

## Public Abstract

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The number of disabled students enrolling in college is steadily increasing in the United States (U.S.). At the same time, there is a trend in this country of efforts to increase diversity and inclusion in postsecondary institutions. As an underrepresented minority in these efforts, disabled students, many of whom aspire to careers in the health professions, have not persisted in college to the degree of their non-disabled counterparts. There is a paucity of research seeking to understand the experiences and perceptions of disabled college students, with particularly limited efforts notable in the U.S. as compared to other countries worldwide. Studies specific to disabled health professions students as a cohort are nonexistent to date.

Central University (CU) is a large, research very-high institution in the Midwest with several health professions programs within the College of Health Professions (CHP). Approximately 7% of students enrolled in the CHP are registered with the Office of Disability Services (ODS), consistent with the proportion of disabled students across campus. The director of the ODS at CU identified accessibility and inclusion as a specific concern in health professions education, both at CU and nationally. This research is a direct response to that concern.

In effort to hear the collective voices of disabled students in the CU CHP, a qualitative case study was conducted using a series of 3 extensive semi-structured interviews. Additionally, participants were encouraged to take photographs representative of their experiences of access and inclusion within the school. Nine participants completed all three interviews and one participant completed one. Consistent with enrollment in the CHP overall, 7 (70%) participants were enrolled in the non-professional health sciences program and 3 (30%) were enrolled in professional programs within the school. Consistent with students registered with the ODS at CU, 9 students had invisible disabilities (90%) and 1 had a visible disability (10%). The social model of disability, which identifies societal structure as the problem which serves to disable individuals as opposed to the impairment, was used as a lens through which the data was analyzed and interpreted.

While all participants were able to identify specific faculty, staff members, and peers who treated them with respect and inclusion, a significant number of experiences represented in the interview and photographic data were either suggestive of or overtly revealed experiences and perceptions of marginalization and exclusion. Several students reflected upon the experience of entering the ODS building and feeling instantly set apart; once registered, informing instructors of their accommodation status further served to separate participants from their peers and often resulted in a negative response from the faculty member. Student experiences of inclusion and acceptance often varied dependent upon others' ability to see and understand the disability; invisibility or misapprehending of disability often resulted in outright denial of reasonable accommodations. Further, consequences of disability disclosure resulted in both subtle and overt discouragement from pursuing admission to CHP programs on several occasions. Overall, disabled students in the CHP voiced concerns with faculty, staff, and peer attitudes and behaviors that served to marginalize them and prevent full and equal engagement in their education as their non-disabled peers.

The implications of this research are significant and far-reaching. Disability service offices on the CU campus and beyond operate on the medical model of disability; the results of this study suggest the social model of disability as an appropriate lens through which to examine the disability policies on which campus disability offices establish criteria and procedures for supporting disabled students. Further, and perhaps more importantly, replication of this research across disciplines and institutions would serve to inform and

perhaps perpetuate policy change in this country.

Exploration of faculty, staff, and clinical preceptor understanding about disability policy, educational rights of disabled students, and inclusive educational practices would serve to identify specific areas of education needed to enhance the educational experiences of disabled college students. Specific to the health professions, exploration of admissions processes to identify potentially discriminative admission practices and inform new, more inclusive practices would be an important step to creating equal educational opportunity.