

Session 2.04 - Accessible Futures: Immersive Assessment of Barriers for Nursing Students with Physical Disabilities

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Slide 2: Disclosures

Grant Funding through The Josiah Macy, Jr. Foundation

For the project titled:

"Enhancing Clinical Education Accessibility for Nursing Students with Disabilities"

Slide 3: Contributions

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Slide 4: Session Objectives

Participants will be able to:

- Describe the immersive assessment methodology.
- Identify physical, attitudinal, procedural, and institutional barriers.
- Apply findings to their own educational or clinical settings.
- Utilize an action framework for improving accessibility.

Slide 5: Why This Matters

Discussion Question

"How many students with disabilities are currently in your program?"

Slide 6: Disability and the Future Nursing Workforce

- Disability prevalence in higher education
- Importance of representation in healthcare professions
- Nursing workforce shortages
- Disability as diversity

Slide 7: The Gap Between Accommodation and Inclusion

- Traditional accommodation model
- Compliance vs. inclusion
- Why clinical education remains challenging
- Existing literature

Slide 8: Immersive Assessment Methodology

Slide 9: What Is an Immersive Assessment

Definition

An immersive assessment is a qualitative methodology that utilizes direct observation to understand the complexities of an environment and the lived experiences within it.

Key Differences

Beyond Self-Reporting

Unlike surveys or interviews, observation reveals what people actually do, rather than just what they say they do.

Real-Time Capture

Capturing the "lived experience" as it unfolds in the natural clinical setting.

Slide 10: Assessment Design

Clinical Setting

- Inpatient hospital units (med surg & IMC)
- Student Health Center on Campus
- Clinical Simulation Center
- Clinical lab settings
- High-fidelity simulation scenarios

Participants Observed

- Students
- Faculty
- Clinical staff

Data Sources

Observation

Direct capture of clinical environment interactions.

Field Notes

Detailed descriptive and reflective documentation.

Informal Interviews

On-the-spot dialogue to gain immediate insights.

Slide 11: Study Limitations

What We Learned

- Rich contextual data

What We May Have Missed

- Single institution
- Specific clinical environments
- Physical disability focus
- Limited longitudinal data
- Potential observer effect

Future Directions

- Additional institutions
- Other disability categories
- Long-term outcomes

Slide 12: Findings

Slide 13: Barriers Framework

Attitudinal

Biases and perceptions that hinder inclusion. This includes concerns about safety, assumptions regarding capability, and fear that accommodations might lower professional standards.

Physical

Structural and spatial obstacles. Examples include narrow patient rooms, non-adjustable workstations, equipment positioning, and manual dexterity requirements.

Procedural

Standard operating procedures and workflow constraints. These are the "way things are done" that may inadvertently exclude students with physical disabilities.

Institutional

Policy-level and systemic factors. These represent the broad cultural and regulatory frameworks within an organization that impact accessibility.

Slide 14: Attitudinal Barriers

Examples

- Concerns about patient safety
- Assumptions regarding capability
- Fear of accommodations lowering standards

Slide 15: Physical Barriers

Examples

- Insufficient space to provide care
- Standing workstations
- Equipment positioning
- Manual dexterity requirements

Slide 16: Communication & Sensory Barriers

Examples

- Auditory alarms
- Color-coded alerts
- Communication systems

Slide 17: Procedural Barriers

Examples

- Inconsistent accommodation implementation
- Lack of documentation
- Course-to-course variability

Slide 18: Institutional Barriers

Examples

- Undefined processes
- Lack of staff education
- Variable site expectations

Slide 19: Student, Faculty, and Staff Perspectives

Slide 20: Student Experiences

Themes from observations/interviews:

- Feeling supported by individuals
- Challenges navigating systems
- Importance of consistency

Compare:

- Individual support vs. system support

Slide 21: Case Study: Nursing Student Scenario

The Scenario

Emily is a nursing student with bilateral hearing loss who uses hearing aids and a Bluetooth-enabled stethoscope.

She performs well academically and has successfully completed prior clinical experiences. During an ICU rotation, staff become concerned because many alarms, overhead announcements, and monitor notifications rely heavily on auditory cues.

A Nurse Comments:

"How will she hear if a patient is crashing?"

Emily's Multi-Strategy Approach

- Visual monitor assessment
- Vibrating alerts on approved devices
- Collaboration with team members

Slide 22: Case Study Discussion

- What assumptions are being made about hearing and patient safety?
- Are alarms the only source of clinical information?
- What alternative methods of receiving information exist?
- How should faculty assess competency?
- What technologies might support participation?
- How can clinical environments become more universally accessible?

