you can't let people see that, to a source of pride in saying, you have these and

you now wear colored hearing aids, and you let people know very proactively. And when I hear you talking ... this was when we had our pre-meeting as well, when I hear you talk about the excitement and the enthusiasm in going to your next position, I also, it's almost like somebody is just freeing you. You get to go and be your authentic self in a space that not only welcomes you and makes sure that you have access, but that celebrates you. And I think that is so important.

What I heard from both you and Andrea is this burden, this tax that you bear in trying to enter the nursing program. And so we'll get into more of that when we talk about the process in webinar three, the process and the clinical accommodations. So I'm going to bring it back to something that we said was a barrier in the beginning.

We've talked about mentorship, we've talked about clinical accommodations, we talked about policy. But all of this is something that while we all know this, this is all anecdotal. We're all talking about this in this webinar series, but we're missing a critical element that would move forward action. And Bonnie, I know you're going to love this. I'm going to give you the last word for the panel before we move to Q&A. And I think you're the perfect person to kind of drive home the final point. And that point is?

Bonnielin Swenor, PhD, MPH:

Data.

Lisa Meeks, PhD, MA:

Data. I didn't know if you were saying it or I was saying it.

Bonnielin Swenor, PhD, MPH:

Yeah, this is Bonnie. Thanks so much, Dr. Meeks. Yeah, data. As a data driven person, I see all of these really important discussion points being shared as being data issues that we can solve to some degree. And so what I mean by that is currently we have almost no data in disability, inclusion, on how accessible the nursing profession is and working environments, training environments for nurses are. And so as Dr. Meeks indicated, these really important anecdotes don't have that evidence base behind them to really drive change and evidence-based policies. That's where the big systemic changes are coming from.

So we need quantitative data to really better understand the number percentage prevalence of nurses with disabilities in training programs, working in the profession and different settings to be able to track changes over time, to be able to determine the impact of strategies and policies. But it's equally important to have qualitative data, the stories, the experiences, and to collect that using scientific principles in ways that we can tell those stories and understand the themes that are emerging.

We really do need this data urgently, I would say, so that we can drive change. The exclusion of disability data in the nursing field really is not happenstance. This is 100% a reflection of how we are valuing people with disabilities in society and in this profession. As I think Andrea indicated, the assumption, the baseline assumption is that people with disabilities aren't working in the nursing field. So why would we be collecting data? And so we've got to change that. And by collecting data, we can put some numbers to try and change people's views of the fact that we do have nurses with disabilities and to push forward progress.

We really do need in collecting that data, I'd also say to support a culture around disclosure and to create environments that are more inclusive and accessible with the data. So we need to use the data in really equitable ways to drive positive change. And so I started out in this response by saying we have no

data, but I'm really excited to announce today that Dr. Lisa Meeks in leading the Docs With Disabilities Initiative is partnering with the AACN. And I apologize, I flipped those letters in my intro to start filling those data gaps. So together, Docs with Disabilities and AACN and my center, the Johns Hopkins Disability Health Research Center, is going to be partnering to collect data and to start analyzing data, to start to do the things that I just described. And it's a really, really exciting change. I applaud Dr. Meeks for all of your great work in these efforts.

Lisa Meeks, PhD, MA:

No, I just keep pushing and then finally people go, "All right." So no, we're super excited and we're going to have a advisory committee of nurses with disabilities to help with that and lots of great things coming. But I do think the data is what then you can take to the stakeholders, the decision makers, the schools, and say, "This is what we need in policy and process and this is what's missing." And all of these rich stories. I know that we had some technical difficulties that ate away some of our Q&A and I don't want to take any more time away from our amazing audience. So we're going to move to Q&A.

I think some things have been teed up hopefully. I do also want to let you know that the progression of this series, unlike the medicine series, we kind of flipped it. We said we're going to have a panel, we're going to talk about the stories first, get the gist from nurses that are in it right now and students that are in it right now. And then we're going to flip to the policy. So in webinar two, we'll have technical standards. And in three we'll talk about DEI efforts and accommodations.

But right now we're going to move over to the Q&A and oh yes, "It's amazing the number of students that we're seeing in our nursing program who have disabilities, but no one's ever identified it for them. We help connect them to services so that they can be successful." That's wonderful. I think that's one of the big things missing.

