

**Macy Nursing Barriers and Belief Systems**  
**Webinar 3**  
**Word Outline**

**Slide 1:**

Barriers and Belief Systems:

Addressing Disability Accommodations and Inclusion through a DEI Lens

Logo from all sponsors including Johns Hopkins University Disability Health Research Center; The DocsWithDisabilities Initiative; The American Association of Colleges of Nursing, and the Josiah Macy Jr. Foundation.

**Slide 2:**

Moderators:

Holly J. Humphrey, MD, MACP

President

Josiah Macy Jr. Foundation

(A white woman with short brown hair wearing a grey suit).

Brigit Carter, PhD, RN, CCRN, FAAN

Chief Diversity, Equity, and Inclusion Officer, AACN

(An african american woman wearing a pink blouse and a black blazer with short grey hair).

Logo from all sponsors including Johns Hopkins University Disability Health Research Center; The DocsWithDisabilities Initiative; The American Association of Colleges of Nursing, and the Josiah Macy Jr. Foundation.

**Slide 3:**

Macy Priority Areas:

- Promoting Diversity, Equity, and Belonging
- Increasing Collaboration Among Future Health Professionals
- Preparing Future Health Professionals to Navigate Ethical Dilemmas

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**Slide 4:****Panelists:**

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

Emily Magee, MEd

A white woman in a light pink blouse, black blazer and long blond hair

Amber Kimball Hsu, PhD, RN

White female wearing a black jacket, long brown hair

Liz Madigan, PhD, RN, FAAN

White female with short red hair wearing a purple blazer

Lisa Meeks, PhD, MA

White woman with long blond hair wearing a black jacket

**Slide 5:**

Inclusion Matters

A group of colorful silhouettes of people in blue, yellow, red, purple, orange on slide.

- Recognize
- Welcome
- Support
- Value

.....talents of all individuals

**Slide 6:****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.

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**Slide 7:**

Sources of Information

Photo of 3 books

Book 1:

Book cover for Disability as Diversity A guidebook for inclusion in medicine, nursing, and the health professions. Lisa M Meeks, Leslie Neal-Boylan Editors. Springer Publishing.

Book 2:

Book cover for Equal Access for Students with Disabilities The Guide for Health Science and Professional Education Lisa Meeks, Neera Jain, Elisa Laird. Editors

Book 3:

Cover for the report, Accessibility, Inclusion and Action in Medical Education Lived Experiences of Learners and Physicians with Disabilities, March 2018

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

**Slide 8:**

Disability in the US:

The need to diversify.

A green and grey logo showing 1 in 4 people.

A group of medical workers wearing face masks in the colors blue, green, and dark blue.

\*Varadaraj et al., 2019, JAMA OPEN

**Slide 9:**

Being a Nurse with a Disability

A stethoscope that loops on the slide showing a digital visual output on the base

**Slide 10:**

Photo of a nurse searching for a view on a patient with a supervisor standing over her. Nurse and patient are white females with long brown hair.

**Slide 11:**

A red head shape with Mentorship in the space of the brain. Colorful bubbles surround it that say Advice, Guidance, Support, Help.

**Slide 12:**

**Reasonable Accommodation**

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

Book cover for Equal Access for Students with Disabilities: The Guide for Health Science and Professional Education Lisa Meeks, Neera Jain, Elisa Laird. Editors

**Slide 13:**

Photo of a man in a striped suit with a purple tie, his finger is pointing to a person button that shows lined linked to multiple groups of people systems and ideas.

**Slide 14:**

Circle that depicts the steps in the interactive process.

**Slide 15:**

Close up picture of step 1. The program should determine its essential functions.

**Slide 16:**

Close up of Step 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 and essential function.

**Slide 17:**

Close up of Step 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.

**Slide 18:**

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

**Slide 19:**

Step 5: The program should evaluate whether or not provision of accommodations would impose an undue administrative or financial hardship on the program.

**Slide 20:**

Step 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.

**Slide 21:**

A female nurse with long black hair wearing a cape and standing upright with the words Best Nurse Educator ever.

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.

**Slide 22:**

Dx Does NOT Drive Decision

Three boxes across the screen that say ADHD, Depression, Autoimmune Disorder.

**Slide 23:**

Functional Limitation Crosses Many DX

On the left: Venn diagram with 3 circles that overlap and say ADHD, Autoimmune disorder and Depression.

On the right:

Functional Limitations

Difficulty Focusing

Slowed Processing/Need to reread material

Lethargy

Protected time for weekly appointments

**Slide 24:**

## Typical Accommodations in Nursing Programs

### Functional Impairment and 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.

### **Slide 25:**

Think Broadly and Boldly

A group of orange paper people holding hands

With the words: 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

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.

### **Slide 26:**

How to Access Items

Circle that says FREE CEU Credits

Yellow circle that has a white toolbox on it and says Toolkit

### **Slide 27:**

#### **More Information:**

- Webinar recordings: [www.macyfoundation.org](http://www.macyfoundation.org)
- Additional questions [info@macyfoundation.org](mailto:info@macyfoundation.org)
- Free Download of Equal Access Book

- <https://www.docswithdisabilities.org/equal-access-guide>
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