

Breaking Barriers: Challenging Preconceived Notions and Empowering Nursing Students with Disabilities in Clinical Settings

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We ask you to join us in creating a culture that reflects...

Access and Inclusion

and

Civility and Respect

...this week and in all aspects of our organization.

Learning Goals

- Examine the impact if preconceived biases toward nursing students with disabilities and their inclusion in academic and clinical settings.
- Explore strategies, best practices, and accommodations that promote equitable access in academic and clinical settings for nursing students with disabilities.

Historical Overview of Disability in Nursing Education

Early models emphasized

physical ability over cognitive or technical skill.

Viewed as a physically demanding profession- emphasizing strength, stamina, and agility.

“Ideal Nurse” Stereotype: able-bodied, white, female, obedient

Visible and Invisible Disabilities

Lack of representation of nursing with disabilities

Lack of formal inclusion policies until the late 20th century.

First recorded institution to have students with disabilities:

Edith Cavell School of Nursing (1950s)

Historical Milestones

Rehabilitation Act of 1973 (Section 504): First federal civil rights protection for people with disabilities in education.

Southeastern Community College v. Davis (1979)

Americans with Disabilities Act (ADA, 1990) & ADA Amendments Act (2008)

Evolving Technical Standards: Many nursing programs continued using outdated standards that emphasized physical ability over core competencies like critical thinking and communication.

Growing Advocacy: National efforts (e.g., from AHEAD, JAN, and disability advocacy groups) began calling for inclusion, transparency, and modernized standards.

Barriers to Clinical Practice for Students with Disabilities

What do you think are some barriers for
students with disabilities in Nursing
Programs?

Barriers: What Could be Holding Students Back from Requesting Accommodations or Having Access?

1. Discriminatory or inflexible Essential Functions and Technical Standards
2. Fear of safety or liability concerns
3. Lack of awareness or bias from clinical faculty and/or preceptors
4. Limited accommodation planning or support in clinical placements
5. Student's fear of disclosing their disability status to a potential employer/
facing discrimination

Combating Preconceived Notions

What are some preconceived notions you have or know of regarding SWD in Nursing Programs?

Preconceived Notions

Survival, fear, dread, judgment, apprehension, stress, inconvenience, nuisance, worry, uncertainty, failure, incompetent, stigma



Student's Voices

“I feel like my teacher is asking me more questions than other students after I requested accommodations.”

“ I didn’t even know I could get accommodations for my clinical!”

“After my shift, I am more exhausted than I thought I would be since I have to hide my coping strategies and feel extra pressure not to mess up.”

“I use my testing and lab accommodations every time but I don’t think I am going to request clinical accommodations since I won’t get accommodations when I have a real nursing job.”

“What if I still fail?”

Faculty Voices

“How can someone with hearing loss respond to a code blue?”

“What if a patient doesn’t feel comfortable with a disabled nurse?”

“I’m all for inclusion, but patient safety has to come first.”

“Nursing is a physical job—you can’t have limitations.”

“If they can’t lift 50 pounds, how will they ever be a real nurse?”

“If we make an exception for one student, everyone will want accommodations.”

Accommodation and Support Strategies to Remove Barriers: Faculty can...

Normalize disclosure and support seeking

Promote inclusive policies and technical standard reviews and revisions.

Create content using Universal Design for Learning (UDL) guidelines.

Build peer support networks and faculty champions.

Collaborate with Accessibility/Disability Services early and often.

Inclusive Culture: Accessibility Services can...

Create individualized accommodation plans - clear communication and implementation guidelines.

Build relationships with clinical placement sites.

Discuss accommodations with faculty and clinical sites that may modify clinical competencies but not eliminate the skill to be assessed.

Educate faculty/staff on unconscious bias.

Highlight success stories of nurses with disabilities.

Challenge faculty to rethink what “essential functions” truly are.

Collaboration: What We Can Do

Review Technical Standards and Essential Functions in collaboration. Have discussions about limitations and accommodations. Build the relationships so conversations come more natural.

If possible, gain student input on what is going well and what could be improved.

Students are their own expert!

Collaborate between DSO and CON to develop professional development trainings for faculty and staff.

Empowering Students and Creating an Inclusive Culture in Clinical Settings: Building confidence, self-awareness, and belonging.

1. Foster Psychological Safety
2. Model Inclusive Care
3. Inclusive Curriculum and Case Discussions
4. Mentorship and Role Modeling
5. Address Microaggressions and Bias
6. Empower Through Feedback and Autonomy
7. Support Well-Being and Mental Health
8. Develop accessible clinical site partnerships

Inclusive Practices Lead to Positive Prospectives: Disability ≠ Incompetence

Understanding, supported, confident, validated, rapport, caring, enjoyed, sensitivity, respect, approachable



A word cloud featuring various terms related to inclusivity and support. The words are arranged in a roughly circular pattern, with 'understanding' and 'supported' being the largest and most prominent. Other visible words include 'caring', 'enjoyed', 'rapport', 'confidence', 'self-esteem', 'sensitivity', 'respect', 'awareness', 'validated', and 'confident'. The colors of the words vary, including shades of purple, blue, green, and yellow.

Positive Prospective Testimonials

“I didn’t want special treatment. I just wanted a fair chance to prove what I could do. My faculty gave me that.” - Student

“The inclusive environment helped me focus on learning instead of constantly advocating for my needs.” - Student

“Having instructors who value inclusion made me feel like I belonged in healthcare, not like I was an exception.” - Student

“What matters most is compassion, critical thinking, and a commitment to care.” - Faculty

“Accessibility isn’t about lowering standards; it’s about removing barriers.” - Faculty

Actionable Steps and Takeaways

Start small.. This is a marathon, not a sprint!

1. Review/revise your program's technical standards.
2. Create/invest in faculty development around disability inclusion and support.
3. Build relationships and partnerships with clinical sites
4. Center student voices in policy changes.
5. Develop/refine process for requesting clinical accommodations.
6. Find your champions!

Thank You for Attending!

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Session Evaluation

Survey will open in browser after you leave this session.