Accommodations: Building the capacity to support students with disabilities

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Acknowledgments

• The National Organization of Nurses with Disabilities:
  
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• The Office of Disability Employment Policy, U.S. Department of Labor
We will address...

• Requirements of ADA/ ADAAA
• Social vs. medical model: paradigm shift
• World of work vs. the world of education: essential functions vs. technical standards
• Role of disability service professionals
• Making accommodations
• Responsibilities of institutions, students, and faculty
• Transforming our profession
The need: looming shortages

• Shortage of **260,000 RNs by 2025**
• RWJ/IOM “80% BSNs, double the number of doctorally prepared nurses”
• Average ages: RNs 50 and older; PhD professors 61; associate professors 58, assistant professors 51
Today’s reality

Nursing students and practicing nurses with disabilities continue to face barriers

www.NOND.org

DAILY EVIDENCE
The issues and challenges

• Disability diagnoses often delayed until post-secondary education
• Conflict between social & medical model view of disability
• Lack of knowledge r/t self-identification and disability disclosure
• Lack of knowledge r/t accommodations, use of adaptive devices & technology
• Lack of role models or mentors
<table>
<thead>
<tr>
<th>Medical model</th>
<th>vs. Social model</th>
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<tbody>
<tr>
<td>disability is negative; a deficiency/abnormality</td>
<td>disability is neutral; a difference</td>
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<tr>
<td>disability resides in the person</td>
<td>disabbling qualities reside in environment (access &amp; attitudinal barriers)</td>
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<td>remedy for disability-related problems is cure or normalization of the individual</td>
<td>remedy for disability-related problems is change in interactions b/t individual &amp; society</td>
</tr>
<tr>
<td>agent of remedy is the professional</td>
<td>agent of remedy can be individual or advocate or anyone changing interactions b/t individual &amp; society</td>
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ADA (1990) definition of disability

1. has a physical or mental impairment that **substantially limits one or more** major life activities;
2. has a **history or record of such an impairment**;
3. is **perceived by others** as having such an impairment.

*Not all disabilities are visible!*
ADAAA (Amendments, 2008)

- Expanded definition of “qualified disability”
- Does not allow consideration of mitigating measures
- Need only substantially limit one major life activity
- Coverage for neurologically based impairments
DOL/ODEP, DOJ, DOE

- Increasingly attentive to issues of discrimination in education
- ADAAA has **wide-reaching implications for education**
  - increases the number of students who qualify as having a disability
  - intensifies reasonable accommodation efforts and overall sensitivity to disability issues
Essential Functions
Apply to employment, not education

BUT

Translated into education using Appendix A: Functional Abilities (Yocom, 1996)

Widely used in nursing programs

Example: “Walk”
Technical Standards

Apply to education – ALL students

• “Able to meet these requirements with or without a reasonable accommodation”
• Entry requirement, not skill learned in program/the “what”, NOT the “how”: “able to gather vitals” NOT “hear heart murmur through stethoscope”
Disability service professionals are our friends…

- Disability Services Office
- **ADA Coordinator** or anyone within the college or university who has authority related to compliance with state and federal discrimination laws (504, ADA, ADAAA)
- Faculty education & support
- Student education, support, advocacy
When a qualified student applies to your program....

• **Legally unable** to discourage concerning performance of job-related functions

• **Legally required** to leave questions about the presence, type, or severity to the DSO

• **Legally required** to admit without regard for job placement potential
When a student comes to you requesting accommodations…

- Refer to DSO immediately to disclose & document the disability
- Leave questions about presence, type, or severity to DSO
- Leave documentation & determination of disability to DSO
- Work with DSO & student to implement identified accommodations
What is an accommodation?

- **Modification or adjustment** to the way things are usually done
- **Changes to the environment** to enable someone with a disability to have equal access
- **Use of assistive and/or accessible devices** to enable someone to accomplish a task
What is a “reasonable” accommodation?

- **Anything** can be an accommodation
- Undue **financial hardship** to school?
- Fundamental **alteration of program or service**?
- Need process to evaluate & ability to defend decisions
Forms of reasonable accommodation

- Modified schedules
- Auxiliary aids and services
- Modified policies and procedures
- Materials in alternative formats
- Accessible information technology
- Captioned video (YouTube, DVD, etc.)
- Modified requirements for clinical procedures
- Assistive technology
What is NOT a “reasonable accommodation?"

- Fundamentally altering a course requirement
- Tolerating abusive behavior
- Non-adherence to policies/procedures
- Personal services
Remember....

- **Civil rights issue**: equality, not special treatment – treat everyone the same!
- **Must allow access** to public education for qualified students
- Not required to make accommodations that cause “undue hardship” or impugn curriculum BUT must then identify alternatives
Remember....

• Each case can be addressed individually without setting precedent
• The student is the best resource for designing and implementing accommodations: ask them what they need
• Students are not patients
• Learning opportunities for faculty are varied and rich
Whose responsibility is it?

**Educational institution**

- appropriate accommodations to maximize success in classroom and other degree requirements
- auxiliary aids and services to ensure participation
Whose responsibility is it?

Students

- Identify need for accommodation
- Engage in interactive process to determine appropriate accommodation prior to activities (not after the fact)
- Provide documentation for faculty in a timely way
Whose responsibility is it?

Programs

- Make case-by-case determination
- Develop disability-friendly policies and evaluation processes
- Create technical standards
- Use educational criteria (not essential functions)
Ask ourselves....

• What is essential nursing knowledge?
• What is the core of nursing practice?
• Is there more than one way to teach something/complete an objective?
• Must all students perform all activities?
• How do we balance consumer safety with obligations to all students?
Ask ourselves…

• Do we have disability-friendly policies, evaluation processes, technical standards?
• Do we recognize that each disability experience is unique, even “similar” types of disabilities?
• Do we help clinical faculty negotiate accommodations identified by students & DSOs?
Ask ourselves…

Do we have a capacity-building core group?

ADA coordinator for college/university
Disability Services Professional
Student with a disability
Faculty with and without disabilities
Clinical faculty and staff at placement sites?
Transforming the Profession

- **Improve overall care** using the social model and a multicultural perspective
- **Redefine clinical skills** (adaptive technology could become standard practice, e.g., amplified stethoscopes)
- **Educate stakeholders**: people with disabilities can be, *and are*, nurses
Case Studies and Questions
White Paper on Inclusion of Students with Disabilities in Nursing Educational Programs for the California Committee on Employment of People with Disabilities

Drs. Beth Marks & Sarah Ailey

www.aacn.nche.edu/education-resources/Student-Disabilities-White-Paper.pdf
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