

International Collaboration for Inclusive Campus  
 Diversifying health and human service professions

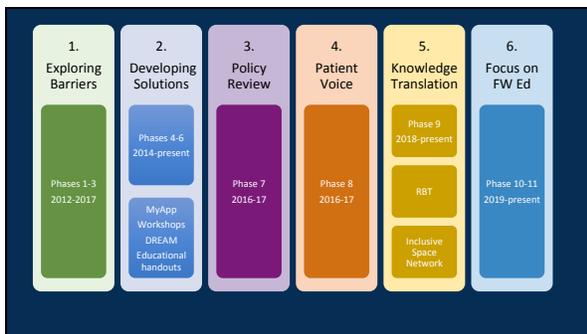
## Creating inclusive spaces in healthcare education and Practice

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 Faculty of Medicine  
 The University of British Columbia



**"Patients have disabilities but professionals!?"**

Low % of people with disabilities

## Exploring Barriers

Phases 1-3  
2012-2017

### Phase 1-2 main findings



1. Students had to **legitimate** their ability to perform (via **negotiation, selective disclosure, and advocacy**) (Easterbrook et al, 2015).
2. Disabled students and clinicians experience **marginalization** (via **dominant discourses, discriminatory design, and disempowering interactions**) (Bulk et al, 2017).
3. Stakeholders questioned their **citizenship** (challenging students' **rationality**, limiting **autonomy**, and questioning **productivity**) (Easterbrook et al, 2019).

### Phase 3 - People with disabilities in Healthcare Education and Practice

27 students with different disabilities | 29 Clinicians | 24 Stakeholders



from 5 healthcare professions  
 Up to 3 interviews each  
**Total = 150 interviews**  
 Analysis Guided by grounded theory  
 CIHR funded

### Phase 3 main findings

Disabled healthcare professionals' diverse, embodied, and socially embedded experiences

**"I Can Understand Where They're Coming From": How Clinicians' Disability Experiences Shape Their Interaction With Clients**

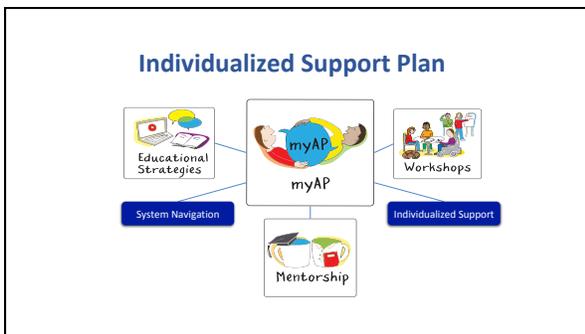
Leann Farrow-Rae, Jill Thomas, Jennifer M. Guyton, Abby Bhatnagar, Yael Meyer, Tony Kruse, Michael Lee, Laura Newman, Julianne

Allyson Matthews, Leann Bell, Laura Newman, Tullia Jones, Rachelle Hunt, Tony Kruse, Michael Lee, and Yael Meyer

- There is **heterogeneity** of the disabled experience (along salient dimensions of **visibility** and **onset of disability**) alongside **shared experience** (solidarity), contrasting with current cookie-cutter approaches at universities (Bulk, et al., 2020).
- Clinicians' lived experience of disability creates **shared and embodied knowledge** with clients (facilitated by **understanding** and **advocacy** and complicated by the **tension between professionalism and disability**) (Battalova, et al, 2020).
- People with disabilities experience **overarching tensions** that **compromised sense of legitimacy and belonging** (Jarus et al, in progress)
- Students and clinicians with disabilities experience tensions in mobilizing **social support** (Mayer et al, in progress).
- Students and clinicians with disabilities integrate their **disability identity** and their **professional identity** as healthcare professionals in various ways (Mayer et al, in progress)

## Developing Solution

Phases 4-6  
2014-present  
MyApp; Workshops; DREAM; Educational handouts



### Do we walk the talk? A Clinician Workshop to Promote Inclusion of Students with Disabilities during Clinical Placements

#### Key Notes

- ICF model
- Legal aspects
- Disability as a social construct

#### Small Group Discussions

Applying new knowledge to scenarios

#### Expert Panel

- Student & clinician with disability
- Disability services advisor
- Registrar

### Resources

International Collaboration for Inclusive Campus

The Inclusive Campus Project offers:

- Workshops on disclosure and career planning for students with disabilities
- Individualized student support for addressing academic and practicum challenges
- Mentorship opportunities for students with disabilities by clinicians with disabilities
- Training for clinical educators and coordinators who work with individuals with disabilities
- Research opportunities through participation in Inclusive Campus projects

**Disclosure Matrix**

The Disclosure Matrix helps students evaluate the benefits and detriments of disclosure. The matrix can be used as a worksheet by students with disabilities to help them with the challenge of disclosure.