This is a question, "As a faculty member with a disability, I've been afraid to ask for accommodations." And you know what? I want to validate that for you. I and want to say that I'm sorry because I do understand that the landscape is what it is right now. So this individual is asking your advice as a panel. What would you say to this person about navigating the disability accommodation request process? So maybe back since you're more proximal to having just done that, what was that like for you?

Rebecca Wright, PhD, RN:

Well, honestly, as with everything in my life, it was ... and Lauren, I don't know how you're going to interpret this. It was higgledy-piggledy, it was not structured in any kind of way. I happened to mention where I was struggling and I happened to be in a group that Bonnie had set up for faculty with disabilities. And in it, someone mentioned it and I was directed, but it turns out that kind of, I could go also through our office of Diversity and Equity and there was support for that. And also that I could speak to HR about it. The whole kind of not having a mental thing. I didn't know to even look. It didn't even occur to me that I could be.

There was one little thing I kind of wanted to add to it as well, that I think one of the things I find most perplexing about nursing, and I'm not from a medical nursing family or anything. And so it was interesting coming into the field almost 20 years ago and at that point, hearing people talking about how we need to shift our model, more of a community base. Nursing is evolving, but our training program has never changed. And I think our mindsets have never really shifted with it either. And so there's this philosophy that we kind of carry where, I think Andrea mentioned, that we are there to look after people, but we act like we are not people in it.

And so if you do, the squeaky wheel is squeaky sometimes because everyone else is acting like they're fine. And if I'm on it, I can't think of a single nurse I know who doesn't have some kind of disability or thing they're dealing with. Really not one. I'm sure there, I've not met one either because the profession has hurt them physically or mentally in some way or because they went in with it and just made do.

I think that in terms of asking for accommodations, there's a piece with it where we really need to recognize the strength that people with disabilities bring. Nursing is a profession that is meant to honor innovation and creativity and common sense and figuring stuff out. And that is the role of every person with disabilities because they have to, to get by. And rather than recognizing that dual strength that a nurse with disabilities brings, we're kind of like, "Sharp." And I think that there is a lot of mindset change of, well what is nursing? What is a nurse? And how we can sometimes go, "That's not being a nurse."

And you just kind of go, "Yeah, I am though. I'm licensed in two countries. What do you mean? What do you mean being a nurse? What is that?" And so much of what we do is from the philosophy and the ethos and the way we approach stuff, it's not just hanging a bag of IV. My first job was in a hospice. I didn't do half the skills I've been told were fundamental. I learned other ones, I expanded on other ones. And so I think anyone, I would encourage people to look for accommodations if they need them, but I hate the fact that there's a caution of how well that might be received. I think it's a thing. And I think we need stronger communities and networks to support. Sorry, very passionate about this.

Lisa Meeks, PhD, MA:

That's okay. You've brought up a lot of things that are actually in the chat. And first of all, just a shout-out to Annie Tolkien, Sarah Ailey, just some amazing people in this chat giving one another resources and references. I do want to mention that we are creating a toolkit and at the end of the three part series we will be sharing that with you. There are so many resources in this space and so many people, so much writing, especially around technical standards. We'll be giving you a myriad of resources at the end of the series that will not only spotlight what our communities have done, but what multiple other communities have done as well in this space.

But you're touching, Becks, on so much that is being discussed in this kind of side chat, which is it's the faculty do not have the resources, have not been trained. So they're bringing an ableist lens to the interactive process. There isn't enough support for people to make the decisions about clinical accommodations. There's a dearth of knowledge. We talk about lack of data. There's a complete empty vessel of understanding of what's possible through accommodation. I know we've codified that in medicine a lot and it can be translated to some extent to nursing. But Andrea, this is something that people are talking about in the chat quite a bit is how did you navigate accommodations? What were some typical accommodations?

I know that in the third series that Andrea is going to be in as well, or the second we'll be talking about specific accommodations. But if you can touch just very, very briefly, I think we have one minute left and then we need to go to closing.

Andrea Dalzell, RN, MA:

Accommodations? I hid. So I played along that I didn't have any accommodations besides the fact that I had four wheels attached to my bottom. So therefore it was like I just needed to ... give me this space to be able to get into assessment clinic to get in an hour early to be able to see how I would set up or have one of the nurses kind of help me figure out how I would set up and then act accordingly and then do what I could.

