

Reports from groups

Overarching themes:

1. Need for mentorship program for students and clinicians (resources for making decisions about when to disclose and when not to disclose). There is a disparity of resources for clinicians with disabilities as compare to students. Issues with productivity standards and how to meet this or have an accommodation for them.
2. Challenges and benefits of meeting needs in an online teaching environment. Challenges, online testing and movement needs, screen readers and engaging in zoom. Benefit -COVID has presented issues that have helped increased understanding of alternative ways to demonstrate competencies. Example shared of wheel chair measurements via zoom.
3. Need for education for clinicians and academics on accommodations, accessibility, compliance versus inclusion.
4. Need for compendium of resources regarding possible accommodations. Shouldn't have to reinvent the wheel, but should be able to collaborate so person with disability doesn't have to continually educate and advocate for an equal playing field.
5. Strong need for individuals with disabilities to share their story and have a voice without fear of repercussions.
6. Need for policy and legislative efforts to develop greater access and inclusion

Group 1

- Use of interactive videos to help education, fieldwork placement
- Advocacy levels
- Shifting from medical model to social model
- Supporting individuals where they are in their disability identification process both in education - Safe spaces idea for LGBTQ+ expanding to Inclusive Spaces- how to build inclusive spaces and how to be an ally and in surrounding community
- Professional mentors through AHA AMCAN
- How to effectively request accommodations - and educate clinicians on what are accommodations, especially to help decrease having individuals justify why they are asking for accommodations.
- Continued discussions needed and participatory research

Group 2:

After introducing ourselves, it became clear everyone in our group had a link to education, whether that be teaching (3 of us teach at the university level) or being a student. Everyone in our group identified as someone with a disability.

Discussed examples of experiences of students and as clinicians. Several stories revolved around individuals ultimately either having to leave their OT program of study or not passing in the end because they were not able to complete expected (or unstated in some cases) expectations.

We had 3 entry-to-practice and 1 research based students. One shared the story of the failed placement and some details that occurred during the placement, and how the program worked very closely with them to explore how to do placements in the future. With exception to DURING this placement, their interactions with the school were very positive and collaborative in order to figure out how to assess techniques they can't do (e.g. lifts/transfers).

This sharing prompted the other students to share their fears and some of their experiences. One of the students asked specifically for strategies on how to navigate placements with a physical disability and wants to connect with someone for mentorship through the process. She is worried she won't GET

placements as the offers for placements are already limited with Covid and she was told by her school that there might not be any OT's willing to take her on for a placement. Another student spoke of her invisible disability and about some of the negative comments she's received. She spoke about worries of being 'pinged' on exams because of challenges to sit still.

One faculty brought her perspective on issues her school is having with online education. Their program is all online and students that require more bathroom breaks, need to stand up in between, or who fidget are getting called out on this or, when doing exams, are getting pinged through the online proctor system. She is quite concerned about how this will pan out.

As it ended up being more of a 'support' session for the group members, we did not get the chance to discuss future directions and ideas. Maggie's concerns, however, sound like an aspect that needs further exploration and recommendations.

Group 3

- Ableist perspectives are present in healthcare standards, such as with medicine and nursing. There seems to be only one way to do things and minimal, if any, wiggle room to meet standards a different way (example: if unable to conduct an exam, describing to another practitioner how to conduct the exam would not "count" as meeting the competency).
- We discussed how COVID-19 has flipped the above example on its head and illustrated when healthcare needed to transition to Telehealth during a global pandemic, that the standards changed (example: clients meeting with occupational therapist on Zoom for a WC seating assessment - therapist is now describing to client's partner how to take measurements, look for sores, and report back to the therapist).
- We questioned why this transition seemed to be made so quickly (a group of people who are able-bodied needed it in order to continue working safely), who has benefited from it (all healthcare providers), and whether this new standard of healthcare would continue when we eventually transition out of the pandemic, or if healthcare would revert back to old ways.
- We discussed how there seems to be more support for occupational therapy students on placement to adjust approaches to meeting standards than for preceptors and clinicians in the workforce as a focus on learning is what can drive the changes for students (granted there is a ways to go as we heard on Sunday).
- Clinicians are often bound by metrics on a daily-monthly basis. It was noted that employers were also bound by the same and may not have much say in changes. In order to help students as they transition to clinicians and current clinicians, there may need to be a change in metrics or how they meet the metrics, which may mean getting unions involved.
- Clinicians may be nervous to take on students with disabilities as they are unsure how to make accommodations or how to decide what appropriate accommodations are. It was also noted that it may be easier to make accommodations for visible disabilities.

