**Annotated Bibliography: Equitable Access in Internship Settings**

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1) Neal-Boylan, L. J., & Miller, M. (2017). Treat me like everyone else: The experience of nurses who had disabilities while in school. *Nurse Educator, 42*(4), 176- 180. [https://doi.org/10.1097/nne.0000000000000348](https://can01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoi.org%2F10.1097%2Fnne.0000000000000348&data=05%7C01%7Csusie.wileman%40concordia.ca%7Cee148fb4b67741cd51ca08dbba4774fb%7C5569f185d22f4e139850ce5b1abcd2e8%7C0%7C0%7C638308588305900034%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=%2FE23Xa6jblI1AdhrTycevJ0FxY63kzFpETTBT0R12VA%3D&reserved=0)

Neal-Boylan and Miller explore the discrimination that students with disabilities experience when applying to nursing school. This discrimination continues to occur despite the attempt to increase awareness about concerns related to students with disabilities and to mitigate discrimination during the admission process. Notably, although students with learning disabilities generally succeed in admission to nursing school, students with physical disabilities face significant resistance. The most salient message from students with disabilities was a desire that people treat them the same as their peers without disabilities. However, students with disabilities clarified that equal treatment does not mean that they expect people to treat them in the exact same way as their peers without disabilities; rather, that people take the time to collaborate with students to determine what they would find helpful and consider their applications on a case-by-case basis. The article elaborates on the notion of technical standards versus essential functions. Technical standards refer to non-academic requirements for admission and the prediction of success in the program, whereas essential functions pertain to the nursing functions required in a specific work setting. Technical standards should apply to all students, whether or not they have a disability, and should state the skills required and not how one should accomplish them. In addition, the authors explore the resistance of nursing programs to provide accommodations approved by the disability offices of academic institutions. Finally, the article provides recommendations for faculty and administrators regarding how to give students with disabilities an equitable opportunity for successful admission. These recommendations include being open to the admission of students with disabilities, as well as working with each student to identify what they need to help them succeed in the nursing program.

2) Gross, E., Jarus, T., Mayer, Y., Zaman, S., Mira, F. M., Boniface, J., Boucher, M., Bulk, L. Y., Chen, S., Drynan, D., Falcicchio, K., Kinsella, E. A., Lysaght, R., Moliner, C., O’Flynn-Magee, Schmitz, C., Shippam, B., & Young, M. (2023). Professional practice placement as a unique challenge for students with disabilities in health and human service educational programmes*. International Journal of Inclusive Education*. Advance online publication. <https://doi.org/10.1080/13603116.2023.2195858>

Gross et al. sought to fill a gap in the literature by exploring the barriers that students with disabilities encounter during practice placements, a common requirement of health and human services programmes, and sharing their perspective on how to best support and accommodate these students in their placements. The authors found that the barriers that students encounter include lack of communication and clarity regarding the provision of accessibility supports, as well as difficulty implementing these supports in environments that vary in nature and can change frequently. As a result, students with disabilities rely heavily on relationships with on-site and faculty supervisors to obtain the accessibility supports they need. However, some of these supervisors have negative attitudes and propagate stigma regarding the need to support students with disabilities. The authors suggest that having clearly outlined procedures, based on prior knowledge, including information about students’ legal rights, would help with the effective provision of these supports.

3) Bulk, L. Y., Franks, A., Stephens, L., Smith, H., Baljko, M., Dadashi, N., & Epstein, I. (2023). The invisible work of co-creating disability access in work integrated learning*. Advances in Health Sciences Education*. Advance online publication. <https://doi.org/10.1007/s10459-023-10216-z>

Bulk et al. address a gap in the literature by exploring the social processes that enable access in work-integrated learning. In this article, a multi-disciplinary team including stakeholders from occupational therapy, critical disability studies, nursing, occupational sciences, and experts in knowledge mobilization explored questions regarding the social processes involved in work-integrated learning accessibility in clinical settings. The team conducted a thematic analysis and identified four themes regarding the invisible work clinical and academic educators engage in to promote accessibility. Identified were the following:

a) Putting in the time required to ensure that students with disabilities have a fair opportunity in accessing work-integrated learning opportunities and to contribute to systemic change that would promote accessibility. However, such a time commitment can seem overwhelming, leading stakeholders to believe that working toward such change exceeds their individual capacity;

b) Navigating complexities that arise in promoting accessibility due to the absence of information and resources;

c) Navigating the emotional responses of others (e.g., students, faculty, and onsite supervisors) and managing the stakeholders’ own emotions that arise in the process of ensuring accessibility; and

d) Building and maintaining trusting relationships with people and institutions.

Given that the efforts of stakeholders to strive for accessibility often go unrecognized, and are viewed as optional, access to work-integrated learning experience remains inequitably distributed.