Slide 23: Faculty Perspectives

Willingness

Strong desire to help students

Training Gap

A notable lack of formal training

Guidance

Expressing a clear desire for guidance

Fear of Error

Deep-seated fear of making mistakes

Key Research Findings

Slide 24: Case Study: Hand Strength & Dexterity

Dr. Rodriguez is supervising a medical-surgical clinical group during the second week of the semester. One of her students, Jasmine, approaches her after clinical and shares that she has a congenital condition affecting strength and dexterity in her dominant hand.

Jasmine explains that she has developed strategies throughout her life to complete tasks independently but has never formally registered with Disability Resources. She is concerned because some clinical skills, particularly medication preparation and opening certain medication packaging, take longer than they do for her peers. She worries faculty and staff may perceive her as unsafe or incompetent.

Dr. Rodriguez thanks Jasmine for sharing her concerns and asks what strategies have been successful for her in the past. Together, they discuss specific tasks Jasmine anticipates being challenging and identify ways to evaluate her performance while maintaining patient safety and course expectations.

Over the next several weeks, Dr. Rodriguez observes Jasmine closely during medication administration and other clinical skills. Jasmine demonstrates strong clinical judgment, accurate medication calculations, and safe patient care. While some tasks require additional time or modified techniques, she consistently achieves the desired outcomes.

As questions arise from staff nurses, Dr. Rodriguez facilitates conversations focused on competency, safety, and problem-solving rather than limitations. She also encourages Jasmine to connect with Disability Resources to explore whether formal accommodations may be beneficial as she progresses through the program.

By the end of the semester, Jasmine successfully meets all clinical objectives. The experience prompts Dr. Rodriguez to reflect on how faculty can support students who may not yet have formal accommodations but are experiencing barriers that could affect their learning.

Slide 25: Case Study Discussion

Discussion Questions

1. What did the faculty member do well when the student disclosed concerns?
2. How can faculty support students when formal accommodations are not yet in place?
3. Difference between providing support and providing formal accommodations?
4. Balance flexibility with maintaining academic and clinical standards?
5. What concerns might clinical staff have, and how to address them?
6. At what point should Disability Resources become involved?
7. Creating environment for comfortable discussion of barriers?

Slide 26: Clinical Staff Perspectives

Key Findings

- Limited understanding of accommodation processes
- Patient safety concerns
- Desire for education

Slide 27: Case Study: Mobility Device in the Clinical Setting

Scenario

Marcus is a nursing student with cerebral palsy who uses a forearm crutch for ambulation. He independently navigates campus, skills lab, and daily activities.

During a medical-surgical rotation, staff express concerns because patient rooms are crowded, equipment is stored in hallways, and rapid response situations occur.

Marcus has never experienced a fall in clinical and has successfully completed previous rotations.

Concerns (Charge Nurse)

"I'm worried he won't be able to move quickly enough in an emergency."

Analysis

Tension between independent mobility success and perceived environmental risks in high-acuity settings.

Slide 28: Case Study Discussion

1. **Categorizing Barriers**
What barriers are environmental versus individual?
2. **Evidence vs. Assumptions**
Are concerns based on objective evidence or assumptions?
3. **Institutional Responsibility**
What is the responsibility of the clinical site?
4. **Layout & Accessibility**
How might room layout affect accessibility?
5. **Accommodations**
What accommodations or modifications could be considered?
6. **Safety & Objectives**
How would you determine whether Marcus can safely meet clinical objectives?

Slide 29: Beyond Nursing: Applicability Across Health Professions

How findings transfer to:

- Medicine
- Dentistry
- Public health
- Allied health professions

Similar Challenges

- Clinical placements
- Competency evaluation
- Safety concerns

Slide 30: Skills Lab vs. Clinical Environments

Skills Lab

- Controlled
- Predictable
- Accessible modifications

Clinical Environment

- Dynamic
- Unpredictable
- Variable resources

Key Lesson

"Success in lab does not automatically translate to clinical practice."

Slide 31: Solutions & Action Framework

Slide 32: Universal Design in Clinical Education

What Worked Well

Examples of successful inclusion:

- Creative problem solving
- Faculty flexibility
- Adaptive technologies

Universal Design Principles

- Multiple means of engagement
- Multiple means of participation
- Multiple means of communication
- Outcome vs. Procedure

"Integrating accessibility from the start ensures success for all health professional students."

Slide 33: The Accommodation Mindset

Move From: Reactive accommodations

To: Proactive accessibility

Slide 34: Faculty Development Roadmap

1. **Disability competence**
2. **Legal considerations**
3. **Essential functions**
4. **Accommodation implementation**

Inclusive Clinical Teaching

The ultimate goal of faculty development for accessible clinical futures.

Slide 35: Building Sustainable Partnerships

- Nursing Programs
- Disability Resource Centers
- Clinical Sites
- Students

Slide 36: Thank You!

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Slide 37: References

[Google Doc with References](#)