Action Items:

- To better support preceptors, we discussed ways in which we can help to educate them on examples of accommodations for student competencies through:
 - Hosting a preceptor workshop such as the FOM workshop for all preceptors between 2011-2013 (I believe! May need to fact check with Donna if this is unfamiliar.)
 - Sharing handouts at the workshop for preceptors to take home
 - Distributing a video to all preceptors of the upcoming fieldwork placement that illustrates examples of accommodations prior to students arriving on site
 - Sharing Donna's blog for information on fieldwork accommodations for visible and invisible disabilities

Group 4

What brought us to the meeting today?

- lived experience, observing barriers among colleagues and observing barriers in student education (including discrimination)

How do we best support students with disabilities in education?

- honest discussion of risks vs. benefits of disclosure
- seeing disclosure as a situation specific decision (not the same across every situation)
- preceptor and faculty education: building specific knowledge of legislation and practical accommodation strategies
- having a decision flowchart or matrix for disclosure and accommodation
- building preceptor and student skills in communication, disclosure, transparency
- need for larger cultural change across organizations and fieldwork placement sites:
 - continuing with meetings like this
 - inviting allies to meetings like this,
 - building understanding, empathy and compassion (e.g. through story sharing, role play, successful cases, reader's theatre)

Group 6

- Developing strategies or ways in which health care institutions, educational institutions can have this compendium of resources, so they don't have to keep bringing up the same issues over and over again, as if they're the first person to experience that.
- Need for building resources to share amongst programs.
- Designing a matrix for decision making regarding disclosure and having open communications.
- Moving from role of student to clinician presents challenges, accommodations are easier to get in the role of a student. With a clinical, there is greater potential for job loss or not getting a job
- difficulty and barriers those of us who do research experience in accessing the data that we need to be able to evaluate, even just what is the proportion of individuals in academia or in health care service delivery or students who are living with disabilities and what does that look like.
- With privacy legislation created a barrier to access information about students with disabilities.
- Issue of compliance versus inclusion, universal design and true accessibility
- Lack of consistency in services in educational environments,
- Need for systematic change
- The fine line between collaboration and exploitation when working with persons living with disabilities on working groups, research, advocacy, etc

Group 7

Fieldwork/Education

- Difficulties with fieldwork and education
 - Lack of appropriate accommodations
 - Programs weren't forthcoming in finding fieldwork
 - Student had to independently reach out to the network to find fieldwork
- Actions we can take:
 - Suggest to schools:
 - (Increased) Transparency in where can get contracts / where placements are available
 - Transparency re: permissions to share information with potential fieldwork sites
 - Open about disability
 - What kind of accommodation is 'acceptable'? - School should know for placement about
 - Education and build awareness
 - Decision-making tools
 - Advocating for legislation and policies in provinces regarding education
 - Developing tools that faculty & fieldwork educators can use when working with disabled OT students with accompanying education to learn how to use tools
 - Making a list of providers who are happy and want to have disabled OT students on placements

- Assessments of clinician perceptions of confidence and confidence in hosting a disabled OT student
- States
 - Advocate within states
 - Education to fieldwork coordinators at the schools
 - Having students with disabilities
 - Visible and invisible disabilities
- Infographics to make it more public so people can see and gain awareness
- AOTA and CAOT - advocate to build into accreditation process about having accommodations and inclusion policies for disabled OT students
- Looking at diverse ways to disseminate knowledge
 - Podcasts
 - Blogs
 - Twitter and online discussions
 - Research-based theater
 - video
- Sharing a info handout/guide
 - Building presence of disabled OTs and disabled OT students within the profession
 - Knowing what to ask and what can I ask/ what not to ask
 - Guide/how-to guide
 - Strategies for building partnerships with disability resource centers at universities
 - Strategies for creating inclusive spaces/culture of inclusion
 - Where to find additional knowledge
- Disability Resource Centers
 - Accommodations go through that office
- Build Mentors Awareness/Presence
 - Making a list of mentors (where same or different profession)
- Raising awareness of health professionals within general public
 - Twitter
 - Non-internet resources: TV, Radio, Newspapers, Magazines

Additional?

Network and build connections with policymakers

Create pilot programs and evidence re: same that can be used as models/guides

Resources people shared:

Practical strategies and providing education to employers/preceptors, here are a couple of resources that I recently came across from my own experiences:

1) Workplaces Strategies for Mental Health is an initiative of the Great-West Life Centre for Mental Health in the Workplace. The Centre provides practical ideas, free tools and resources to help improve psychological health and safety in your workplace. Find them at <https://www.workplacestrategiesformentalhealth.com>. They have written resources, but also videos of people sharing their workplace experiences.

2) <https://peersupportcanada.ca> - they provide training for people that have lived through common mental health experiences to become peer supporters. They have partnered with the CMHA, and they have created standards of practice for mental health peer supporters.

Schwartz rounds (including rounds focused on lived experiences of clinicians with disabilities and psychosocial aspects of practice) <https://hollandbloorview.ca/stories-news-events/news/holland-bloorview-hosts-first-canadian-schwartz-center-roundsr>