**Supporting Practicum Students with Disabilities**

Resources for Preceptors, Practicum Coordinators & Students

### UBC Campus Resources

**Access and Diversity**

Works with students, faculty, and staff to remove barriers for students with disabilities. The office's disability advisors help set up formal academic accommodations, including placement-specific accommodations, for students with documented disabilities.

**UBC Counselling Services**

**Accommodation Resources**

Universities and employers are legally obligated to accommodate persons with disabilities, including students, as per the BC Human Rights Code.

**Accommodation Decision Tree**

Which situations are clinicians required to accommodate? This diagram helps preceptors quickly decide when accommodation is necessary and a requirement.

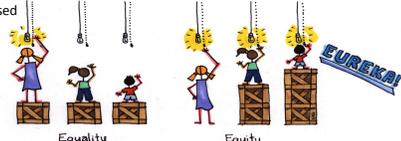
**The 4 Test Questions**

- Is the requirement established in good faith?
- Is the requirement rationally connected to the job or purpose it is intended for?
- Is there evidence that it is demonstrably relevant/necessary? (Meiorin, 1999)
- Is the requirement socially constructed such that it excludes members of a specific group for a reason that is irrelevant, based on assumptions about function or the group? (Grimshaw, 2008)

\*Preceptors should ask the 4 test questions to help determine discriminatory requirements and whether the requirements of the task are essential, or bona fide academic requirements. If any of the first 3 questions are answered "Yes," accommodation should probably be provided. If all 4 are answered "Yes," task accommodation should be required. The "No" or "Yes" to be required. Questions 4 provides in-depth thinking about Questions 1-3, and if answered "Yes," accommodation may be appropriate (Roberts, 2018) available at: <http://staff.burton.soc2162@ubc.ca>

### The DREAM

- **DREAM: Disclosure, Rights and Responsibilities, Advocacy and Accommodation Module**
- **A skill based blended learning module that combines:**
  - **Online modules** with accessibility features, flexibility in pace, time, and learning style
  - **Workshops** promote acquiring skills, interaction and community
  - Evidence based



## Policy Review

Phases 7  
2016-17

### Main Results

Scanned policies of all EN speaking MD Canadian programs

- All universities provide extensive and varied **in-class didactic** accommodations for their students
- No clear description of the process for providing accommodations for **clinical learning contexts** (lab, clinical, OSCE and clerkship)
- Of the 14 schools researched, only 4 have a **specific accommodations office** within their Faculty of Medicine
- Schools mostly deal with students in a **case-by-case manner**.

## Patient Voice

Phases 8  
2016-17

### Main findings



Disability & Society  
Professionalism and disabled clinicians: the client's perspective  
Tat Davis, Rebecca Bevan, Sarah Street, Michael Lee, Janis Yessierli-Bulk, Afay Battalova, Yael Mayer, Susan Murphy, Patricia Gerber & Donna Drynan

- **Positive impacts** of interacting with disabled clinicians (including **client-centeredness** and **role modelling** for others)
- Professionalism should not be impacted **as long as** certain criteria are met: clinician is **licensed**, a **good fit** between disability/role/setting, and clients **don't hold stigma**.
- Rationale to **disclosure or not to disclose** to a client include its **relevance** and **consequences**.

(Jarus, T., Bezati, R., Trivett, S., Lee, M., Bulk, L.Y., Battalova, A., Mayer, Y., Murphy, S., Gerber, P., & Drynan, D., 2019)

## Knowledge Translation

Phases 9  
2018-present



**AWARENESS**  
IS THE KEY

What can we do to create supportive spaces for people with disabilities in medical education?