I took up boxing to be able to have the stamina of someone doing chest compressions from the seated position. No one should be forced to do that. And I think mainly, and I want to stress this point, nursing is not linear. We are practicing as if we are all going into a hospital setting. And this is not nursing today in 2023. I was probably nursing in 1960. Nursing is vast and it is multi-laned and pathed. And anyone and everyone with any type of disability can find their way in nursing. And the problem that we have is that we close the door because we think that we're only able to get into a hospital setting and need to be able to do what those nurses are trained to do. And that is not the case anymore.

We need to get out of that linear thinking. In school we are learning to pass the NCLEX. After we pass the NCLEX it is up to me what I want to do with my RN degree and it's not up to anyone else. And the decision being made for those with disabilities while in education to say whether they or not they can or cannot do something based on a technical standard for a hospital system that is capitalist and money driven and not even driven for our patients, is going to show you as nurses that we are on the wrong track in general because if we put health at the forefront, then this conversation wouldn't be happening because we'd be taking into consideration everyone's disabilities at the very beginning.

Lisa Meeks, PhD, MA:

That's mic drop ending. Thank you, Andrea. I'm going to share my screen again so that we can wrap up our series. And again, we're so sorry for the glitches and we will make sure to get all of those resources to you at the end of this series. But I do want to encourage you to follow, many of our panelists have a Twitter account. Many of the organizations involved also have a Twitter account, so Macy, Johns Hopkins, Docs with Disabilities and encourage you to start using the hashtag #NurseswithDisabilities.

We broke that open in 2018 and are bringing it back. We also have the DocsWithDisabilities podcast, which tells the stories of people across all specialties. And if you are a nurse with a disability and you're interested in sharing your story, please reach out to us. We would love to interview you. Andrea was on our show recently and you can listen to that episode.

And then very exciting news, I wrote a book a few years ago, Equal Access for Students with Disabilities, the Guide to Health Science and Professional Education, often viewed as kind of the ultimate guide for individuals in health professions looking to make disability inclusion more effective. And as of last night at midnight, I own this book, my amazing co co-editors, Neera Jain, Elisa Laird and I are committed to equal access in every single way. And so we used our collective resources to buy the book back and we are making it free for anyone who wants it, and we're making a ton of resources from the book, some videos. So you'll have multidimensional resources available to you that will go up on our website today.

Anybody who has to have it in the next few hours, just email me and I'll send you the PDF. And so we're super excited to be able to once again, just supply the people working so hard for access with some tools. And I am going to move this back over to our leader, Holly Humphrey.

Holly Humphrey:

Oh, thank you so much, Lisa, and thank you to the panelists. Those were just amazing insights. And I also want to thank the audience. The questions that you've put in the Q&A are not only really important, but I hope we will get to many of those questions that we were not able to get to today in the upcoming webinars. I know that there are several questions related to admissions barriers and technical standards. That will be the topic of the next webinar on July 19th.

We are going to go back through the questions that were posed today and make sure that we cover as many of those as we can that pertain to technical standards. And then the third in this series will focus

on inclusion through a diversity, equity, and inclusion lens. And that will be on Thursday, September 28th. So again, thank you to all our participants and I'm going to turn this over to Peter Goodwin.

Peter Goodwin:

Thank you, Holly. This concludes the webinar on Barriers and Belief Systems, Nurses with Disabilities in Training and Practice. The webinar and slides will be available on our website in the next week. And you can find prior webinars on disability on our website, www.macyfoundation.org, where you can also sign up for periodic email alerts from us.

For any questions we were unable to take during the webinar feel free to contact us at info@macyfoundation.org and we will follow up with you. And as Lisa said, we encourage you to continue the conversation online using the hashtags #equityinclinicallearning, #nurseswithdisabilities and #docswithdisabilities. And finally, at the end of the webinar series, all participants will receive an email with a toolkit of resources and instructions on how to obtain nursing continuing education units. On behalf of the foundation, I want to thank all of our panelists and all of our attendees for joining us today. Have a good day.

Lisa Meeks, PhD, MA:

Thank you all, and thank you to our amazing panelists. Have a wonderful day.