Assisting students with disabilities to enroll in allied health programs & secure jobs

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Barriers

• Wide range of influences on nursing & allied health professions

• Claims of social model guidance not well-substantiated (Scullion, 2008)

• Lack of knowledge r/t self-identification & disability disclosure

• Diagnosis often delayed until post-secondary education/expensive process

• Lack of role models
REALITY:
Health care professions remain replete with daily barriers

WWW.NOND.ORG
DAILY EVIDENCE
NOND inquiries

• Students with disabilities seeking admission to health professions programs

• Nurses with disabilities in danger of job termination or seeking a return to the job market after acquiring a disability
NOND inquiries

Student with quadriplegia seeking admission to school of nursing

**Action:** Student, administration, faculty, disability services

- Understand the ADA
- Develop capacity to implement accommodations
- Identify mentor/advisor
NOND inquiries

Nurse with a disability seeking to return to her job in a cardiac step-down unit following a stroke in her late 20s.

**Action:** Nurse, employer, human resources, supervisor
- Understand the ADA/ADAA/Final Rule
- Develop capacity to implement accommodations
- Identify mentor/advisor
Medical model vs. Social model

- disability is negative; a deficiency/abnormality
- disability resides in the person
- remedy for disability-related problems is cure or normalization of the individual
- agent of remedy is the professional

- disability is neutral; a difference
- disabling qualities reside in environment (access & attitudinal barriers)
- remedy for disability-related problems is change in interactions b/t individual & society
- agent of remedy can be individual or advocate or anyone changing interactions b/t individual & society
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
Paradigm shift!

- 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 (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”

(Martha Smith, 2009)
Just how far do I need to go to accommodate?
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 and ability to defend
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 procedures
- Assistive technology
What is NOT a “reasonable accommodation”?

- Fundamentally altering a course requirement
- Tolerating abusive behavior
- Non-adherence to policies/procedures
- Personal services
Whose responsibility is it?

Educational institution responsibilities:

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

Student responsibilities:

• Identify need for accommodation
• Engage in interactive process to determine appropriate accommodation prior to activities (not after the fact)
• Provide documentation to substantiate disability and need for accommodations in a timely manner
What should a program do?

Recognize there is more than one way to “teach” something; all students may not have to do all activities/methods (be prepared to respond to the question of patient safety)

Make case-by-case determination – develop disability-friendly policies and evaluation processes

Create technical standards

Use educational criteria (not essential functions)
People with disabilities can be health professionals

What can we do?

Policy change

Practice change

Education: basic & retraining

Changed stakeholder attitudes
Health professionals with disabilities have the potential to transform their disciplines and practice through provision of culturally relevant care.
Health professionals with disabilities can…

- Enhance our psychosocial skills
- Re-define our clinical skills
- Provide culturally & linguistically congruent, preventive care that
  - Enhances communication
  - Increases consumer involvement
  - Satisfies consumers
  - Leads to better health outcomes
Educational issues

- Training for entry to workforce
- Training for return to workplace

Joining Forces
http://www.whitehouse.gov/joiningforces