Bringing disability experiences front stage: piloting a research-based theatre strategy to promote equity and social change in the healthcare professions

Research based Theatre:  
Alone in the Ring



800 People watched Alone in the Ring | In 10 shows



The Inclusive Space Sticker contest

The Inclusive Space Sticker: the winning design



In Health and Human Services



**PROMOTE INCLUSIVITY**  
TO FOSTER ALLES OF PEOPLE WITH DISABILITIES FROM PEOPLE WITH DISABILITIES

**PROMOTE DIVERSITY**

- 1. DON'T ASSUME**  
Don't get hung up on labels for clients. Don't let your assumptions colour their professional competence.
- 2. RESPECT**  
Acknowledge the unique contribution of all your colleagues. Provide opportunities for people to share their unique perspectives.
- 3. BE A ROLE MODEL**  
Self-disclose if it is relevant. Don't be yourself as a role model.
- 4. BE MINDFUL**  
Learn how to make your mistakes, accommodate.
- 5. BE FLEXIBLE**  
Be open to change. Don't let your ideas be done.
- 6. BE COMPASSIONATE**  
But don't pity.
- 7. ASK FIRST**  
Don't assume. Try and say "Let me know if you want me to do anything for you."
- 8. ARRANGE A SAFE SPACE!**  
Have a person call ahead to arrange meetings with accommodations can get set.
- 9. CREATE A WELCOMING AND SUPPORTIVE ENVIRONMENT**  
Health programs tend to be demanding and competitive. Look for opportunities to support others and create positive change.
- 10. BE PROACTIVE**  
Advocate for diversity and inclusion in your health profession/department. Share resources and speak up!

**SET THE TONE FOR INCLUSIVENESS**

**PROMOTE INCLUSIVITY**  
TO FOSTER ALLES OF PEOPLE WITH DISABILITIES FROM PEOPLE WITH DISABILITIES

**LOOK FOR OPPORTUNITIES TO SHARE**

- 1. TO DISCLOSE OR NOT TO DISCLOSE?**  
This is your choice. Your clients and colleagues can learn from your first-hand experience.
- 2. KNOW YOUR STRENGTHS AND BOUNDARIES**
  - Find time for self-care
  - Be aware of personal goals
- 3. FIND A MENTOR**  
Look for someone with a disability
- 4. ASK FOR WHAT YOU NEED**
  - Learn about your rights and speak up!
  - Learn about your resources
  - Be your own advocate and ask for help.

**TAKE GOOD CARE OF YOURSELF**

**LEARN HOW TO NAVIGATE THE SYSTEM**

- 5. FIND THE RIGHT WORKPLACE**
  - Find out if you are understanding the job is before you accept it.
- 6. MOBILIZE SUPPORT**
  - Identify and use your network of support.
  - Don't be afraid to seek out emotional support.
- 7. CHANGE THE SYSTEM FROM WITHIN**
  - Call for minor changes you can make.
  - Call for major changes.
  - Connect with advocacy groups.
- 8. ADVOCATE**
  - For yourself and for others.
- 9. STRATEGIZE SECURING ACCOMMODATIONS**
- 10. KNOW YOUR RESOURCES**

Disability Resource Centre | Internet Resources | Mentoring | Accommodations | Job Coaching | Unions

INCLUSIVE SPACE | Join our Inclusive Space network: [Inclusive@campus.ubc.ca](mailto:Inclusive@campus.ubc.ca) | Join our Inclusive Space network: <https://inclusive-campus.ubc.ca> | [inclusive-campus@ubc.ca](mailto:inclusive-campus@ubc.ca) | CHIR | BSCC



Do you want to be an ally?  
A [video](#)  
based on  
participants'  
advice

Creating the  
Inclusive  
Space  
Network

A webpage  
with all the  
resources

Focus on Fieldwork education

Phases 10  
2019-present

SSHRC

Canada

CIHR IRSC  
Canadian Institutes of Health Research / Instituts de recherche en santé du Canada

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International Collaboration for  
**Inclusive Campus**  
Diversifying health and  
human service professions



# THANK YOU



Join us: [inclusive.campus@ubc.ca](mailto:inclusive.campus@ubc.ca)