4) Easterbrook, A., Bulk, L., Ghanouni, P., Lee, M., Opini, B., Roberts, E., Parhar, G., & Jarus, T. (2015). The legitimization process of students with disabilities in Health and Human Service educational programs in Canada. *Disability & Society, 30*(10), 1505-1520. <https://doi.org/10.1080/09687599.2015.1108183>

Easterbrook et al. reported that students with disabilities in Health and Human Service (HHS) face many barriers in successfully completing their practicum, despite policy makers clearly reiterating the right to education for students with disabilities. Students with disabilities indicated that they had to legitimate their ability to provide quality client care, both as students and as future practitioners. The process of legitimization for students with disabilities involved three components including the following:

a) Negotiation of the disability label: Accepting their disability label, which helped them gain a better understanding of the challenges previously encountered during their education, as well as how accessibility supports helped them succeed academically. Such acceptance also helped transform their disability-related needs into an asset. Some students elected to reject the disability label completely, by seeing their limitations as part of their identity, as a whole person.

b) Other students choose selective self-disclosure, choosing to disclose only when it would result in a more positive perception of their professional ability. Although most students reported that there were advantages to disclosing their disability, fear of judgement by peers and supervisors about their ability to provide quality client care resulted in differing levels of hesitation regarding disclosure.

c) Students recognized the need for self-advocacy in order to get the accessibility supports they needed, despite the academic institution hindering their ability to do so. Students who were hesitant to advocate for their needs stated that one of the main reasons was that this made them stand out and they did not want to draw any attention to themselves and their requested accessibility accommodations, especially when this required extra work by others. However, students’ willingness to fight for required accessibility supports increased when the challenges they were facing became overwhelming. Unfortunately, some students gave up on self-advocacy when this became too much work.

Easterbrook et al. concluded that to ensure equitable access in education in the future, there is a need for all stakeholders to gain a greater understanding regarding how subtle forms of marginalization work to create barriers for students with disabilities.

5) Crouch, A. T. (2019). Perceptions of the possible impact of dyslexia on nursing and midwifery students and of the coping strategies they develop and/or use to help them cope in clinical practice. *Nurse Education in Practice, 35*, 90-97. <https://doi.org/10.1016/j.nepr.2018.12.008>

This article explores the perspective of nursing and midwifery students regarding the perceived impact of dyslexia on their practice, as well as identifying coping strategies that they found helpful. Some of the challenges mentioned by students with dyslexia include difficulties with reading and writing, forgetfulness related to short-term memory deficits, needing more time to complete tasks due to a slow processing speed, and challenges related to multi-tasking. The author outlines numerous strategies that students implemented during practice to address the perception of others regarding their ability to provide quality care, including reiterating that they double-check their notes, emphasizing how helpful they find mnemonics, and noting their vigilance in giving patients appropriate amounts of medication. In addition, the article presents simple and cost-effective strategies that students developed, such as using color overlays, to-do-lists, and stickers, as well as relying on repetition and vigilance in double-checking their work. Finally, the author provided an evaluation of previously developed guidelines designed to guide mentors supporting students with dyslexia, which mentors found to be helpful and provided the foundation for the development of a new toolkit, which was adapted to the needs of each student. The poster with the guidelines mentioned above is available in the resource section of the toolkit.

6) Meeks, L. M., & Jain, N. R. (2018). Accommodating chronic health conditions in medical education. *Disability Compliance for Higher Education, 23*(10), 1,6. <https://doi.org/10.1002/dhe.30432>

Meeks and Jain explore the barriers that students with chronic health conditions encounter in completing medical school, as well as preventive measures that can help reduce the likelihood of symptom flares. This is because many of the barriers that students face result from symptom flares, periods when symptoms can suddenly occur. Depending on the illness, these can include joint pain and stiffness, fatigue, headache, slowed cognitive processing, and gastrointestinal disruption. It is important that the goal of accessibility supports be focussed on the prevention of symptom flares. Examples of such preventative accessibility supports include the following:

a) A clinical training schedule that ensures students can get the sleep they need;

b) Strategic placement at clinical sites to reduce commute time;

c) Strategic rotation scheduling to avoid back-to-back, physically demanding rotations;

d) Work with students to ensure that there is time for symptom management in their morning routine;

e) Substituting overnight call duty with weekend daytime call; and

f) Making sure that clinical supervisors block off every other rotation to allow for recovery.

The appropriate provision of proactive accessibility supports requires a clear understanding of the required competencies at the internship setting. Suck knowledge allows accessibility advisors to be creative in determining the appropriate accessibility supports before the student begins their internship. Although focused on medical school students, some of these suggestions would be appropriate for students in other medically related internships. The resource section of the toolkit includes two relevant books edited by Meeks.

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